



Orange County Industrial Plastics • 4811 East La Palma • Anaheim, CA 92807  
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ORANGE COUNTY INDUSTRIAL PLASTICS

## APPLICATION FOR EMPLOYMENT

# CONFIDENTIAL

The following pages represent an application for employment. The information furnished herein is submitted with the express intention of obtaining employment from Orange County Industrial Plastics. All information provided shall be held in confidence, in accordance with our strict guidelines and professional respect for your privacy. Carefully complete all pages, then sign and date where indicated. © 1991-1996 OCIP.

NAME: \_\_\_\_\_

## Personal Data

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Have you ever been convicted of a crime (other than traffic violations) or been imprisoned during the last seven years? A conviction will not necessarily bar you from employment. No  Yes

Explain.

Names of friends or relatives that are employed by this company.

Do you have any physical or mental disability that may limit your performance in the job you are applying for? If so, what is it?

## References

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List three professional references who are familiar with the quality of your work, have worked directly with you, and have known you for at least two years.

1. Reference

Work phone ( )

Home phone ( )

Address

City

State

Zip Code

Relationship

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2. Reference

Work phone ( )

Home phone ( )

Address

City

State

Zip Code

Relationship

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3. Reference

Work phone ( )

Home phone ( )

Address

City

State

Zip Code

Relationship

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Applicant's signature

Date

## Employment History

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Begin with your most recent employer. Attach additional sheet if needed.

1. Employer

Dates of employment

Address

City

State

Zip Code

Phone (    )

Beginning salary

Ending Salary

Title/Duties

Manager's name

Why did you leave?

2. Employer

Dates of employment

Address

City

State

Zip Code

Phone (    )

Beginning salary

Ending Salary

Title/Duties

Manager's name

Why did you leave?

3. Employer

Dates of employment

Address

City

State

Zip Code

Phone (    )

Beginning salary

Ending Salary

Title/Duties

Manager's name

Why did you leave?

## Personal Data

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Name (last, first, middle)

Date

Social Security Number

Address

City

State

Zip Code

Home phone ( )

Message phone ( )

If employed, can you provide proof of U.S. citizenship?

Yes

No

N/A

Are you over 18 or over?

Yes

No

Date of birth (optional)

Marital Status (optional)

Position(s) applying for

Number of children (optional)

Referred by

Salary desired

## Education Record

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High school

Address

Dates attended

Degrees or diplomas

College/University

Address

Dates attended

Degrees or diplomas

Trade or technical training or professional courses

Address

Dates attended

Degrees or diplomas

## Military Service

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Branch of service

Dates of service

Duties/special training