



Crystal Stairs, Inc.

5110 Goldleaf Circle, Suite 150, Los Angeles, CA 90056

Application for Employment



Crystal Stairs, Inc. is an equal opportunity employer. All qualified applicants shall receive consideration for employment without regard to race, color, medical condition as defined by state law, ancestry, religion, sex, national origin, age, marital status, sexual orientation, gender, ethnic group identification, mental or physical disability, pregnancy, childbirth and related medical conditions, or any other legally protected status.

Are you, your relatives, or friends enrolled in any Crystal Stairs programs? Yes No

If yes, please provide the name and relationship of the person(s) or persons enrolled in Crystal Stairs programs, including yourself:

Which program? Resource & Referral California's Work Opportunities and Responsibilities to Kids (CalWORKS)
Child Care Assistance Program (CCAP) Other (Describe): _____

PERSONAL

| | | | | |
|--|---------------------------------|-----------------|-------------------------------|-------------------------------|
| NAME | LAST | FIRST | MIDDLE | TELEPHONE NUMBER HOME: () |
| ADDRESS | STREET | CITY | STATE | ZIP CODE |
| WORK/DAYTIME/MESSAGE () | | | | |
| PLEASE INDICATE OTHER NAMES YOU HAVE USED WHILE WORKING OR ATTENDING SCHOOL, SUCH AS A FORMER NAME, ETC. | | | | |
| How or by whom were you referred to Crystal Stairs? | Advertisement (please specify) | CSI Employee | Walk-In | |
| Crystal Stairs Internet | Other Internet (please specify) | Former Employee | Other Source (please specify) | |

POSITION OBJECTIVE

| | | |
|--|--|--|
| POSITION DESIRED: | DATE AVAILABLE FOR WORK: | SALARY/WAGE DESIRED \$ PER |
| CRYSTAL STAIRS LOCATION DESIRED: | TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> On Call <input type="checkbox"/> Temporary | |
| IF YOU DESIRE PART-TIME WORK, INDICATE HOURS AND DAYS AVAILABLE: | | |
| Mon _____ | Tues _____ | Wed _____ |
| Fri _____ | Sat _____ | Sun _____ |
| DO YOU HAVE TRANSPORTATION TO AND FROM WORK? Yes No | | CAN YOU TRAVEL IF A POSITION REQUIRES IT? Yes No |

GENERAL INFORMATION

| | |
|---|--|
| HAVE YOU WORKED FOR CRYSTAL STAIRS BEFORE? Yes No | IF YES, INDICATE DEPARTMENT NAME AND POSITION: _____ DATES: _____ |
| DO YOU HAVE ANY RELATIVES EMPLOYED BY CRYSTAL STAIRS? Yes No | IF YES, INDICATE NAME, RELATIONSHIP AND DEPARTMENT |
| HAVE YOU EVER APPLIED FOR EMPLOYMENT AT CRYSTAL STAIRS? Yes No | IF YES, HAVE YOU EVER TAKEN ANY OF CSI'S PRE-EMPLOYMENT TESTS? Yes No |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No | IF YES, WHEN AND WHERE? (APPROXIMATE MONTH AND YEAR) |
| HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED FROM EMPLOYMENT? Yes No | GIVE DATES AND CIRCUMSTANCES: (YOU MAY OMIT MARIJUANA-RELATED OFFENSES IF THE CONVICTIONS ARE MORE THAN TWO YEARS OLD, AND MINOR TRAFFIC VIOLATIONS. NOTE: A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT) |
| | IF YES, INDICATE EMPLOYER, WHEN AND REASON |

CRYSTAL STAIRS, INC.

An Equal Opportunity Employer

| DATE OF APPLICATION | | |
|---------------------|-----|------|
| Month | Day | Year |
| | | |

