

## EMPLOYMENT APPLICATION

The Company is an EQUAL OPPORTUNITY EMPLOYER. Qualified applicants receive consideration for employment without regard to their race, religion, color, ancestry, age, sex, or disability, or any other category protected by law. To be considered for employment, this application must be completed fully, including its addenda. Your responses to the questions in this application form must be accurate and complete and they will be judged in relation to the requirements of the job you are seeking. Applications from qualified applicants for specific, posted jobs remain active until the vacancy is filled. Applications for other jobs remain active for up to three months. Applicants selected for employment will be required to prove U.S. citizenship or a legal right to work in the U.S. as determined by the U.S. Immigration and Naturalization Service. The Company is an "at will" employer, which means employment may be terminated by the employee or the company at any time, with or without notice, and for any reason or no reason at all.

### IDENTIFICATION

Name (Last)	(First)	(Middle)	
Address (Number) (Street)	(City)	(State)	(Zip)
Contact (Please check your preferred method of contact below.)			
<input type="checkbox"/> Home Phone No. (Area Code & No.)	<input type="checkbox"/> Work Phone No. (Area Code & No.)	<input type="checkbox"/> Cell Phone No. (Area Code & No.)	<input type="checkbox"/> E-Mail Address
Are you at least 21 years old? (Indicate "Yes" or "No"):			(DO NOT enter your age or birthdate.)

### EMPLOYMENT DESIRED

Position Desired (If applying for a posted or advertised vacancy, please name that job; otherwise, just indicate a job title or type of job you'd like to consider.)	
Status Applying For <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Either	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Any
Which shift will you work? <input type="checkbox"/> Any <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night	
Desired Salary Range \$                      Per	Date Available to Start

## GENERAL INFORMATION

**What prompted your application or who referred you to us?**

- Own Accord  
  Job Ad  
  Placement Agency  
  State Job Svc  
  Another Employee:  
 Other:

Please list all skills with the Cannabis Plant (cloning, transplanting, defoliation, washing, trimming, etc.):

Other office machines or equipment:

Years of working with Cannabis:

**Computer Software Skills:**  JAVA  Visual Basic  HTML  Web Design/Publishing

Other Programming Software:

List Programs/Apps knowledge:

- Other office, accounting, human resources, payroll software:  
 Other presentation, publishing, or CAD software:

Licenses, Registrations, Certifications Type (e.g., Driver's, CDL, Forklift Operator, Teaching, etc.)	Issuing Agency Organization	Cert. or ID No.	Expiration or Date

Ever been employed by this company?    Yes    No   If YES, give details in EMPLOYMENT section.

Name any relatives working for this company. (This question helps us with placement and is neither an advantage nor disadvantage.)

## EMPLOYMENT HISTORY

List all employment <u>and</u> periods of unemployment during the last seven (7) years. You may list employment prior to seven (7) years ago that is related to the job you are seeking or if you wish to have it considered. You are not required to list military service, but you may do so if it is related to your career and you wish to have it considered.			
Present Employer (Company Name) or period of unemployment	Telephone No.	From Mo./Yr.	To Mo./Yr.
Employer's Address	City	State	Zip
			Department
			Supervisor
Your Job Title	Your name at the time	<input type="checkbox"/> Full-Time <input type="checkbox"/> Regular	<input type="checkbox"/> Part-Time <input type="checkbox"/> Temp
Describe duties, equipment operated, and special accomplishments			
Reason for leaving			
Previous Employer (Company Name) or period of unemployment	Telephone No.	From Mo./Yr.	To Mo./Yr.
Employer's Address	City	State	Zip
			Department
			Supervisor
Your Job Title	Your name at the time	<input type="checkbox"/> Full-Time <input type="checkbox"/> Regular	<input type="checkbox"/> Part-Time <input type="checkbox"/> Temp
Describe duties, equipment operated, and special accomplishments			
Reason for leaving			
Previous Employer (Company Name) or period of unemployment	Telephone No.	From Mo./Yr.	To Mo./Yr.
Employer's Address	City	State	Zip
			Department
			Supervisor
Your Job Title	Your name at the time	<input type="checkbox"/> Full-Time <input type="checkbox"/> Regular	<input type="checkbox"/> Part-Time <input type="checkbox"/> Temp
Describe duties, equipment operated, and special accomplishments			
Reason for leaving			

## EDUCATION/TRAINING

	Name, City and State of school/training	No. Years Completed	Diploma/ Degree	Program or major courses
Last High School				
College/ University, Professional, Business or Technical Schools				
Grad School				
Subject of special study or research _____				
Extracurricular activities in high school and/or college (DO NOT list political or religious activities.) _____				
Scholarships, fellowships, or awards received _____				

## STATEMENT OF CERTIFICATION, AUTHORIZATION, AND AGREEMENT

I certify that the information I have provided in this application form, in my resume and other application related documents, and interview(s) is complete and accurate. I authorize all my former employers and personal references to answer inquiries made by the Company and I hereby release all such parties including the Company, its subsidiaries, employees, subscribers, and agents from liability because of doing so. I agree that if, in the exclusive opinion of the Company, I have made any misrepresentation, or the results of the investigation are not satisfactory, any offer of employment may be withdrawn or, if already hired and working, I may be terminated without liability, except for payment at the rate agreed upon for services rendered. A copy of this agreement and certification can serve as an original.

I understand and agree that, if hired, my employment is entirely "at-will" which means that my employment can be terminated by me or the Company at any time and for any reason or no reason at all. I further understand and agree that nothing in this application is intended to create or imply a contractual relationship and that no representative of the Company has the authority to enter an agreement for employment for any specified period or to make an agreement for employment other than at-will.

If I am hired, I understand I will be required to complete all forms and documentation the company requires for its new hire processing. My failure to do so may result in withdrawal of any employment offer or termination if I have already started to work. After employment, I understand that I will be required to complete all documentation the company requires upon demand including, but not limited to, tax withholding, personal information changes, benefit enrollment forms, performance appraisals, and warning notices and other corrective actions. My failure to do so may result in disciplinary action up to and including termination, as deemed appropriate by the company.

I understand I must adhere to the Company policies and procedures while I am an employee of the Company.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_