



Rx Strength Recreational Weed



Personal Information

Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Phone: (____) _____ - _____		Are you a United States Citizen or legally eligible to work in the U. S.? ____ Yes ____ No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>	
Drivers <u>H</u> <u>Ha</u>	Driver's License Number: _____ State Issued: _____		
Title of Position Applying For			Date Available to Work
Have you been previously interviewed or employed by Roots Rx? ____ Yes ____ No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for Roots Rx? ____ Yes ____ No If Yes, list names and relationship to you:			
Are you employed now?		If so, may we contact your present employer?	

Education

Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			
Technical or Certificate Programs			

Employment History

Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

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Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

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Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

References Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

Have you ever been convicted of a crime? If yes, please explain below:

Roots Rx is an Equal Opportunity Employer. It is the policy of Roots Rx not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

Signature of Applicant

Date

