



EMPLOYMENT APPLICATION

1301 S. Western Ave Chicago, IL 60608

Ph:773-724-4200

APPLICANT INFORMATION

Last Name				First			M.I.	Date		
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Date Available				Social Security No.						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Are you at least 21 years old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Birthdate							
To your knowledge, are you eligible to be issued an Agent ID Card by the IDFPR?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain							

EDUCATION

High School				City/State						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College				City/State						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Trade School				City/State						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					

Please note any marijuana-specific education, such as marijuana trade school, here:

ABOUT YOU

Career Objective:

Skills:

Tell us one attribute that is unique or interesting about you:

PREVIOUS EMPLOYMENT AND REFERENCES

Please enclose a resume that includes your career history going back at least ten years and the names and contact information for three professional references.

VOLUNTARY INFORMATION

Gender	
Military Background	Have you served in the United States Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what branch? _____
How did you hear about THC Center?	

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

¹ A "yes" response will not result in an automatic rejection of your application. We ask this because in Illinois, no one who has been convicted of an "excluded offense" may become an employee of a cultivation center or dispensary. An "excluded offense" is defined as:

- (1) a violent crime defined in Section 3 of the Rights of Crime Victims and Witnesses Act or a substantially similar offense that was classified as a felony in the jurisdiction where the person was convicted; or
(2) a violation of a state or federal controlled substance law that was classified as a felony in the jurisdiction where the person was convicted, except that the IDFPR may waive this restriction if the person demonstrates to the registering Department's satisfaction that his or her conviction was for the possession, cultivation, transfer, or delivery of a reasonable amount of cannabis intended for medical use. This exception does not apply if the conviction was under state law and involved a violation of an existing medical cannabis law.

THC CENTER

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes.

Applicant's Signature

Date

Print Name

Social Security Number

THC CENTER

PRE-EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment, I understand that investigative background inquiries are to be made on myself including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, performance and experience along with reasons for termination or past employment from previous employers or licensors. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences.

I authorize without reservation, any party or agency contacted by the employer to furnish the above-mentioned information.

I hereby consent to you obtaining the above information from Rago and/or any of their licensed agents. I understand to aid in the proper identification of my file or records, the following information, as well as other information is necessary.

PRINT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DATE OF BIRTH: _____

SIGNATURE: _____

EMPLOYER: _____