

Application for Employment

(Pre-employment questionnaire) (An equal opportunity employer)

General Information:

First Name	Las	_ Last Name			
Address					
City	Sta	ate	7 in		
Phone () Are you a United States citiz				Yes	No
What part of the medical ca	annabis industry	interests you	1?		
Cultivation	Trimming	Sales	Other		



Hours interested in
☐ Full Time ☐ Part time
Desired pay rate \$
Have you been convicted of a non-violent felony within the past 2 years or a violent felony within the past 5 years? Yes / No
If yes, please explain
When is your desired start date?
Are you willing to work without your cell phone? Yes No
Are you willing to perform duties such as cleaning, sweeping, etc? Yes No
Are you able to lift items up to 20 lbs? Yes No
May we contact your references and former employers? Yes No
What interests you about the medical cannabis industry?



What interests you about our company?
Please list the skills and qualifications you possess for the position you are applying for. What would your former employers and colleagues say about you?
Tell us about a time where you had to resolve a conflict with a colleague or customer. What caused the conflict and what steps did you take to resolve the situation?



Education:

<u>High School</u> :		
Name	Location (City, State)	
Year Graduated _	GPA	
<u>College/University</u> :		
Name	Location (City, State)	
Year Graduated _		
Degree Earned _	GPA	
Vocational School/Speci	ialized Training:	
•	Location (City, State)	
Year Graduated _		
Dogroo Farnod	CDA	



Experience:

Company name		Supervisor		
Address/City/State				
Phone	Dates of e	employment	//	List your
duties				
Reasons for leaving				
Company name		Supervisor		
Address/City/State				
Phone	Dates of o	employment	//_	List your
duties				
Reasons for leaving				
	Business Refe	erences:		
Name	Phone	Em	nail	
Name	Phone	Ema	il	
Name	Phone	Ema	il	



I understand this application does not create an "implied contract" and that in the event of hiring, employment is "at will" can be terminated for any or no reason. I hereby certify the above information is true and complete.

	/	/	
Signature Application Date			

*UPON COMPLETION

Save the file with your first and last name followed by Resonant.Application (Example: Jane Doe Resonant.Application.pdf)

After saving your application email your file to Joe@resonantcultivation.com