| PLEASE PRINT ALL |
|------------------|
| INFORMATION |
| REQUESTED EXCEPT |
| SIGNATURE |
| |
| |

Green Light Courier LLC Santa Fe, New Mexico

Contact: Cisco Romero 505-920-2111 Lila Romero 505-307-6167



COURIER APPLICATION FOR CONTRACTED EMPLOYMENT

| PLEASE COMPLE | TE ALL PAGES | | DATE | | |
|--|-------------------------------|--------|---|------------|-----------|
| Name | First | | | | |
| | | | М | laiden | |
| Present address | Number | Street | City | State | Zip |
| How long | | | | • | |
| Phone () | | | | | |
| | ge of 21? | _ | | | |
| Position applied fo and salary desired (Be specific) | r (1) (2) | - | Days AND Ho No Pref Mon Tue Wed | Fri Sat | ork |
| How many hours c | an you work weekly? _ | | _ Can you work | a nights? | |
| Employment desir | ed 🗖 FULL-TIME ONLY | T PA | ART-TIME ONLY | ON CA | LL |
| When available for | r work? | | | | |
| If you are offered of least 21 years of ag | employment, will you b ge? | - | | ••• | ou are at |

If you are offered employment, will you be able to provide documents establishing that you are legally authorized to work in the United States?

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|-----------------------------|-------------------|----------|---------------------------------|-------------------|
| High School | | | | |
| College | | | | |
| Business or Trade School | | | | |
| Professional School | | | | |
| | | | | |

| HAVE YOU EVER BEEN CONVICTED OF A CRIME? | 🗖 No | |
|--|------|--|
|--|------|--|

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Q Yes

| HAVE YOU HAD ANY MOVING VIOLATIONS IN THE LAST 3 YEARS? | 🗖 No | Ves | |
|---|------|------------|--|
| If yes, please explain. | | | |

HOW DID YOU HEAR ABOUT GREEN LIGHT COURIER?

WHY DO YOU WANT TO BE A CANNABIS COURIER?

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| DO YOU HAVE A DRIVER'S LICENSE? Yes No | | | | |
|---|---|--|--|--|
| What is your means of transportation to work? _ | | | | |
| Driver's license number State of issue Operator Commercial (CDL) Chauffeur Other Expiration date | | | | |
| | | | | |
| Please list two references other than relatives and | l friends. | | | |
| Name | Name | | | |
| Position | Position | | | |
| Company | Company | | | |
| Address | Address | | | |
| Phone () | Phone () | | | |
| | | | | |
| An application form sometimes makes it difficult complete background. Use the space below to sur describe your full qualifications for the specific p | mmarize any additional information necessary to | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

HAVE YOU EVER BEEN IN THE ARMED FORCES?

| Specialty | Date Entered | Discharge Date |
|--------------------|---|----------------|
| | | |
| Work Experience | Please list your work experience for the past five year job held. If you were self-employed, give the compan | e e . |
| Experience | necessary. If you have a resume, please attach your not fill out this Work Experience section. | 5 |

| Name of Employer Address | Name of last supervisor | Employment dates | Pay or salary |
|--|--------------------------------|-------------------------|----------------|
| City, State, Zip Code Phone number | | From To | Start Final |
| | Your last job title | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties perfor while you worked at this company. | med, skills used or learned, a | dvancements or j | promotions |

| Name of employer | Name of last | Employment | Pay or salary | |
|-----------------------|---------------|---------------------|---------------|--|
| Address | supervisor | dates | | |
| City, State, Zip Code | | From | Start | |
| Phone number | | To | Final | |
| | Your Last Job | Your Last Job Title | | |
| | | | | |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

| Employment dates | Pay or salary |
|--------------------------|---------------|
| From | Start |
| То | Final |
| title | |
| | |
| advancements or j | promotions |
| | |
| | |
| | |
| | |

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of this job application by GREEN LIGHT COURIER LIMITED LIABILITY COMPANY (hereinafter called "the Company"), I agree that:

The acceptance of this application does not guarantee employment with the Company. I understand that this is a 1099 contract position and is therefore an employment-at-will relationship between the Company and the undersigned, and that the employment relationship cannot be altered except by a written statement signed by the Owners of the Company, regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, company documentation and the like. Both the undersigned and the Company may terminate the employment contract at any time, without specified notice or reason. If I am successfully contracted for employment, I understand that the Company may unilaterally change or revise their procedures, policies and/or benefits at any time.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact. The Company will keep the nature of the job confidential (cannabis) if I choose to specify my preference on page 5 of this application.

I understand that, in connection with the routine processing of the application for employment, the Company may request from a reporting agency an investigative report including information as to my background (criminal and driving records), credit records, character, general reputation, and/or personal characteristics. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it.

By signing below, I agree to hold the Company and its owners harmless from any and all claims arising from damage, loss, illness, infection and or injury/death incurred while operating on behalf of the Company.

| Signature of Applicant: | Date: |
|-------------------------|-------|
|-------------------------|-------|

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.