

EMPLOYMENT APPLICATION

Please complete the entire application.

Which position are you applying for?

Are you available to work part time or full time?

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: _____

Mobile phone: _____

Other 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: _____

Mobile phone: _____

Other phone: _____

3. Wage Desired: \$ _____ per _____

3.1 In addition to wage desired, what is the maximum wage you think this position is worth?

3.2 What is the minimum wage that you would be willing to begin work for? _____

3.3 How long until you expect this wage would be increased and to what?

4. How much money per year do you expect to earn in the next 3 years? _____

4.1 What obligations should you have to meet in order to reach that goal?

4.2 What is your #1 life goal?

5. How will you get to work? _____

5.1 What kind of car? _____

5.2 Are you able to drive your vehicle to Eastern Oregon or the Southern Oregon Coast without issue? _____

5.3 Can you handle driving in the snow? _____

6. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? _____

6.1 What reasonable accommodation, if any, would you request?

7. Where do you see yourself in 5 years?

7.1 Where do you see yourself in 10 years?

7.2 How long do you plan to work at this job? _____

7.3 Imagine you are already hired. If asked to do other tasks other than just this position you are applying for, would you be able to perform them? _____ Yes _____ No

7.4 Pick one that best describes you.

Are you a Self Starter _____ Leader _____ Follower _____ Good Employee _____
"Tell me What to do and I will do it" _____

7.5 What tasks would you be unwilling to do if asked?

7.6 Are you willing to work: Overtime _____ Night shift _____ Weekends _____
Holidays _____ More than 5 days a week _____
More than 40 hours a week _____

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 | Rating | |
|-------|---------------------|--------|-----------|
| _____ | _____ | _____ | 1 2 3 4 5 |
| _____ | _____ | _____ | 1 2 3 4 5 |
| _____ | _____ | _____ | 1 2 3 4 5 |
| _____ | _____ | _____ | 1 2 3 4 5 |

8.1 Name a couple projects you have accomplished, that made you feel proud of your skills, abilities or work ethic.

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): _____

10. Applicant's Education and Training

College/University Name

Address

Did you receive a degree? _____ Yes _____ No

If yes, degree(s) received:

High School/GED Name

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:

11. Military Service:

_____ Yes _____ No

Branch: _____

Specialized Training: _____

12. Which Languages do you speak fluently: _____

13. Computer/Phone capabilities

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

How capable of using google or other online resources to learn new skills?

On average how long does it take for you to respond to a text message? _____

Do you have web development skills? _____ Yes _____ No

Which coding languages are you familiar with? _____

Can you maintain and update a menu on wordpress, php, etc.? _____ Yes _____ No

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

14. What does it mean to be a start up company?

14.1. Would you rather have 1 million dollars today, or a penny that doubles every day for a month?

16. Cannabis experience/knowledge

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

How much of an expert on cannabis would you consider yourself? (1-10) _____

What is your preferred method of consumption? _____

Do you dab? What kind of glass rig do you use? What kind of banger do you use for your rig?

If you don't currently consume cannabis, are you willing to in order to become more experienced in the cannabis field? _____ Yes _____ No

Describe what makes the best quality cannabis flower?

In one sentence describe Rosin.

In one sentence describe Live Resin.

In one sentence describe the process of making distillate.

In one sentence describe the process of kief.

What was the last cannabis product you consumed? (don't say something made by Oregon Genetics)

What is your go-to cannabis product to consume? (don't say something made by Oregon Genetics)

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

I consent to a background check being performed on myself for the purposes of employment.

APPLICANT SIGNATURE

DATE