



EMPLOYMENT APPLICATION

PERSONAL

Name: _____
First Name MI Last Name

Email: _____

Home Address: _____

Personal Cell #: (____) _____

City: _____ State: _____ Zip Code: _____

Home #:(____) _____

Position desired? _____

Preferred Salary or Hourly Rate: \$ _____

Can you perform the essential functions of the position for which you are applying? YES [] NO []

If no, please explain.

(If you have any question as to what functions are applicable to the position for which you are applying, please note your questions.)

Are you legally eligible to be employed in the United States? YES [] NO []

(Note: Proof of identity and eligibility will be required upon employment.)

Are you at least 21 years of age? YES [] NO []

Note: MA Dept. of Public Health regulations require that all Healthy Pharms, Inc. employees must:

(1) Be at least 21 years old, and

(2) Have not been convicted of a felony drug offense in the Commonwealth of Massachusetts, or a like violation of the laws of another state, the United States or a military, territorial, or Indian tribal authority.

Have you ever worked for this Company before? YES [] NO []

If yes, where? _____ When? (Give dates) _____

Job Title(s) held: _____

Have you ever worked for another Registered Marijuana Dispensary? YES [] NO []

If yes, where? _____ When? (Give dates) _____

Job Title(s) there: _____

Do you have any relatives or friends who work for the Company? YES [] NO []

If yes, who and where do they work?

EMPLOYMENT APPLICATION for Applicant: _____

Have you ever done any volunteer work? YES NO

If yes, describe:

(Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

If you can attach a copy of your resume to your completed Application, check this box.

Are you available to work: DAYS NIGHTS WEEKENDS FULL TIME

If you cannot work full time, please explain:

Are you presently employed? YES NO

If yes, may we contact your current employer? YES NO

If presently employed, why are you considering leaving?

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? YES NO

If yes, please explain and list offices held:

(Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

Education

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying? YES NO

If yes, please describe:

EMPLOYMENT APPLICATION for Applicant: _____

Employment History

Name of Employer		Telephone Numbers: Work: () Cell: ()
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title
Dates Employed:	From Month/Day/Year	To Month/Day/Year
Describe the Work Performed <hr/> <hr/> <hr/> <hr/>		
Name of Employer		Telephone Numbers: Work: () Cell: ()
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title
Dates Employed:	From Month/Day/Year	To Month/Day/Year
Describe the Work Performed <hr/> <hr/> <hr/> <hr/>		

EMPLOYMENT APPLICATION for Applicant: _____

Name of Employer		Telephone Numbers: Work: () Cell: ()
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title
Dates Employed:	From Month/Day/Year	To Month/Day/Year
Describe the Work Performed _____ _____ _____		
Name of Employer		Telephone Numbers: Work: () Cell: ()
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title
Dates Employed:	From Month/Day/Year	To Month/Day/Year
Describe the Work Performed _____ _____ _____		

Use an additional sheet of paper if more space is necessary for Employment.

EMPLOYMENT APPLICATION for Applicant: _____

REFERENCES

Give three personal or professional references (not relatives)

Name Relationship	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number(s) Work/Home: () Cell: ()
Name Relationship	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number Work/Home: () Cell: ()
Name Relationship	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number Work/Home: () Cell: ()

EMPLOYMENT APPLICATION for Applicant: _____

Healthy Pharms, Inc. is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, sexual orientation, ancestry, disability, age, veteran status, genetic information, or any other characteristic protected by federal, state, or local law.

IMPORTANT, PLEASE READ AND SIGN

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and I understand that failure to reveal any prior employer, or giving false or misleading information on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company.

I understand that if I am hired, my employment is at will and for no definite time and may be terminated at any time with or without prior notice or cause.

Signed: _____ Date: _____

Do not write below this line