

# Employment Application



**Please complete the entire application**

It is the policy of Higher Learning Institutions to provide Equal Employment opportunities to all applicants and employees without regard to any legally protected status such as race color religion gender national origin age disability or veteran status.

Applicant full name: \_\_\_\_\_

Home address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Number of years at this address: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Last four of Social Security number: \_\_\_\_\_

Driver's license (State/Number): \_\_\_\_\_

Who should be contacted if you are involved in an emergency?

Contact name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State /Zip: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Job position interested in within cannabis industry. (Dispensary, Extracting, Bud Tending, Customer Service etc.)

Salary desired: \$ \_\_\_\_\_ per \_\_\_\_\_

How will you get to work? \_\_\_\_\_

Are you willing to work any shift, including nights and weekends? \_\_\_\_Yes \_\_\_\_No  
If no, please state any limitations: \_\_\_\_\_

If applicable, are you available to work overtime? \_\_\_\_Yes \_\_\_\_No

If you are offered employment, when would you be available to begin work?  
\_\_\_\_\_

If hired, are you able to submit proof that you are legally eligible for employment in the United States?  
\_\_\_\_Yes \_\_\_\_No

Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? \_\_\_\_Yes \_\_\_\_No

What reasonable accommodation, if any, would you request?  
\_\_\_\_\_

### Applicants' skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of experience	Rating
Customer Service		1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

### Applicants' education and training

College/ University Name and Address  
\_\_\_\_\_

Did you receive a degree? \_\_\_\_Yes \_\_\_\_No

If yes, degree (s) received: \_\_\_\_\_

High School GED Name an Address:  
\_\_\_\_\_

Did you receive a degree? \_\_\_\_ Yes \_\_\_\_ No

Other Training (graduate, technical, vocational) \_\_\_\_\_

Please indicate any current professional licenses or certifications that you hold:

\_\_\_\_\_

Awards, Honors, Special Achievements: \_\_\_\_\_

Military Service: \_\_\_\_ Yes \_\_\_\_ No

Branch: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Certification**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences immediate termination. I authorize Higher Learning Institutions to contact my former employees and educational organizations regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

**I have carefully read the above certification and I understand and agree to its terms**

\_\_\_\_\_  
**APPLICANT SIGNATURE**

**DATE**

