



CLIMB, Inc.
Application for Employment

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 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 (day)	Telephone (Eve)		Best time to reach you	
In case of emergency, notify:	Telephone (day)	Telephone (Eve)		Relationship	

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? If yes, please give dates of employment.	

III. POSITION

Position Desired	Salary Desired	Days Available	Hours Available
------------------	----------------	----------------	-----------------

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	**CLIMB Office use only** Verified: Dates Salary Reason Comments:		Start Salary	End Salary	Reason for Leaving

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

Previous Employer	Address	Telephone	Start Date	End Date	Job Responsibilities
Supervisor/Contact Person	**CLIMB Office use only** Verified: Dates Salary Reason Comments:		Start Salary	End Salary	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, Inc.:

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 yes, please briefly describe the nature of the crime(s), the date and location of conviction, and the legal disposition of the case. (CLIMB, Inc. 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 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 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 and that non-clearance is cause for immediate termination.

Signature of Applicant

Date