



TOKYO Publishing International LLC

Figgadealme.com
18610 S. Highway 99E
Oregon City, OR 97045



EMPLOYMENT APPLICATION

Please complete the entire application

1. Applicant Information

Applicant Full Name: _____
Last First Middle

Home Address: _____

City, State, Zip: _____

Country of Origin: _____

Phone: _____ Email: _____

Date of Birth (mm/dd/yyyy) ____/____/____

Have you applied previously to our company? Yes _____ No _____

If yes, when: _____

Have you ever been convicted of crime? *(For statistical data only)* _____

Social Security Number: _____

International Applicants - Tax Filing Information as required by country of origin:

Driver's License #: _____

International Applicants: Do you have international driving privileges? _____

2. Emergency Contact

Who should we contact in case of emergency?

Contact Name: _____

Relationship: _____

Address: _____

City, State, ZIP: _____ Country: _____

Day time phone: _____ Alternate Phone: _____

3.Position

Job Position Applied For: _____

Full or Part Time: _____

Salary Desired: _____ Per: _____

Are you able to perform the essential functions of the position you seek with or without reasonable accommodation? Yes _____ No _____

What reasonable accommodation if any is required? _____

How did you hear about this position? _____

4. Availability

If you were offered employment, when would you be available to begin work?

If more than two weeks please explain: _____

If hired, are you able to submit proof that you are legally eligible for employment in the United States?

Yes _____ No _____ *If No, complete Section 5 for International Applicants*

Are You willing to submit to a drug test Yes _____ No _____

5. International Applicants Only:

If hired, are you able to submit proof that you are legally eligible for employment in your country of origin? Yes _____ No _____ Country of Origin: _____

Do you have a visa allowing you entry and travel to the United States? Yes _____ No _____

If no, will you need assistance in obtaining a visa if required? Yes _____ No _____

6. Education (List highest degree first)

School: _____

Location: _____

Did you graduate? Yes ___ No ___ Date of Graduation: _____ Major: _____

Degree/Certificate Earned _____ Are transcripts available? Yes _____ No _____

School: _____

Location: _____

Did you graduate? Yes ___ No ___ Date of Graduation: _____ Major: _____

Degree/Certificate Earned _____ Are transcripts available? Yes _____ No _____

School: _____

Location: _____

Did you graduate? Yes ___ No ___ Date of Graduation: _____ Major: _____

Degree/Certificate Earned _____ Are transcripts available? Yes _____ No _____

School: _____

Location: _____

Did you graduate? Yes ___ No ___ Date of Graduation: _____ Major: _____

Degree/Certificate Earned _____ Are transcripts available? Yes _____ No _____

Please any special professional license you hold. _____

Other training you received: _____

Please list Awards, Honors, and Special Achievements: _____

6. Languages Skills (*Native language first, then in order of skill, most proficient first.*)

Language Native: _____ Speak: Yes _____ No _____

Read: Yes _____ No _____ Write: Yes _____ No _____ Able to translate: Yes _____ No _____

Language 2: _____ Speak: Yes _____ No _____

Read: Yes _____ No _____ Write: Yes _____ No _____ Able to translate: Yes _____ No _____

Language 3: _____ Speak: Yes _____ No _____
Read: Yes _____ No _____ Write: Yes _____ No _____ Able to translate: Yes _____ No _____

Language 4: _____ Speak: Yes _____ No _____
Read: Yes _____ No _____ Write: Yes _____ No _____ Able to translate: Yes _____ No _____

Language 5: _____ Speak: Yes _____ No _____
Read: Yes _____ No _____ Write: Yes _____ No _____ Able to translate: Yes _____ No _____

7. Employment History:

Employer Name: _____

Supervisor Name: _____

Address: _____

City, State, ZIP _____

Country: _____

Job Duties: _____

Dates Employed (Month /Year): _____

Reason for leaving: _____

May we contact this employer for a reference: Yes _____ No _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City, State, ZIP _____

Country: _____

Job Duties: _____

Dates Employed (Month /Year): _____

Reason for leaving: _____

May we contact this employer for a reference: Yes _____ No _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City, State, ZIP _____

Country: _____

Job Duties: _____

Dates Employed (Month /Year): _____

Reason for leaving: _____

May we contact this employer for a reference: Yes _____ No _____

Attach additional pages if required.

8. Military Service

I served in the armed forces of my Country: Yes _____ No _____

Branch: _____ Honorable Discharged: Yes _____ No _____

Specialized Training: _____

9. References

Name: _____

Address: _____

City, State, ZIP: _____

Country: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City, State, ZIP: _____

Country: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City, State, ZIP: _____

Country: _____

Telephone: _____

Relationship: _____

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

CERTIFICATION

I certify that the information provided in 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, will be grounds for immediate termination. I further understand that this may be grounds for termination of my visa to enter the United States.

I authorized TOKY Publishing International LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully communicate information regarding my previous employment, education, and grades. I further authorize those persons designate as references to fully and freely communicate information regarding my present employment, education, and character.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by the President, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the same right. Moreover, no agent, representative, or employee of TOKY Publishing International LLC, except in specific written contract of employment signed on behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.

I have carefully read the above certification and I understand and agree to its terms.

Applicant Signature

Date