2300 W. Main Street Alhambra, CA 91801 Main (626) 289-5321 Fax (626) 289-5378 161 W. Sierra Madre Blvd. Sierra Madre, CA 91024 Main (626) 355-1447 Fax (626) 355-5558

CLIMB TRANSITION SERVICES

Application for Employment

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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, your employment with CLIMB, Transition Services will be terminated. CLIMB Transition Services is an Equal Opportunity Employers.

Transition Services w	rill be termir	nated. CLIM	IB Transition Service	es is an Equa	l Opporti	unity Employ	ers.			
I. PERSONAL INFORMATION										
Last Name			First Name	First Name				Middle		
Address				City			Zip			
Social Security Number		Telephone (day)		Telepho	Telephone (Eve)		Best time to reach you			
In case of emergency, notify:		Telephone (day)		Telepho	Telephone (Eve)		Relationship			
II. HIRING QU	IALIFICATIO	ONS		·						
Do you have a valid CA Driver's License?			Are you over 18 years old? Do you o				wn/have access to transportation?			
Do you have the right to work in the U.S.? (proof required)					ployed by CLIMB? If yes, please give dates of employment.					
III. POSITION										
Position Desired		Salary Expected		Days Avail	Days Available		Hours Available			
IV. EDUCATIO	N						l			
School	School Years Com		ed Name & Location		Major Did you		graduate?	Degree Earned		
High School										
College/University										
Graduate										
Other										
V. REFERENCI	ES – Please	list three (3) people who knov	v you well ai	nd can g	ive informati	on about yo	our background.		
Name		Address			Telephone			Relationship		

VI. EMPLOYMENT HISTORY

VI. EIVII EO IIVIEIV	1111010101								
Previous Employer	Address			Telephone	Start Date	End Date	Job Responsibilities		
Supervisor/Contact Person		**CLIMB	Office use only	y**	Start Salary	End Salary	Reason for Leaving		
	Verified: Comments:	Dates	Salary	Reason					
	Comments.								
Provious Employer	Address			Telephone	Start Date	End Date	Job Responsibilities		
Previous Employer	Address			relepriorie	Sidil Dale	Ena Dale	Job Kesponsibililies		
0 : (0		*****			01 10 1	- 10 I			
Supervisor/Contact Person		Dates	Office use only Salary	y** Reason	Start Salary	End Salary	Reason for Leaving		
	Comments:						L		
Previous Employer	Address			Telephone	Start Date	End Date	Job Responsibilities		
Supervisor/Contact Person		**CLIMB	Office use only	y**	Start Salary	End Salary	Reason for Leaving		
	Verified:	Dates	Salary	Reason					
	Comments:								
VII. TRAINING									
List the professional organization	ions of which y	ou are a memb	er:				-		
List Licenses or Certificates which you hold (or have held in the past) First Aid/CPR, Teaching Credentials, etc:									
List any training/experience/s	skills vou bavo v	which you fool m	agy bo boloful	working at CLIMP Tran	esition Sondoos:		_		
List diffy fruitiling/experience/s	KIIIS YOU HAVE V	WHICH YOU IEELH	idy be neipioi	WORKING OF CLIMB HOLE	isilion services.				
VIII. HISTORY									
Have you ever been convict		•		ave been sealed, exp	unged, or legally ero	adicated, and mis	demeanor convictions for		
which probation was comple	ted and the co	ase was dismisse	ed).						
If yes, please briefly describe employment to any applicar									
on the criteria stipulated by t	`					io cimio may aisc	adding omployment based		
Are you currently out on bail, the subject of a current warrant for arrest, or released on your own recognizance pending trial?									
PLEASE CAREFULLY F	PEAD THE E	:OHOWING	2 7 4 7 5 1 7 2	NT YOUR SIGNA	ATLIRE IS REQUI	PED EOR THI	S 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	Date				