



**ORANGE COUNTY BAR ASSOCIATION
LEGAL PLACEMENT SERVICE**

JOB ORDER FORM

All information is required.

Date: _____

1. Name of hiring attorney: _____

2. Area of law requested: _____

3. Is placement confidential? (Y/N): _____

4. Available position/job title: _____

5. Need to fill by (date): _____

6. Job Description: _____

7. Required skills/experience (Please include software requirements.): _____

8. Language requirements: _____

9. Salary Range: _____

10. Are benefits offered for this position? (Y/N): _____

**Thank you for contacting the Legal Placement Service. For questions, please call Charlotte Mason,
Manager. Phone: 407-422-4551, ext. 226 * Fax: 407-843-3470 * Email: charlottem@ocbanet.org**



ORANGE COUNTY BAR ASSOCIATION LEGAL PLACEMENT SERVICE

FIRM PROFILE

All information is required.

Date: _____

1. Firm name: _____

2. Address: _____

3. Firm administrator: _____

4. Phone: _____ Fax: _____

5. Email: _____ Website: _____

6. Is anyone in firm a member of the Orange County Bar? (Y/N) _____

7. Area(s) of law practiced: _____ Years in practice: _____

8. Staff benefits information: # Attys: _____ # Secs: _____

Hours: _____ Frequency of pay: _____ Direct deposit? (Y/N): _____

Health (Y/N): _____ Dental (Y/N): _____ Vision (Y/N): _____

Sick days: _____ Paid holidays: _____

Vacation: 1st year: _____ 2nd year: _____

Pension/Profit Sharing/401K: _____

Parking: _____

9. Additional information (i.e., AV rated, members of other associations, atmosphere of firm, etc.):

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