

EMPLOYMENT APPLICATION

Canna Organix LLC is an Equal Opportunity Employer and fully subscribes to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability. Please return application by email or contact info@cannaorganix.com for additional information.

Position:	loda	y's Date:		
Name:Last, MI, First	Start	Start Date:		
Address:		State & Zip:		
Telephone:	Emai	l:		
• Are you 21 years or older? YES	NO			
Are you able to perform the essential job	functions of this position with rea	sonable accommodation? YES	NO	
Have you been convicted of any felonies of	other than minor traffic violations	during the past seven years? (A criminal	record or	
a conviction will not automatically bar em	nployment, but will be considered	only if the conviction occurred within th	e last 10	
years and if the crime reasonably relates t	to the job duties for the position).			
YES NO If yes, explain:				
Will you work: (A) Rotating shifts: YES	NO (B) Weekends: YE	S NO (C) Overtime: YES	_ NO	
EDUCATION & TRAINING				
Name & Location of High school:		Did you graduate? YES NO	_	
Name & Location of College:		Years attended:		
Degrees Completed:		Subjects Studied:		
Trade/ Correspondence School:		Years attended:		
Subjects Studied:		Did you graduate? YES NO		
List any scholarships, academic honors, awards or	special achievements:			
List any relevant skills you have that are appropriat	te for the position you are applying	for:		
List any relevant experience gained while voluntee	ring (names or organizations desig	nating religion, race, etc. need not be m	entioned)	
PERSONAL REFERENCES (list two)				
Name:	Name:			
Relationship:	Relationship:			
Address:	Address:			
Phone:	Phone:			
Known since:	Known since:			

EMPLOYMENT HISTORY May we contact your current employer? YES NO (list current/most recent employer first) Company Name, Address, Phone: Supervisor Name & Title: Starting Date, Title: Ending Date, Title: Are you eligible for rehire? YES NO Hours worked per week: Circumstances for leaving: Company Name, Address, Phone: Supervisor Name & Title: Starting Date, Title: Ending Date, Title: Are you eligible for rehire? YES_____ NO_____ Hours worked per week: Circumstances for leaving: Company Name, Address, Phone: Supervisor Name & Title: Starting Date, Title: Ending Date, Title: Are you eligible for rehire? YES NO Hours worked per week: Circumstances for leaving: How many jobs you have had in the last 12 months? _____ 36 months? ____ 60 months? ____ IN GENERAL: I understand employment at Canna Organix LLC equates to being genuinely friendly, working well under pressure, having attention to details, being candor in communications, having a clean personal appearance, using common sense, being a cooperative team player, being dependable, taking personal and public responsibility, having personal honesty and integrity, a positive attitude, and sharing the values of Canna Organix LLC. ACCURACY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. DRUG-FREE POLICY: We have established a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol, drug-free, and prescription drug abuse-free environment. AT-WILL EMPLOYMENT AGREEMENT: I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between Canna Organix LLC and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's Owners are authorized to change the employment-at will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Printed Name: Signature: Date: