



EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer

Thank you for your interest in working at Hemp+Ville CBD™. We are looking for the right individuals to add to our team, those who are reliable, knowledgeable, friendly, and courteous. We are committed to providing the highest quality CBD education and solutions to our clients and seek talented team members.

Please fill out this application in legible, block letters using a black or blue pen. If you have any questions about this application, job duties or opportunities, please ask the hiring manager. Mail or deliver the completed application to us at:

Hemp+Ville CBD, Oxford
 A division of Hemp Health LLC
 1801 Jackson Ave Suite 103 A
 Oxford, MS 38655

ABOUT YOU			
Name (First, Middle, Last)		Social Security Number	Age (or "under 18", "over 21", etc.)
Street Address		City, State, Zip	
Email Address		Aliases Used	
Home Phone ()	Cell Phone ()	Emergency Contact Name	Emergency Contact Phone ()
Alt Phone 1 ()	Alt Phone 2 ()	Best Time to Call	Email Address
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any conditions that may prevent you from handling CBD oils? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Are you 18 years old or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony or dishonest or violent crime, or Sexual Abuse, Sexual Harassment or Neglect? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally allowed to work in the USA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Do you have retail experience? If Yes, then please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
_____		Do you have any criminal or civil litigation pending or have you had any legal actions filed against you/been party to a legal filing? (If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any knowledge or experience with CBD oils? If Yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
_____		Here's the fun part. Write a little blurb about yourself and why you think you're a perfect fit for joining our team!	
Are you a military veteran? If Yes, please indicate the branch of service and date of honorable discharge:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 2px solid #00AEEF; border-radius: 15px; height: 100px; width: 100%;"></div>	

Do you have a passion for providing CBD education and solutions? (Hint, answer yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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AVAILABILITY

Position Desired (CBD consultant, CBD assistant consultant, CBD senior consultant, or just put "any")	Type of Position (circle one)																								
Date you can start	<input type="radio"/> Part Time <input type="radio"/> Full-Time <input type="radio"/> Temporary																								
Have you applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____ Have you worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____ Are you willing to work split shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
Please check when you are available, and/or write in hours that you are available																									
From	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width:12.5%;">Sun</th> <th style="width:12.5%;">Mon</th> <th style="width:12.5%;">Tue</th> <th style="width:12.5%;">Wed</th> <th style="width:12.5%;">Thu</th> <th style="width:12.5%;">Fri</th> <th style="width:12.5%;">Sat</th> <th style="width:12.5%;">Comments</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>To</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Comments									To							
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Comments																		
To																									
Shifts willing to work (check all that apply): <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Weekends <input type="checkbox"/> Seasonal / Temporary																									
Rate Expected: \$ _____ Hourly																									

RECENT JOB HISTORY

1.	Employer	Phone ()	DATES EMPLOYED	
	Address		FROM	TO
	Job Title		HOURLY RATE	
	Supervisor	OK to Contact?	STARTING	FINAL
	Reason for Leaving			
2.	Employer	Phone ()	DATES EMPLOYED	
	Address		FROM	TO
	Job Title		HOURLY RATE	
	OK to Contact?	OK to Contact?	STARTING	FINAL
	Reason for Leaving			



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3.	Employer	Phone ()	DATES EMPLOYED	
	Address		FROM	TO
	Job Title		HOURLY RATE	
	Supervisor		STARTING	FINAL
	Reason for Leaving			
		OK to Contact?		

WORK SUMMARY

Give us a brief summary of your work experience

EDUCATION

School Name	City, State	Enrolled?	Graduated?	Major/Degree
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade or Business School		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

We would like to talk to some people who can confirm you're just the best person we could possibly hire. Can you give us their names and numbers? Please give us a couple that you've worked with and a couple that you know personally.

Business References (3)

Name of Reference	Relationship
Years Acquainted	Phone#
Name of Reference	Relationship
Years Acquainted	Phone#
Name of Reference	Relationship
Years Acquainted	Phone#



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Personal References (2)	
Name of Reference	Relationship
Years Acquainted	Phone#
Name of Reference	Relationship
Years Acquainted	Phone#

EMERGENCY CONTACTS	
While we don't expect problems to happen, unfortunately they can. Please provide the names of individuals who can be contacted in the case of an emergency.	
Name of Contact	Relationship
Address	Phone#
Name of Contact	Relationship
Address	Phone#

SIGN HERE	
Sign here to acknowledge that the above information is accurate and true to the best of your ability, that you are committed to providing CBD education and solutions, you can't wait to work here, you're okay with us running the background check, and if hired you'll follow all the rules of employment.	
If this application leads to employment, I understand that providing false or misleading information in my application or interview may result in my release. You must know that this application is not a promise or offer of employment. We are an equal opportunity employer and all employment is on an at-will basis. By signing below I authorize Hemp+Ville CBD, a division of Hemp Health LLC, to solicit and to collect any information concerning my past employment or work.	
Thank you for applying for a position with the Hemp+Ville CBD team, we really appreciate your interest. We promise to review your application and get back to you shortly.	
Applicant's Signature	Date
Printed Name	Time