

EMPLOYMENT APPLICATION

Please complete the entire application.

Which position are you applying for?

_____x

It is the policy of Pacific Commercial Holdings DBA Oregon Genetics to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

1. Applicant Information

Applicant Full Name: _____

Home Address: _____

City/State/ZIP: _____

Number of years at this address: _____

Date of Birth: _____

Daytime phone: _____ Evening phone: _____

Mobile phone: _____

Driver's License (State/Number): _____

2. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____

Relationship to you: _____

Address: _____

City/State/ZIP: _____

Daytime phone: _____ Evening phone: _____

3. Job Position Applied For: _____

Full or Part Time? _____

4. Wage Desired: \$ _____ per _____

5. How will you get to work? _____

6. Are you willing to work any shift, including nights and weekends? _____ Yes _____ No

If no, please state any limitations:

Are you willing to work on all holidays? _____ Yes _____ No

_____ If no Which Holidays are you unwilling to
work? _____

7. Are you able to perform the essential functions of the job position you seek with

or without reasonable accommodation? _____ Yes _____ No

What reasonable accommodation, if any, would you request?

8. Applicant's Skills

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability or Rating
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

9. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____ Address:

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

11. Applicant's Education and Training

College/University Name and Address

Did you receive a degree? _____ Yes _____ No If yes, degree(s) received:

High School/GED Name and Address

Did you receive a degree? _____ Yes _____ No

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

Military Service:
_____ Yes _____ No

Branch: _____

Specialized Training: _____

What Languages do you speak fluently: _____

Describe your social media skill, and provide links, or information for your social media accounts, the more accounts, and the more followers you have been able to generate the better.

Do you Partake in Cannabis Usage in any form? Describe, your general experience/knowledge with cannabis.

Do you have web development skills? Which coding languages are you familiar with. Can you maintain and update a menu on wordpress, php

Do you have a smart phone? _____ A Laptop? _____ A Tablet? _____

12. References

List any two non-relatives who would be willing to provide a reference for you.

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

13. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Pacific Commercial Holdings LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education. I authorize Pacific Commercial Holdings LLC to perform a full background check on me.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE