



## Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, color, national origin, ancestry, citizenship status, religion, age (except as required by applicable law), sex (including pregnancy, childbirth, related medical condition or lactation), sexual orientation, gender identity or expression, marital status, civil union status, disability, genetic information, protected veteran's status, credit history and credit report, or domestic or sexual violence victim status, or any other characteristic protected under applicable federal or state law.

However, to comply with federal and state laws, we are unable to employ team members, who:

- are under the age of twenty-one; *or*
- have been convicted of a felony, *or*
- have been convicted of any crime, involving the use of a firearm, involving the use of violence, involving business or commercial fraud, involving theft, and/or involving the use, possession or distribution of drugs or intoxicating compounds, *or*
- have been convicted of any other crime deemed by the Hawai'i Department of Health to be pose a risk to the health, safety, or welfare of the public or a qualifying patient, considering the nature of the defense, the time elapsed since the offense occurred, and evidence of rehabilitation.

Applications can be mailed to: Maui Grown Therapies  
44 Paa Street  
Kahului, HI 96732

OR

Emailed to: [jobs@mauigrowntherapies.com](mailto:jobs@mauigrowntherapies.com)

OR

For any questions call: 808-866-7576

Date \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_

Middle name \_\_\_\_\_ Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Position applying for \_\_\_\_\_

How did you hear of this opening?  
\_\_\_\_\_

When can you start? \_\_\_\_\_

Are you looking for full-time employment?

What hours are you available? \_\_\_\_\_

Are you willing to work shifts other than day shift?

Have you ever been convicted of a felony?

Have you ever been convicted of any crime involving the use of a firearm?

Have you ever been convicted of any crime involving the use of violence?

Have you ever been convicted of any crime involving business or commercial fraud?

Have you ever been convicted of any crime involving theft?

Have you ever been convicted of any crime involving the use, possession or distribution of drugs or intoxicating compounds?

If you have been convicted of a felony or any of the crimes described above, please describe the details of the crime for which you were convicted.

---

---

---

---

---

---

---

---

---

---

---

[Continued on next page]

Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History (Start with most recent employer)**

Company Name

\_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor

\_\_\_\_\_

May we contact?

Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor

\_\_\_\_\_

May we contact?

Responsibilities:

---

---

---

Reason for leaving:

---

Company Name

---

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor

---

May we contact?

Responsibilities:

---

---

Reason for leaving:

---

Company Name

---

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor

---

May we contact?

Responsibilities:

---

---

Reason for leaving:

---

Attach additional information if necessary.

CANDIDATE:

\_\_\_\_\_

## REFERENCES

Please list three references.

Reference #1:

Phone:

How do you know this person?

How many years have you known them?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_

Reference #2

Phone:

How do you know this person?

How many years have you known them?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_

Reference #3

Phone:

How do you know this person?

How many years have you known them?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_

## CERTIFICATION

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that should a conditional offer of employment be extended to me, that said offer will be contingent upon successful completion of an acceptable background check by the Hawai'i Department of Health or its designee, including but not limited to, my criminal history. I understand that I will be required to submit my written consent and fingerprints to the Hawai'i Department of Health or its designee to conduct the background check, to include without limitation, of my criminal history, if any. In addition, I understand that I will be required to produce original documents establishing my identity and authorization to work in the United States and to complete the U.S. Department of Homeland Security's USCIS Form I-9 within three (3) business days from my first day of employment. I further understand that I may be requested to submit proof of age or any pertinent information. I understand that employment at this company is "at will," which means that either I, or the company, can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited bylaw. All employment with the company is offered on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Finally, Maui Wellness Group is a state licensed medical marijuana dispensary. **It is important that you understand and accept** that while the possession and use of medical marijuana is currently permitted under state law, and Hawai'i statutes permit the cultivation and sale of medical marijuana by licensed dispensary operators, the growing, processing, transportation, sale, and use of marijuana for any purpose are still federal crimes. The United States has used civil and criminal forfeiture statutes in other states in which the use of marijuana for medical purposes is permitted under state law, to confiscate property involved in marijuana-related activity. This inconsistency between state and federal law requires close and constant attention and it means the Federal government could take action against marijuana-related activity that the state of Hawai'i considers legal. **Your acceptance of employment with Maui Wellness Group means you willingly and knowingly accept the risk in working with Maui Wellness Group.**

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