



Made In Oregon  
 Employment Application  
 13625 NEJarrett St.  
 Portland, OR97230

Thank you for considering Made in Oregon in your job search. Made in Oregon is an Equal Opportunity Employer and does not discriminate on the basis of sex, age, race, color, sexual orientation, religion, national origin, mental or physical disability, marital, gender identity, veterans or current military status. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of essential job duties. All information provided is kept confidential within the company.

Position Applied For: \_\_\_\_\_

Wage Desired: \_\_\_\_\_ Date of Application: \_\_\_\_\_ Date Available: \_\_\_\_\_

How did you hear about the position?  Walk-In  Job Posting \_\_\_\_\_  Referral \_\_\_\_\_  Other \_\_\_\_\_

What type of work are you interested in (please check all that apply):  Full-time  Part-time  On-Call  Seasonal/Temporary

PLEASE PRINT OR TYPE

**PERSONAL INFORMATION**

First Name	M.I.	Last Name	Social Security Number - -	Phone # ( ) - - - - -
Address			Email Address	
City		State	Zip	
Are you legally eligible for employment in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you use recreational drugs or smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and what job title?:				

**WORK AVAILABILITY**

Please mark a line through the times you are normally available to work.

	AM											PM												
	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
Monday																								
Tuesday																								
Wednesday																								
Thursday																								
Friday																								
Saturday																								
Sunday																								

Are there occasional restrictions on your availability to work?

## DRIVER'S LICENSE INFORMATION

Do you possess a valid driver's license?  Yes  No (A valid driver's license is required when stated on the job announcement.)

State: \_\_\_\_\_ Driver's License # \_\_\_\_\_

*Driving positions only:* Have you ever been convicted, pled guilty or no contest, or forfeited bond or bail for any traffic violation in the past three years?

Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## LOCATION PREFERENCE

Place a number in order of preference next to the Made in Oregon location(s) you would like to work at (1 = most preferred).

	PDX Airport Oregon Market - 7000 NE Airport Way, #T2254, Portland, OR 97218
	PDX Airport Concourse C - 7000 NE Airport Way, #C2154, Portland, OR 97218
	Pioneer Place Mall - 340 SW Morrison St., Suite 1300, Portland, OR 97204
	Washington Square Mall - 9589 SW Washington Square Rd., Tigard, OR 97223
	Lloyd Center Mall - 1017 Lloyd Center, Portland, OR 97232
	Clackamas Town Center - 12000 SE 82nd Ave., Suite 2078, Portland, OR 97086
	Salem Center Downtown - 480 Center Street, #242, Salem, OR 97301
	Newport Bayfront - 342 SW Bay Blvd., Newport, OR 97365
	Eugene 5th Street Market - 296 E. Fifth Ave., Eugene, OR 97401
	Made In Oregon Corporate Office / Distribution - 13625 NE Jarrett St., Portland, OR 97230

## EDUCATION AND TRAINING - OPTIONAL

Please include all education and/or training relative to the position you are applying for:

Colleges, Vocational or Technical Schools, Training Centers	Course of Study	Degree or Certificate Received

## QUESTIONS & PERTINENT SPECIAL SKILLS

What positions are you applying for and why?	Provide an example of a time you worked collaboratively with a team.
Why do you want to work for our company?	What accomplishment are you most proud of in your personal or professional life?
What were your best accomplishments in your last role?	Please list experience with sales systems, equipment, languages, or other skills pertinent to the position for which you are applying

## WORK EXPERIENCE

Beginning with your present or last job list all Work Experience including Military, Volunteer, and Intern Experience:

Name of Present or Last Employer			Address		
Starting Date	Leaving Date	Salary \$ _____ per _____		Reason for Leaving (optional)	
		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time		
Job Title (Present or Last)		Name of Supervisor/Title			Phone #
Job Duties:					

May we contact this employer?  Yes  No

Name of Present or Last Employer			Address		
Starting Date	Leaving Date	Salary \$ _____ per _____		Reason for Leaving	
		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time		
Job Title (Present or Last)		Name of Supervisor/Title			Phone #
Job Duties:					

May we contact this employer?  Yes  No

Name of Present or Last Employer			Address		
Starting Date	Leaving Date	Salary \$ _____ per _____		Reason for Leaving	
		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time		
Job Title (Present or Last)		Name of Supervisor/Title			Phone #
Job Duties:					

May we contact this employer?  Yes  No

# APPLICANT ACKNOWLEDGEMENT

I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions of the application information, attachments and supporting documents generally will result in denial of employment or immediate termination.

I authorize my current and previous employers (except as noted) to give any and all information regarding my employment, and I release the Naito Corporation, my previous supervisors and employers from any damage that may result from the release of such truthful information.

I authorize Naito Corporation to release to any person, firm, entity, or organization with which I may seek employment in the future, any truthful information concerning my work experience with Naito Corporation. I hereby release and hold Naito Corporation harmless from any claim for releasing any truthful information within its knowledge and/or records.

If hired, I agree to conform to all rules and policies of Naito Corporation. I understand that my employment and compensation can be terminated at any time, for any or no reason not expressly prohibited by law, and with or without notice, at the option of Naito Corporation or myself. I understand that the President of the Company is the only person who will ever have the authority to create any other terms of employment and/or to enter into any employment contract that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contract Naito Corporation may change, withdraw and interpret other policies (including wages, hours, and working conditions) as it deems appropriate subject to applicable law.

This application is current for only thirty (30) days, at the conclusion of which time, if I have not heard from Naito Corporation and still wish to be considered for employment, it will be necessary for me to fill out a new application. I understand that any job offer that may be extended to me will be contingent on the successful completion of a drug test.

I acknowledge I've read, understand, and agree to comply with the foregoing statements.

I have had an opportunity to have any questions about this statement's contents and intent answered, and understand its terms.

Signed By \_\_\_\_\_ Today's Date: \_\_\_\_\_

## NOTICE AND ACKNOWLEDGMENT [IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

### NOTICE REGARDING BACKGROUND INVESTIGATION

Made in Oregon Employer may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at anytime after receipt of your authorization and, if you are hired, throughout your employment. You have the right upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by OPENonline, LLC, PO Box 549 Columbus, OH 43216 (888) 381-5656 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Use of date of birth is for identification purposes only. The Company is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by OPENonline LLC, another outside organization acting on behalf of Employer and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Name of Authorizing Consumer: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Driver's License \_\_\_\_\_

Signature of Authorizing Consumer \_\_\_\_\_ Date: \_\_\_\_\_