



EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ PHONE: _____

DATE AVAILABLE: _____ DESIRED PAY: \$ _____ [] HOUR [] SALARY

POSITION APPLIED FOR: _____

WHICH LOCATION ARE YOU APPLYING FOR? [] NEW HAVEN [] BRIDGEPORT

EMPLOYMENT DESIRED: [] FULL-TIME [] PART-TIME

ARE YOU RELATED TO ANYONE WHO IS CURRENTLY WORKING AT ANY AFFINITY DISPENSARY/ORG SERVICES LOCATION? [] YES* [] NO

*IF YES, WHAT IS YOUR RELATIONSHIP? _____

AT WHICH LOCATION? _____

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? [] YES [] NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? [] YES* [] NO

*IF YES, WRITE THE START AND END DATES: _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

COLLEGE: _____ CITY / STATE: _____

DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____

DEGREE/CERTIFICATION: _____



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PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

REFERENCES

PROFESSIONAL REFERENCES WILL BE REQUESTED AT A LATER TIME UPON HIRE

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____



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BACKGROUND CHECK DISCLOSURE

I, _____ authorize Affinity Dispensary to disclose my
 First Middle Last
personal information to their background check company. I agree the Company may rely on this authorization to order background reports.

SIGNATURE: _____

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. To ensure this application is acceptable, please print or type with the application being fully completed for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

PLEASE NOTE:

Completed applications and resumes can be emailed, or dropped off in person, to the corresponding location you would like to apply for employment:

Bridgeport Location
bptapplications@affinityctdispensary.com
2000 Commerce Drive
Bridgeport, CT 06605

New Haven Location
nhapplications@affinityctdispensary.com
1351 Whalley Ave
New Haven, CT 06515