



Application for Employment

An Equal Opportunity Employer

Employment decisions will be based on the principles of equal opportunity. Please inform us of any necessary accommodations to the application process.

Please Print

Applicant Name:

First	Middle	Last

Address	City	State	Zip

Telephone Number	E-mail Address
Mobile / Phone #	

Position(s) Applying for:	Date of Application

How did you learn about Coastal Cannabis and why are you applying for a position?

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If hired, would you have a reliable means of transportation to and from work: Yes No

On what date would you be available for work?

Are you available to work: Full-time Part-time All shifts Temporary

Can you travel for work if necessary? Yes No

Are you legally permitted to work in the United States? Yes No

Do you meet the verified minimum age requirement for position applying for? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

Are you willing to participate in background checks as legally required? Yes No

Have you ever gone by a name other than the one listed above? Yes No

If yes — Please list:

EDUCATION

List the last 3 schools attended with the most current listed first:

Name of College / School	Location

Years Completed	Degree/Major	

Diploma obtained? Yes No

Name of College / School	Location

Years Completed	Degree/Major	

Diploma obtained? Yes No

Name of College / School	Location

Years Completed	Degree/Major	

Diploma obtained? Yes No

MILITARY SERVICE

Have you ever served in the U.S. military? Yes No

What type of training and work experience did you receive while in the military?

EMPLOYMENT HISTORY

List all employment, starting with your most recent position. In addition, you may attach your resume.

Employer / Business Type	Your Direct Supervisor

Address	Phone

Position Title:

Duties and Responsibilities

Dates of Employment		Current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
From	To		

If you answered no, why did you leave this job?

May we contact this employer for a reference? Yes No

Employer / Business Type	Your Direct Supervisor

Address	Phone

Position Title:

Duties and Responsibilities

Starting Date	Ending Date	Still with this employer? (Circle: Yes or No)	
		Yes	No

If you answered no, why did you leave this job?

May we contact this employer for a reference? Yes No

Employer / Business Type	Your Direct Supervisor

Address	Phone

Position Title:

Duties and Responsibilities

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Starting Date	Ending Date	Still with this employer? (Circle: Yes or No)

If you answered no, why did you leave this job?

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation? Yes No

REFERENCES

List persons not related to you who have knowledge of your work performance within the last 5 years:

Name	Phone Number	Years Known	Relationship

APPLICANT'S CERTIFICATION AND AUTHORIZATION STATEMENT

Please Read Carefully, Initial Each Paragraph and Sign Below

I certify that the information provided in this application is true, to the best of my knowledge and I have not knowingly withheld any information and that the answers given by me are true and correct. I further certify that I have personally completed this application.

Initials: _____

I understand that providing false or misleading information at any time during the application and interview process may lead to refusal to hire or discharge from the Company. If I become employed by the Company, I agree to follow all rules and regulations of the Company as they develop and change.

Initials: _____

I hereby allow authorized representatives of Coastal Cannabis to thoroughly investigate my references, work record, education, background, and my performance related to my suitability for employment. I am aware that such investigation results will become a part of my employment record. In addition, I authorize the Company to speak with my acquaintances (personal and professional), to gather information about me as it pertains to my position and employment history.

Initials: _____

I hereby authorize all former employers and references to provide information about me to the Company and release them of liabilities and damages for providing this information. I authorize the Company to verify the accuracy of the information within this application. I also authorize the release of my educational transcripts to the Company for education verification purposes.

Initials: _____

I release Coastal Cannabis from liability for collecting background information about me to make employment decisions. The City of Vista requires fingerprinting for Cannabis Storefront Workers Permit. Additionally, I acknowledge biometric fingerprint data is utilized for time stamp attendance purposes by payroll provider's software and that I voluntarily consent under CCPA Privacy Policy.

Initials: _____

I understand that nothing contained in this application, nor conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. I understand and agree that if I become employed by the Company, I understand and agree that my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company. The employment relationship will be "at-will," and the "at-will" status may not change at any time unless specifically approved, in writing, and signed by me and the CEO of the Company.

Initials: _____

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Initials: _____

This application for employment will be kept as required by law. I understand that I will re-apply if information has been updated and I am interested in being considered for open positions.

Applicant's Signature

Date

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