



FELLOWSHIP APPLICATION

We are an Equal Opportunity Employer. All persons shall have the opportunity to be considered for employment without regard to their race, color, creed, religion, national origin, ancestry, citizenship status, age, disability, sex, gender, gender identity or expression, sexual orientation, veteran status, genetic information or any other characteristic protected by applicable federal, state or local laws.

We will endeavor to make a reasonable accommodation to the known physical or mental limitations of a qualified applicant with a disability unless the accommodation would impose an undue hardship on the operation of our business. If you believe you acquire such assistance to complete this form or to participate in an interview, please let us know.

GENERAL INFORMATION

LAST NAME	FIRST NAME	MI	DATE
CURRENT STREET ADDRESS			PHONE
CITY AND STATE	ZIP CODE		EMAIL ADDRESS
BIRTH DATE			WHEN WILL YOU BE ABLE TO BEGIN WORK?
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Pursuant to the Immigration Reform and Control Act of 1986, all applicants who are offered employment must produce documents establishing their identity and authorization for employment in the United States. These documents must be produced no later than three (3) business days after employment commences. In addition, all new hires will be required to verify their employment authorization under oath by signing ISN Form I-9 upon commencing employment.			LAST YEAR OF SCHOOL AND SCHOOL NAME:

BRIEFLY EXPLAIN YOUR BACKGROUND AND INTEREST IN A FELLOWSHIP AT MAYFLOWER MEDICINALS

AREAS OF INTEREST

- Corporate; to include Marketing, Finance, Administration and Human Resources
- Retail Dispensary
- Grow; to include Trimming, Extraction, Kitchen Prep, Safety & Security, Inventory, Cultivation and Packaging

QUALIFICATIONS FOR FELLOWSHIP

Please indicate your Massachusetts residencies for the past 12 months:

Have you participated in a state-designated Social Equity Program? Please indicate below:

Massachusetts residents – Have you had a past drug conviction (M.G.L.C. 94C or equivalent) in your present jurisdiction or in another jurisdiction or have a parent or spouse who have had past drug convictions? Explain convictions and associations below:

EMPLOYMENT INFORMATION

Instructions for completing this section: Please print and list all prior employers, beginning with your PRESENT or MOST RECENT employer. Please attach additional sheets to this application if necessary. Complete all requested information in full. Include as part of your employment history any verified work performed on a volunteer basis and/or work performed while in the military.

EMPLOYER (First most recent):	EMPLOYER (second most recent):
Address	Address
City State	City State
Dates Employed:	Dates Employed:
From	From
Supervisor	Supervisor
Positions Held:	Positions Held:
Duties	Duties
Reason for Leaving:	Reason for leaving:

Is there any reason why we should not contact any current or former employer for a reference? Yes No

Please indicate any job-related skills and qualifications you possess which would help you perform the duties of the position you are seeking:

To the extent required by applicable law, the Company maintains a smoke-free workplace.

You must be able to pass a comprehensive background check.

Massachusetts Applicants: Note that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Date

Applicant's signature

APPLICANT'S STATEMENT

I have read and fully understand the questions asked in this application. I certify that all of the answers I have given are true, accurate and complete. I understand that the omission and/or misrepresentation of any fact from or on this application or during any interview will result in immediate rejection of my application or if I am hired will be cause for immediate dismissal. Unless I noted otherwise, I authorize the Company to contact all my employment references and personal references, as well as the education institutions I have attended. I further authorize the Company to inquire about, investigate and obtain copies of any records which relate to me from my former employers and educational institutions. I hereby release the Company and all affiliated persons and entities, as well as any person or institution that provides the Company with any lawful information about me, from any and all liability whatsoever resulting from any such lawful inquiry, investigation or communication.

If hired, I understand that I will be required to abide by all of the rules and regulations of the Company. I understand and agree that nothing in this application shall constitute an offer, a contract or a guarantee of employment for a specific period of time. If hired, I understand **that my employment may be terminated with or without cause and with or without notice at any time, at the will of the Company or me. I further understand that no representative or agent of the Company, other than an authorized representative of executive management has the authority to enter into any agreement for employment, on an individual or collective basis, for any specific period of time, or to make an agreement contrary to the foregoing.**

I also understand that any agreement modifying at-will employment status, on an individual or collective basis, must be in writing and signed by an authorized representative of executive management. In addition, I understand that the Company and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms and conditions of employment.

I understand that any hiring decision is contingent upon my successful completion of all of the Company's lawful pre-employment checks. I agree to execute any consent forms necessary for the Company to conduct its lawful pre-employment checks.

I hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to the Company.

Date

Applicant's signature