



# Arizona Cannabis Society

8376 N El Mirage Rd. Bldg. 2 Ste. 2

El Mirage, AZ 85335

888-BIZ-AZCS (249-2927)

jobs@arizonacannabissociety.com

Two ways to submit your Application to AZCS:

1. Fill out the Application, Print, Sign and Hand Deliver to AZCS

2. Fill out the Application, Print, Sign, Scan and E-mail to AZCS

NOTE: Physical Address and E-mail Address are listed above

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Medical Marijuana Experience and Knowledge**

**Experience:**

Have you ever worked for a Dispensary or Compassion Club/Collective?: YES  NO

If Yes, When and Where: \_\_\_\_\_

Reason for Leaving (If Applicable): \_\_\_\_\_

**Knowledge/Skills:** Please indicate the level of skills or knowledge you have in the following areas using the scale below

( Zero = No Skill/Knowledge 10 = Expert Skills/Knowledge)

	0	1	2	3	4	5	6	7	8	9	10
Knowledge of Medical Marijuana Strains and Their Benefits & Side Effects	●	●	●	●	●	●	●	●	●	●	●
Knowledge of Medical Marijuana Edibles	●	●	●	●	●	●	●	●	●	●	●
Knowledge of Medical Marijuana Concentrates	●	●	●	●	●	●	●	●	●	●	●
Knowledge of Medical Marijuana Topicals/Balms	●	●	●	●	●	●	●	●	●	●	●
Knowledge of Medical Marijuana Cultivation	●	●	●	●	●	●	●	●	●	●	●
Knowledge on the Various Methods to Dose Medical Marijuana ( Smoking, Vaporizing, Edibles, Etc)	●	●	●	●	●	●	●	●	●	●	●
Knowledge of Arizona Medical Marijuana Laws	●	●	●	●	●	●	●	●	●	●	●
Knowledge of the Department of Health Services' Medical Marijuana Rules and Regulations.	●	●	●	●	●	●	●	●	●	●	●

**Any Additional Information You Would Like AZCS to Know:**

Empty box for additional information.

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_