

# Classified Employment Application

(for non-teaching positions)

## North Orange County Regional Occupational Program

385 N. Muller Street  
Anaheim, California 92801  
(714) 502-5890



<b>APPLICATION FOR:</b> _____ <i>Exact Title of Position</i>	<b>Available for Position:</b> _____ <i>Date</i>
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<b>NAME:</b> _____ <i>(LAST) (FIRST) (INITIAL) (SOCIAL SECURITY NUMBER)</i>					
<b>ADDRESS:</b> _____ <i>(NUMBER) (STREET) (APT/SPACE) (CITY) (STATE) (ZIP)</i>					
<b>TELEPHONE:</b> HOME ( ) _____ <i>AREA CODE</i>			BUSINESS ( ) _____ <i>AREA CODE</i>		

In case of emergency, contact _____ <i>NAME ADDRESS PHONE RELATIONSHIP</i>			
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<b>EDUCATION:</b> Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12		Did you receive a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED				
College or University 1 2 3 4 5 6 7 8						
Names of Colleges or Universities Attended	Course of Study	Years Attended From	To	Did You Graduate?	Units Completed	Type of Degree
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

**TRAINING:** List apprenticeship, trade, ROP, vocational, business school or any other special training which you believe has a bearing on your fitness for position(s) applied for.

Name of School/Training Facility	Course of Study	Years Attended From	To	Did you complete?	Type of Certification?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

What special licenses or certificates do you hold? \_\_\_\_\_

What languages besides English can you speak, read and/or understand? \_\_\_\_\_

<b>Do you have a legal right to work in the United States?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>How were you referred to this ROP?</b> _____	<b>Have you ever worked for this ROP?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <i>Position From To</i>	<b>Do you have a valid California Drivers License?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you under 18?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>How many days of work did you miss last year due to illness?</b> _____	<b>Can you work overtime?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Second shift?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**NOTE:** As a condition of employment, you will be required to be fingerprinted, sign a loyalty oath, produce evidence that you are free of active tuberculosis, and provide proof of identity and employment authorization to work in this country.

