

# SOUTHERN HUMBOLDT ROYAL CANNABIS COMPANY

A California Medical Marijuana Collective  
Nonprofit Mutual Benefit Corporation, Number C3840355

## APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_\_\_

Employment with **SOUTHERN HUMBOLDT ROYAL CANNABIS COMPANY** (“Collective”) is conditioned upon being a Collective member and signing and initialing each paragraph of the Member Rules and Conditions and Member Pledge.

In 1996, California voters passed *Proposition 215*, also known as the *Compassionate Use Act* (CUA) which decriminalized the cultivation and use of marijuana by seriously ill individuals upon a physician’s recommendation. (*Health & Safety Code* § 11362.5.) (“CUA”) In 2003, the Legislature enacted additional legislation relating to medical marijuana. (*Senate Bill 420*). In January 1, 2004, *Senate Bill 420*, known as the *Medical Marijuana Program Act* (“MMPA”), became law. (*Health & Safety Code* §§ 11362.7-11362.83.) The *MMPA* recognized and/or created a qualified right to collective and cooperative cultivation of medical marijuana. (*Health & Safety Code* §§ 11362.7, 11362.77, 11362.775.) Specifically, *Health & Safety Code* § 11362.755 provides that “*Qualified patients, persons with valid identification cards, and the designated primary caregivers of qualified patients and persons with identification cards, who associate within the State of California in order collectively or cooperatively to cultivate marijuana for medical purposes, shall not solely on the basis of that fact be subject to state criminal sanctions under Section 11357, 11358, 11359, 11360, 11366, 11366.5, or 11570.*” (Emphasis added.)

The *MMPA* required that the Attorney General to adopt “guidelines to ensure the security and non-diversion of marijuana grown for medical use.” (*Health & Safety Code* § 11362.81(d).)(Emphasis added) To fulfill that mandate, the Attorney General issued the *Guidelines for The Security and Non-Diversion of Marijuana Grown for Medical Use* in August 2008. (“AG Guidelines”). The guidelines provide a mechanism to (1) ensure that marijuana grown for medical purposes remains secure and does not find its way to non-patients or illicit markets, (2) help law enforcement agencies perform their duties effectively and in accordance with California law, and (3) help patients and primary caregivers understand how they may cultivate, transport, possess, and use medical marijuana under California law. (Emphasis added.) Therefore, a comprehensive understanding and a commitment to following the *AG Guidelines* is essential for individuals and entities who associate within the state of California to collectively or cooperatively cultivate marijuana for medical purposes.

The duties that are imposed on us by law, require the Collective to have in place systems that ensure the security and non-diversion of marijuana grown for medical reasons. Further, the confidential nature of the information that we receive and maintain on clients including their driver’s license number, the market value of the medical cannabis we produce and/or are in possession of, and the prevalence of cash transactions and the accompanying potential presence of large amounts of cash on Collective property require us to take security steps for the protection of the Collective, its members and the community at large.

I. PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Alt. Phone No.: (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Have you ever been employed with the Company before?  Yes  No

If yes, dates of employment? From \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

Have you ever applied for a position with the Company before?  Yes  No.

If yes, date of application: \_\_\_\_\_ For what position? \_\_\_\_\_

Do you have any relatives who are employed with the Company?  Yes  No

If yes, provide the following information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

II. POSITION

What position are you seeking? \_\_\_\_\_

Full-time employment?  Yes  No Part-time employment?  Yes  No

How did you learn about the position? \_\_\_\_\_ Salary or hourly wage desired: \_\_\_\_\_

If hired, can you present proof of your legal right to work in the United States?  Yes  No

Have you ever been convicted of a crime?  Yes  No

If yes, please explain: \_\_\_\_\_

*A conviction will not necessarily disqualify an applicant from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. Do not disclose any information concerning marijuana-related offenses that are more than 2 years old. Additionally, do not disclose convictions that have been judicially sealed, expunged, or statutorily eradicated.*

III. PERSONAL COMMENTS

Describe your strengths for the position for which you are applying: \_\_\_\_\_

Describe any weaknesses for the position for which you are applying: \_\_\_\_\_

Please provide any other information that you consider relevant and important to your ability to perform the duties of the job for which you are applying, such as future educational plans, extracurricular activities, hobbies, and civil, fraternal, and charitable organizations (excluding information that may be indicative of race, color, religion, national origin, physical or mental disability, sexual orientation, or any other protected characteristic under federal, state, or local law):

IV. EDUCATIONAL BACKGROUND, MILITARY SERVICE, PROFESSIONAL POSITIONS, AND ADDITIONAL INFORMATION

EDUCATION:

NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS ATTENDED (Indicate 1, 2, 3, 4, or 4+)				DEGREE/ DIPLOMA RECEIVED
		1	2	3	4	
High School:		1	2	3	4	
College:		1	2	3	4+	
Technical/Postgraduate:		1	2	3	4+	
Other:		1	2	3	4+	

Please list any additional educational, vocational, and professional information, such as special areas of research, training, seminars, or similar activities, that are relevant to the position for which you are applying:

Have you served in the armed forces? [ ] Yes [ ] No If yes, branch of service: \_\_\_\_\_

Dates of service: From \_\_\_\_\_ to \_\_\_\_\_

List duties in service, including special training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

V. EMPLOYMENT EXPERIENCE

Starting with current employment, if any, please list employment history in reverse order:

Present or last employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ Position(s) held: \_\_\_\_\_

Describe your duties: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Salary/wage: Start: \$ \_\_\_\_\_ End: \$ \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your current or last employer? [ ] Yes [ ] No

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Prior employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ Position(s) held: \_\_\_\_\_

Describe your duties: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Salary/wage: Start: \$ \_\_\_\_\_ End: \$ \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Prior employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ Position(s) held: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Salary/wage: Start: \$ \_\_\_\_\_ End: \$ \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Prior employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ Position(s) held: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Salary/wage: Start: \$ \_\_\_\_\_ End: \$ \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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REFERENCES: Please provide at the names, addresses, and telephone numbers of at least three (3) references who are not related to you:

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## VI. ACKNOWLEDGMENT AND SIGNATURE

I certify that all the information contained within this application (and any and all attachments) is true and correct to the best of my knowledge, and I understand that any false information or omissions may lead to the rejection of my application or, if I am employed, discipline up to and including termination at the time any such false information or omission is discovered.

I understand that the Collective is a medical marijuana collective and compliance with California law, and the safety and security of all medical marijuana, member information, members and the community at large is a key priority of the Collective. Therefore, I authorize investigation of all statements contained within this application; authorize the Collective to secure information about my background and experience with former employers, educational institutions, and any relevant agencies; and authorize those parties to provide information to the Collective concerning my background and experience. I hereby release the Collective, and all parties providing information to the Collective about my background and experience, from any liability whatsoever arising therefrom.

I understand that, if I am employed, my employment with the Collective can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or the option of the Collective. I further understand that nothing in this application, or in any oral or written statement provided to me by the Collective, will limit these rights to terminate my employment at will, and no representative of the Collective will have any authority to change this at-will relationship, unless such a change is authorized in writing and duly signed by the Collective's President and/or Chief Executive Officer.

I understand that any offer of employment is conditioned on my providing satisfactory proof of my identity and proof of eligibility to work in the United States. I further understand that this application is only valid for the position applied for at present and that the Collective is under no obligation to retain or consider this application for any future openings.

Date: \_\_\_\_\_

By: \_\_\_\_\_

Name

Date: \_\_\_\_\_

By: \_\_\_\_\_

Print Name