



Herbal Remedies Dispensaries, LLC

Employment Application

Herbal Remedies Dispensaries, LLC is an Equal Employment Opportunity employer. ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

To work in an Illinois licensed medical marijuana dispensary, the law requires employees to:

- Be at least 21 years of age;
- Pass a criminal background check, clear of any felony convictions;
- Be legally authorized to work in the United States;
- Be familiar with the Illinois Compassionate Use of Medical Cannabis Pilot Program and specifically the Illinois Department of Finance and Professional Regulations governing dispensaries; and
- Qualify for a dispensary agent identification card issued by the Illinois Department of Finance and Professional Regulations.

APPLICANT INFORMATION												
Last Name					First			M.I.	Date			
Street Address							Apartment/Unit #					
City					State			ZIP				
Phone					E-mail Address							
Date Available				Social Security No.				Desired Salary				
Position Applied for												
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Have you ever been involuntarily terminated or asked to resign from any position of employment?								YES <input type="checkbox"/>	NO <input type="checkbox"/>			
If yes, please describe circumstances:												
If selected for employment, are you willing to submit to a pre-employment drug screening test?								YES <input type="checkbox"/>	NO <input type="checkbox"/>			
21 years of age or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If selected for employment, are you willing to submit to fingerprint-based criminal history check?				YES <input type="checkbox"/>	NO <input type="checkbox"/>			
EDUCATION												
High School				Address								
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma or GED						
College				Address								
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree or Certif.						
Other				Address								
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree or Certif.						

REFERENCES*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company #1		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company #2		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company #3		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature

Date