



## Application for Employment

CLIMB, Inc.

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

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

**ATTENTION APPLICANTS:**

CLIMB Inc. 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, your employment with CLIMB, Inc. will be terminated. CLIMB, Inc. 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:	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.	

**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

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

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Supervisor/Contact Person	<b>**CLIMB Office use only**</b>				Reason for Leaving
	Verified:      Dates	Reason			
	Comments:				

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	Verified:      Dates	Reason			
	Comments:				

## 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/CLIMB WAC:

## VIII. HISTORY

Have you ever been convicted for 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 yes, please briefly describe the nature of the crime(s), the date and location of conviction, and the legal disposition of the case. (This company will not deny employment to any applicant solely because the person has been convicted of a crime. However, the nature of the crime may disqualify employment based on the criteria stipulated by the Department of Justice/Community Care Licensing for fingerprint clearance.)
Are you currently out on bail, the subject of a current warrant for arrest, or released on your own recognizance pending trial?

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, Inc., I agree to abide by the rules and regulations of the Agency. 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