Please type or print in ink

Application for Employment

EMPLOYMENT HISTORY List PRESENT or LAST employer first

| | | | | |
|--|----|---------------|----|--|
| FURNISH INFORMATION ABOUT EACH PERIOD OF EMPLOYMENT FOR THE LAST TEN YEARS INCLUDING MILITARY AND/OR VOLUNTEER SERVICE; YOU MAY ATTACH ADDITIONAL PAGES IF NECESSARY. | | | | |
| FROM MO | YR | TO MO | YR | EMPLOYER'S NAME AND COMPLETE ADDRESS (COMPANY NAME, ADDRESS, CITY, STATE AND ZIP CODE) |
| STARTING SALARY | | ENDING SALARY | | YOUR JOB TITLE: |
| | | | | IMMEDIATE SUPERVISOR: |
| | | | | TELEPHONE NUMBER () |
| DESCRIPTION OF DUTIES: | | | | |
| | | | | |
| REASON FOR LEAVING | | | | |
| | | | | |
| FROM MO | YR | TO MO | YR | EMPLOYER'S NAME AND COMPLETE ADDRESS (COMPANY NAME, ADDRESS CITY, STATE AND ZIP CODE) |
| STARTING SALARY | | ENDING SALARY | | YOUR JOB TITLE: |
| | | | | IMMEDIATE SUPERVISOR: |
| | | | | TELEPHONE NUMBER () |
| DESCRIPTION OF DUTIES: | | | | |
| | | | | |
| REASON FOR LEAVING | | | | |
| | | | | |
| FROM MO | YR | TO MO | YR | EMPLOYER'S NAME AND COMPLETE ADDRESS (COMPANY NAME, ADDRESS CITY, STATE AND ZIP CODE) |
| STARTING SALARY | | ENDING SALARY | | YOUR JOB TITLE: |
| | | | | IMMEDIATE SUPERVISOR: |
| | | | | TELEPHONE NUMBER () |
| DESCRIPTION OF DUTIES: | | | | |
| | | | | |
| REASON FOR LEAVING | | | | |
| | | | | |
| FROM MO | YR | TO MO | YR | EMPLOYER'S NAME AND COMPLETE ADDRESS (COMPANY NAME, ADDRESS CITY, STATE AND ZIP CODE) |
| STARTING SALARY | | ENDING SALARY | | YOUR JOB TITLE: |
| | | | | IMMEDIATE SUPERVISOR: |
| | | | | TELEPHONE NUMBER () |
| DESCRIPTION OF DUTIES: | | | | |
| | | | | |
| REASON FOR LEAVING | | | | |
| | | | | |

UNEMPLOYED PERIODS

EXPLAIN ANY UNEMPLOYED PERIODS OF A MONTH OR MORE NOT ACCOUNTED FOR IN YOUR APPLICATION. PROVIDE BEGINNING AND ENDING DATES AND REASON. (YOU MAY EXCLUDE NAMES OF ORGANIZATIONS WHICH MAY REVEAL ANY LEGALLY PROTECTED STATUS)

| | | |
|-------|-------|--------|
| FROM | TO | REASON |
| MO YR | MO YR | |
| FROM | TO | REASON |
| MO YR | MO YR | |

SKILLS

| | | | |
|--|-----------------------------|----------------------------|------|
| VALID LICENSES/CERTIFICATES: | | | |
| KEYBOARDING WPM: | COMPUTER SOFTWARE/PROGRAMS: | OFFICE EQUIPMENT OPERATED: | |
| LANGUAGES (ANSWER ONLY IF THE POSITION YOU ARE APPLYING FOR REQUIRES PROFICIENCY IN LANGUAGE(S)) | SPEAK | WRITE | READ |
| | SPEAK | WRITE | READ |

EDUCATION AND TRAINING INFORMATION

| EDUCATION | NAME OF SCHOOL | LOCATION (City, State) | LAST YEAR COMPLETED | | | | DEGREE/DIPLOMA |
|---|----------------|---------------------------|---------------------|----|----|----|----------------|
| | | | 9 | 10 | 11 | 12 | |
| High School | | | | | | | |
| College or University | | | 1 | 2 | 3 | 4 | |
| Graduate School | | | 1 | 2 | 3 | 4 | |
| Other School(s) (trade, etc.) | | | | | | | |
| PROFESSIONAL OR OTHER ACHIEVEMENTS OR HONORS, INCLUDING PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES OR OFFICES HELD: (YOU MAY EXCLUDE NAMES OF ORGANIZATIONS WHICH MAY REVEAL ANY LEGALLY PROTECTED STATUS) | | | | | | | |
| VOLUNTEER WORK: (YOU MAY EXCLUDE NAMES OF ORGANIZATIONS WHICH MAY REVEAL ANY LEGALLY PROTECTED STATUS) | | | | | | | |

ADDITIONAL INFORMATION

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| SUMMARIZE JOB-RELATED SKILLS INCLUDING SPECIALIZED TRAINING, APPRENTICESHIP, INTERESTS, OR OTHER INFORMATION HELPFUL IN CONSIDERING YOUR APPLICATION: (YOU MAY EXCLUDE INFORMATION WHICH MAY REVEAL YOUR RACE, COLOR, MEDICAL CONDITION AS DEFINED BY STATE LAW, ANCESTRY, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, SEXUAL ORIENTATION, GENDER, ETHNIC GROUP IDENTIFICATION, MENTAL OR PHYSICAL DISABILITY, PREGNANCY, CHILDBIRTH AND RELATED MEDICAL CONDITIONS, OR ANY OTHER LEGALLY PROTECTED STATUS) |
| |
| |

REFERENCES

| |
|--|
| PROVIDE THE NAME, ADDRESS, COMPANY NAME AND TELEPHONE NUMBER OF THREE PROFESSIONAL REFERENCES INCLUDING FORMER SUPERVISORS |
| 1) |
| 2) |
| 3) |

RIGHT TO WORK

| | | |
|---|-----|----|
| AFTER EMPLOYMENT, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? | Yes | No |
| ARE YOU AT LEAST 18 YEARS OLD, OR IF UNDER 18, CAN YOU SUBMIT PROOF OF A WORK PERMIT UPON HIRE? | Yes | No |



