Good Vibes Rocky Mountain Dispensary 820 W Victory Way Craig, CO 81625

(970) 620.4667

info@gvrmd.com

Point of Contact - Dylan Barlean (970) 518 - 8660



EMPLOYMENT APPLICATION

APPLICANT INFORMATION						
LAST NAME		SSN				
FIRST AND MIDDLE NAME		DATE OF BIRTH				
STREET ADDRESS		PHONE 1				
STREET ADDRESS		PHONE 2				
CITY / STATE / ZIP CODE		EMAIL ADDRESS				
Are you 21 years of age or older?	Yes: No: Prefer not to Answer:	Are you entitled to work in the U.S.?	Yes or No:			
Military service?	Yes: No: Prefer not to Answer:	Do you hold a current Colorado MED Badge?	Yes or No:			
Are you a veteran?	Yes: No: Prefer not to Answer:					
Have you been convicted of a felony?	Yes or No:	If yes, when and please explain.				
What position are you applying for?	(its okay if you don't know this one.)	How did you learn of the position?				
Expected Hourly Rate		Expected Annual Salary				
Date Available to Begin		Date of Application				
PREVIOUS EMPLOYMENT EX	PERIENCE					
EMPLOYER NAME 1		START DATE				
SUPERVISOR NAME		END DATE				
STREET ADDRESS		PHONE				
CITY / STATE / ZIP CODE		EMAIL ADDRESS				
POSITION HELD		RATE OF PAY				
Reason for leaving?		May we contact?	Yes or No:			
EMPLOYER NAME 2		START DATE				
SUPERVISOR NAME		END DATE				
STREET ADDRESS		PHONE				
CITY / STATE / ZIP CODE		EMAIL ADDRESS				
POSITION HELD		RATE OF PAY				
Reason for leaving?		May we contact?	Yes or No:			
EMPLOYER NAME 3		START DATE				
SUPERVISOR NAME		END DATE				
STREET ADDRESS		PHONE				
CITY / STATE / ZIP CODE		EMAIL ADDRESS				
POSITION HELD		RATE OF PAY				
Reason for leaving?		May we contact?	Yes or No:			

REFERENCES (please provide 2 professional and 2 personal references)						
Reference Name and Position:		Phone Number:				
Company and Your Position:	Company and Your Position:					
Reference Name and Position:		Phone Number:				
Company and Your Position:						
Reference Name:		Phone Number:				
Relationship:						
Reference Name:		Phone Number:				
Relationship:						
EDUCATION						
	NAME AND LOCATION	LAST YEAR COMPLETED	MAJOR / EMPHASIS & DEGREE EARNED			
HIGH SCHOOL		9, 10, 11, or 12:				
COLLEGE / UNIVERSITY		1, 2, 3, or 4:				
TRADE SCHOOL						
OTHER / APPLICABLE TRAINING		APPLICABLE SKILLS / PROFICIENCIES				

Additional comments or

introduction:

I certify that the information given on this application is complete and correct.

SIGNATURE	DATE	