

Application for Employment

Seven Clover

Seven Clover is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical or mental disability, severe/morbid obesity, medical condition, military or veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws.

I. Personal Information

Name: Last First Middle

Present Address

Permanent Address (if different than above)

Telephone Number

Emergency Contact: Name Telephone (Area Code – Number)

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid drivers license, birth certificate, Green Card, etc.) within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

1. Have you worked for Seven Clover before (this location or another)? Yes (location _____) No
2. Have you ever applied to Seven Clover before? Yes (date _____) No
3. Have you worked with any Point of Sale equipment? Yes (system _____) No
4. Do you have experience in the Medical Cannabis field? Yes No

II. Educational History

	School Name/Location	Major
College	_____	_____
Tech. Training	_____	_____
Other	_____	_____

III. Employment History

(Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment; attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at Seven Clover.)

1. _____
Company Name (Current or Most Recent Employer) Position Held
Address Dates Employed
Manager / Supervisor Telephone Wage / Salary
Reason for Leaving
2. _____
Company Name Position Held
Address Dates Employed
Manager / Supervisor Telephone Wage / Salary
Reason for Leaving
3. _____
Company Name Position Held
Address Dates Employed
Manager / Supervisor Telephone Wage / Salary
Reason for Leaving

Note: We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

_____ Employers Name	_____ Reason
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_____ Employers Name	_____ Reason
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IV. References (Please do not include relatives or former employers.)

1. _____
Name

Years Known

Address

Telephone Occupation

2. _____
Name

Years Known

Address

Telephone Occupation

V. Work Availability

If your application receives favorable consideration, when will you be able to begin work? _____

What days and time of day are you available? (Please write YES or NO in each space, as to your availability)

Day to 4 pm: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Night 4 pm to: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____
(If employed, I will notify my supervisor in writing, should my availability change)

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require? _____

VII. Person Completing Form

Name and number of person completing this form if other than applicant: _____

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION
PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee an employment opportunity. I further understand that, should an offer of employment be extended by Seven Clover that such employment with Seven Clover is at-will, with no specified duration and may be terminated by either Seven Clover or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, and statements of Seven Clover or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Seven Clover except the Owner has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Owner of Seven Clover.

In consideration for employment with Seven Clover, if employed, I agree to conform to the rules, regulations, policies and procedures of Seven Clover at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Seven Clover business, attendance and punctuality are considered essential requirements of every job at Seven Clover and that poor attendance or tardiness will result in disciplinary action including but not limited to termination.

I understand that if offered a position with Seven Clover, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Seven Clover and/or any of its representatives, agents or vendors.

I understand that this application is considered current for one year (twelve months). If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature: _____ **Date:** _____

7/27/2016