



## APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, marital or veteran status, medical condition or handicap, or any other status protected by law. *We are an Equal Opportunity Employer.*

Your application will be considered active for 30 DAYS.  
For consideration after that time, you must reapply.

**PERSONAL**

(Please print)

Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
           First                          Middle                          Last

Address \_\_\_\_\_  
           No.                          Street                          City                          State                          Zip

Are you over 18 years of age?     YES                     NO

Are you legally eligible for permanent employment in the United States? \_\_\_\_\_ (Verification will be required)

Position Applied For? \_\_\_\_\_                     Full Time                     Part Time

If Part Time days/hours you are available?

Date you are available to start work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Salary or Wage Desired: \$ \_\_\_\_\_     Hr.     Wk.

Have you worked for us before? \_\_\_\_\_                    If YES, when? \_\_\_\_\_

Indicate special qualifications or second language skills: \_\_\_\_\_

Do you have a pesticide applicators license? \_\_\_\_\_ Expired? \_\_\_\_\_

What attracted you to Green Thumb?

EDUCATION Name & Location of School	Course of Study	Years Completed	Did You Graduate?
Elementary			
Middle			
High School			
College or Other			

Are you employed at the present time?     Yes     No

Do you have a valid driver's license?     Yes     No?                    State issued: \_\_\_\_\_

\*Online application is a fillable document. Save it and email it to [osvaldo@gtlminc.com](mailto:osvaldo@gtlminc.com)

**PRIOR EMPLOYMENT**

Employer	Phone	From	To
Address	City, State	Position	
Duties		Supervisor Name	
Reason for Leaving		Starting Wage	
		Ending Wage	
Employer	Phone	From	To
Address	City, State	Position	
Duties		Supervisor Name	
Reason for Leaving		Starting Wage	
		Ending Wage	
Employer	Phone	From	To
Address	City, State	Position	
Duties		Supervisor Name	
Reason for Leaving		Starting Wage	
		Ending Wage	

**MILITARY**

BRANCH OF SERVICE	FROM	TO	RANK & DUTIES	DATE DISCHARGED

**PERSONAL REFERENCES**

Name	Address	Years Known	Telephone

**Please read the following statements carefully and place your initials after each statement. Only those applications that are initialed and signed are considered valid.**

1. If the company employs me, I will comply with all work-related requirements set forth by the company. \_\_\_\_\_
2. I understand I will be given a drug test prior to hiring and I consent. \_\_\_\_\_
3. I certify that all answers to the questions in this application are the truth and complete to the best of my knowledge. Omissions may be grounds for denial of employment or discharge if hired. \_\_\_\_\_
4. I understand that if hired I will be an "at-will" employee. \_\_\_\_\_
5. I understand that no manager or representative of the company, other than in writing signed by the president of the company and by me has any authority to enter into an agreement of employment for any specified period of time or contrary to the above terms or alter the above employment conditions. \_\_\_\_\_
6. I hereby acknowledge that I have read and understand the above statements. I voluntarily give the Company permission to confirm by personal inquiry, or otherwise, information provided in this application. I release from all liability or responsibility this company and all persons providing information to the company about me. \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date