



2300 W. Main Street  
 Alhambra, CA 91801  
 (626) 289-5321  
 Fax (626) 289-5378

## Application for Employment

161 W. Sierra Madre Blvd.  
 Sierra Madre, CA 91024  
 (626) 355-1447

### ATTENTION APPLICANTS:

CLIMB Transition Services requires that all new employees undergo a drug screening prior to starting work. Any new employee who tests positive for illegal drug use will be immediately terminated. All test results will be confidential. Fingerprint clearance by the Department of Justice/Community Care Licensing is required to work at CLIMB. If your fingerprints do not pass this clearance because it is determined you have a criminal record that disqualifies you from clearance, your employment with CLIMB Transition Services will be terminated. CLIMB Transition Services is an Equal Opportunity Employer.

### I. PERSONAL INFORMATION

Last Name		First Name		Middle
Address			City	Zip
Social Security Number	Telephone	Email	Preferred Pronoun	
In case of emergency, notify:	Emergency Contact Telephone	Relationship	Best time to reach you	

### II. HIRING QUALIFICATIONS

Do you have a valid CA Driver's License?	Are you over 18 years old?	Do you own/have access to transportation?
Do you have the right to work in the U.S.? (proof required)	Have you ever been employed by CLIMB or applied before? If yes, please give dates of employment.	

### III. POSITION

Position Desired	Salary Expected	Days Available	Hours Available
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### IV. EDUCATION

School	Years Completed	Name & Location	Major	Did you graduate?	Degree Earned
High School					
College/University					
Graduate					
Other					

### V. REFERENCES – Please list three (3) people who know you well and can give information about your background.

Name	Address	Telephone	Relationship

VI. EMPLOYMENT HISTORY

Current Employer	Address		Telephone	Reason for Leaving	<b>**CLIMB Office use only**</b>  Verified On: Comments:
Supervisor/Contact Person	Start Date	End Date	May we contact your current employer?		
Job Responsibilities					

Previous Employer	Address		Telephone	Start Date	End Date	<b>**CLIMB Office use only**</b>  Verified On: Comments:
Supervisor/Contact Person	Job Responsibilities		Reason for Leaving			

Previous Employer	Address		Telephone	Start Date	End Date	<b>**CLIMB Office use only**</b>  Verified On: Comments:
Supervisor/Contact Person	Job Responsibilities		Reason for Leaving			

VII. TRAINING

List the professional organizations of which you are a member:
List Licenses or Certificates which you hold (or have held in the past) First Aid/CPR, Teaching Credentials, etc.:
List any training/experience/skills you have which you feel may be helpful working at CLIMB Transition Services:

VIII. HISTORY

Have you ever been convicted of a crime? (Exclude convictions that have been sealed, expunged, or legally eradicated, and misdemeanor convictions for which probation was completed and the case was dismissed).
If you answered yes to the above, please note that this company will not deny employment to any applicant solely because the person has been convicted of a crime. However, depending on the nature of the crime, it may disqualify you for employment based on the criteria stipulated by the Department of Justice/Community Care Licensing for fingerprint clearance. Please refer to PIN 22-14-CCLD - Assembly Bill (AB) 1720 Implementation to review the background check process.

PLEASE CAREFULLY READ THE FOLLOWING STATEMENT. YOUR SIGNATURE IS REQUIRED FOR THIS APPLICATION TO BE COMPLETE AND INDICATES YOUR UNDERSTANDING OF AND AGREEMENT WITH THIS STATEMENT.

I certify that the information in this application is true and correct. I understand that any misstatements or omissions of material facts in the application or the hiring process will result in disqualification or termination of employment. If employed by CLIMB Transition Services, I agree to abide by the rules and regulations of the Company. I understand that my employment with the Company is contingent upon a satisfactory check of references, which I authorize with my signature below. I agree to submit to health screening, including a TB and drug test. I understand that my employment may be terminated at any time at the option of either the Company or myself. I further understand that my continuing employment with the Company is contingent upon continuing satisfactory clearance of my fingerprints with the Department of Justice/Community Care Licensing and that non-clearance is cause for immediate termination.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date