Print Form

State of California Agricultural Labor Relations Board

Petition for Non-Labor Peace Election

Instructions: Submit an original and two (2) copies of this petition to the ALRB regional office in the region in which the employer concerned is located. If more space is required for any one item, attach additional sheets as necessary.

Do not write in this space

Case No.

Date Filed:

The Petitioner requests that the Agricultural Labor Relations Board proceed under its authority pursuant to Section 1156.37 of the Agricultural Labor Relations Act of 1975.

1130.37	of the Agricultural Labor Relations Act of 1973.	
1. Namo	e, address and phone number of petitioner and its	s affiliation, if any: Petitioner
Name		
Addr		Phone
City	State Zip	Fax
Email		
Affiliati	on	
Name		
Addr		Phone
City	State Zip	Fax
Email		
	e, address and phone number of representative o parties and to accept service of papers	f petitioner authorized to make agreements with the Board
Name		
Addr		Phone
City	State Zip	Fax
Email		

3. Petitioner alleges:

- a. That the number of agricultural employees currently employed by the employer named below is not less than fifty percent of his peak agricultural employment for the current calendar year;
- b. That no valid election pursuant to Sections 1156.3, 1156.36, or 1156.37 has been conducted among the agricultural employees of the employer named below within the past 12 months;
- c. That no labor organization is currently certified as the exclusive collective bargaining representative of the agricultural employees of the employer named below; and
- d. That the petition is not barred by an existing collective bargaining agreement between the employer and a certified labor organization.

I certify that this union has filed a LM-2 form with the United States Department of Labor in accordance with Labor-Management Reporting and Disclosure Act for the previous two years.

into a labor peace compa	•			. ,		tered
4.						
4a. Employer Name:						
4b. Employer Phone:						
4c. Employer Fax:						
4d. Employer Email:						
4e. Representative Name:						
4f. Representative Phone:						
4g. Representative Fax:						
4h. Representative Email:						
4i. Employer Mailing Address						
Addr						
City				State	Zip	
5. The nature of the employer'	s agricultur	al commodity	or commoditi	es encompas	sed by the unit.	
Commodities:						
6. The bargaining unit is all ag	ricultural e	mployees of th	e employer a	t the following	g locations	
Addr			Addr			
City	State	Zip	City		State	Zip
Addr			Addr			
City	State	Zip	City		State	Zip

7.								
a. Does the unit sought include all of the employer's agricultural em	ployees in the State of California?							
☐ Yes ☐ No								
b. Are the agricultural employees of the employer employed in two	or more non-contiguous geographical areas?							
☐ Yes ☐ No								
c. Does the employer have any packing sheds or cooling facilities?								
☐ Yes ☐ No								
8. Labor organization petitioner seeks to have represent the emp	loyees of the employer.							
Name								
Addr Phon								
City State Zip Fax								
Email								
9. The approximate number of agricultural employees currently employed in the unit sought.								
Number of Agricultural Employees:								
10. Is the petition accompanied by evidence of support by a maj the unit as is required by Section 1156.37(c) of the Act?	ority of the employees currently employed in							
☐ Yes ☐ No								
11. Recognized or Certified Bargaining Agent (If there is none, p	ease check)							
Name								
Addr	None							
City State Zip								
Certification Date								

Declaration I declare under penalty of perjury that I have read this petition and that the statements herein are true to the best of

my knowledge and belief.

Petitioner

Affiliation (If any)

By: Date:
Signature of Representative or Person Filing Petition

Name

Title

Addr Phone

City State Zip Fax

Email

Executed at (City, State)

Executed Date

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