THE GREEN LEAF RELIEF

EMPLOYMENT APPLICATION

Hemp Powered. Community Driven. Family Owned.

Thank you for your interest in joining The Green Leaf Relief team. Please complete all sections of this application.

PERSONAL INFORMATION

Full Name: _____

Preferred Name: _____

Phone: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Are you at least 21 years of age? [ ] Yes [ ] No

Are you legally authorized to work in the United States? [ ] Yes [ ] No

Do you have reliable transportation? [ ] Yes [ ] No

POSITION INFORMATION

Position Applying For: _____

Preferred Location(s): _____

Employment Desired: [ ] Full-Time [ ] Part-Time [ ] Either

Date Available to Start: _____

Day	Available From	Available Until
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Are you available to work evenings? [ ] Yes [ ] No Are you available to work weekends? [ ] Yes [ ] No

EMPLOYMENT HISTORY

Most Recent Employer

Company: _____

Position: _____ **Dates Employed:** _____

Supervisor: _____ **Phone:** _____

Reason for Leaving: _____

Primary Responsibilities:

_____

_____

Previous Employer

Company: _____

Position: _____ **Dates Employed:** _____

Supervisor: _____ **Phone:** _____

Reason for Leaving: _____

Primary Responsibilities:

_____

_____

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EXPERIENCE & QUALIFICATIONS

Do you have previous retail or customer service experience? [ ] Yes [ ] No

Do you have previous sales experience? [ ] Yes [ ] No

Do you have cash-handling/POS experience? [ ] Yes [ ] No

Do you have previous experience or knowledge related to hemp-derived products? [ ] Yes [ ] No

Please tell us about any skills or experience that would make you a great addition to The Green Leaf Relief team:

_____

_____

_____

GETTING TO KNOW YOU

Why would you like to work for The Green Leaf Relief?

_____

_____

_____

What does great customer service mean to you?

_____

_____

_____

What are three words that best describe you?

_____ _____ _____

PROFESSIONAL REFERENCES

Name: _____ **Relationship:** _____

Phone: _____ **Years Known:** _____

Name: _____ **Relationship:** _____

Phone: _____ **Years Known:** _____

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may result in disqualification from consideration or termination of employment if hired. I understand that submitting this application does not guarantee employment and that The Green Leaf Relief is an equal opportunity employer.

Applicant Signature: _____

Date: _____

SUBMIT COMPLETED APPLICATIONS TO:

bayleightglr@gmail.com

THE GREEN LEAF RELIEF

Stay Green. Feel Relief.