CRYSTAL STAIRS, INC.
HUMAN RESOURCES
5150 W. GOLDLEAF CIRCLE, SUITE 300
LOS ANGELES, CA 90056
PHONE: 323-299-8998
FAX: 323-421-1078



REFERENCE CHECK

MAY WE ASK YOUR PRESENT OR PREVIOUS EMPLOYERS ABOUT YOU FOR REFERENCE CHECKS? Yes No

CERTIFICATION AND SIGNATURE:

FOR YOUR APPLICATION TO BE CONSIDERED, THE FOLLOWING STATEMENT MUST BE READ AND SIGNED:

I hereby certify that all the information contained in this application, and all the statements and representations set forth in any resume or other document submitted together with this application, are complete and true to the best of my knowledge. I understand that any misrepresentation, falsification or omission may result in the denial of my application. I also understand that if hired and such information is found to be false, misrepresented, or if information was omitted, it will be considered grounds for termination of employment.

I authorize the investigation of all statements given in this application, including obtaining information from previous employers. I release all parties and persons from any and all liability and damages that may result from furnishing such information to Crystal Stairs, Inc. as well as from the use or disclosure of such information by Crystal Stairs or any of its agents, employees or representatives.

In consideration of my employment, I agree to conform to the policies and standards of Crystal Stairs, Inc., as amended by Crystal Stairs from time to time in its discretion. **I UNDERSTAND THAT THE EMPLOYMENT RELATIONSHIP AT CRYSTAL STAIRS IS "AT-WILL." "AT-WILL" MEANS THAT EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME AND IS TERMINABLE BY EITHER PARTY WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE, AT ANY TIME EITHER DURING OR AFTER THE INTRODUCTORY PERIOD.** I understand that the "at-will" nature of employment with Crystal Stairs may not be modified or altered in any way whatsoever except by an express written agreement signed by me and the Chief Executive Officer of Crystal Stairs. Further, I understand that no officer, employee or representative of Crystal Stairs other than the Chief Executive Officer has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Nothing in this application shall be construed or interpreted to alter the "at-will" employment relationship between Crystal Stairs and myself.

I further understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and proof of eligibility to work in the United States. I hereby acknowledge that no contrary representation has been made to me prior to the date on which I have signed this application.

A facsimile or photocopy of my signature below may be used in lieu of the original for obtaining references.

Signature

Date

Please print your name

Social Security Number

Note to previous employers: Please complete the following information.

| | |
|-----------------------------------|------------------------|
| Hire Date | Termination Date |
| Position Held | Reason for Termination |
| Is applicant eligible for rehire? | |

KROLL

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with **Crystal Stairs, Inc.** (herein "Company"), I authorize Company to request a consumer and/or investigative consumer report on me for employment purposes from **KROLL BACKGROUND AMERICA, INC.** ("Kroll"). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Kroll, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: _____ First Name: _____ Middle: _____

Other Names Used _____ Years Used _____

Current Address: _____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Phone Number: _____

E-mail Address: _____ Driver's License Number: _____ State of Issuance: _____

* Date of Birth: _____ *Gender _____

For CA, MN & OK Residents Only: Please provide me with a copy of my background report YES: NO

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 1900 Church St., Suite 300, Nashville, TN 37203 and may be contacted at 800-697-7189.

*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

Company ID: NPF469B

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Crystal Stairs, Inc.

5110 Goldleaf Circle, Suite 150, Los Angeles, CA 90056



Crystal Stairs, Inc. strongly supports the principle of diversity. We encourage applications from women, ethnic minorities, persons with disabilities and veterans.

Equal Employment Opportunity Survey

Under the terms of our Equal Employment Opportunity Program, we are required to submit periodic reports on job applicants. In order to provide accurate information we ask your cooperation in completing this form. **You are under no obligation to do so**, and your responses will not affect your employment opportunity in any way, nor will this be kept in your employment or pre-employment files. Any information you volunteer will be confidential and will be used solely for statistical purposes.

| | | |
|--|---|---|
| Date: | Position Applied For: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| <p>Ethnicity: (Please check only one box in this section)</p> <p><input type="checkbox"/> White (not of Hispanic or Latino Origin): Persons having origins in any of the original peoples of Europe, North America, or the Middle East</p> <p><input type="checkbox"/> Black/African American (not of Hispanic or Latino Origin): Persons having original in any of the Black racial groups</p> <p><input type="checkbox"/> Latino/Hispanic: Persons having Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race</p> <p><input type="checkbox"/> American Indian or Alaskan Native (not of Hispanic or Latino Origin): Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal community recognition</p> <p><input type="checkbox"/> Asian or Pacific Islander: Persons having origins in any of the original peoples of the Far East, South East Asia, the Indian Subcontinents, or the Pacific Islands, including China, Japan, Korea, the Philippines Islands, Samoa, and India</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands</p> <p><input type="checkbox"/> Two or more Races.</p> | | |
| <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Person with Disability |