



CORPSMEMBER ENROLLMENT APPLICATION

LA CONSERVATION CORPS

LA Conservation Corps
 PO Box 861658
 Los Angeles, CA 90086-1658

Transforming Youth. Enhancing Communities.

(213) 362-9000

PLEASE COMPLETE ALL REQUIRED FIELDS:			
Today's Date	Primary Phone Number		Secondary Phone Number
Date of Birth	Gender (M/F)		Type of Application <input type="checkbox"/> New Hire <input type="checkbox"/> Rehire
Email	Last Name	First Name	Middle Initial
Present Address (Number and Street)		Race (Please choose one) optional: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Biracial / Multiracial / Other: _____	Ethnicity (Choose one) optional: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
City	State	Zip Code	
Please mark the highest level of education you have completed:			
<input type="checkbox"/> 8 th grade or under <input type="checkbox"/> 9 th to 11 th grade <input type="checkbox"/> High school graduate or GED: Month & Year: ____ / ____ <input type="checkbox"/> Some College			
Employment History: <input type="checkbox"/> Currently Employed <input type="checkbox"/> Previously Employed <input type="checkbox"/> Never Employed If previously employed, how many months since your last job? ____ months		Do you have a valid California Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you legally entitled to work in the United States? (Applicants are required to furnish proof of identity and legal work authorization prior to enrollment) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Why would you like to become a corpsmember at the LA Conservation Corps?			
Please give the name, address, and phone number of two references:			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
How did you hear about the LA Conservation Corps?			
Please name specific referral next to the box you have checked:			
<input type="checkbox"/> Previous/Current Corpsmember _____	<input type="checkbox"/> Previous/Current Corps Staff _____		
<input type="checkbox"/> High School Counselor _____	<input type="checkbox"/> Probation/Parole Officer _____		
<input type="checkbox"/> Other Community-Based Organization _____	<input type="checkbox"/> Family/Friend _____		
<input type="checkbox"/> School _____	<input type="checkbox"/> Outreach Efforts _____		
<input type="checkbox"/> Walk-in			
Are you a former Clean & Green participant with the LA Corps? <input type="checkbox"/> yes: Year (if you remember): ____ <input type="checkbox"/> no			

EMPLOYMENT/TRAINING HISTORY (List present or most recent position first)		Please give accurate, complete information on training program or full/part-time employment from the last two years. Attach additional sheets if more space is needed.				
1. Company/ Institution Name		Address No. Street		City	State	Zip
Phone Number	Type of Business or Training Program			Your Position		
Duties						
Name and Position of Immediate Supervisor						
Start Date (MM/DD/YYYY)		End Date (MM/DD/YYYY)				
Reason for leaving						
2. Company/Institution Name		Address No. Street		City	State	Zip
Phone Number	Type of Business or Training Program			Your Position		
Duties						
Name and Position of Immediate Supervisor						
Start Date (MM/DD/YYYY)		End Date (MM/DD/YYYY)				
Reason for leaving						

MAY WE ASK YOUR PRESENT EMPLOYER FOR A REFERENCE?

YES

NO

PLEASE READ CAREFULLY

The LA Conservation Corps' (the Corps) corpsmember experience is a 12-month program which may be extended. Corpsmembers are required to participate in a variety of physical and mental activities, designed to enhance education and work experience. A health questionnaire is required prior to enrollment in the Corps. An additional post-offer examination may be required as a condition for program participation.

The LA Conservation Corps is an equal opportunity employer. The LA Conservation Corps does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by applicable state or federal civil rights laws.

Corpsmembers are participants in the Los Angeles Conservation Corps' work training and education program. The state of California's Employment Development Department (EDD) has ruled, under Section 634.5(e) of the California Unemployment Insurance Code that corpsmembers are not eligible for State Disability or unemployment benefits.

Corpsmembers do not receive SDI or unemployment insurance fund credits, and are not eligible for unemployment benefits.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and agree to have any of its statements checked by the LA Conservation Corps. I authorize the sources listed above to provide the Corps any and all information concerning my employment history and any pertinent information they may have about my ability to participate as a corpsmember. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Corps as well as from any use or disclosure of such information by the Corps or any of its agents, employees, or representatives.

In consideration of my program enrollment, I agree to conform to the rules and standards of the Corps, as amended from time to time at the Corps' sole discretion. I further agree that my program participation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Corps. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to be enrolled in the program or in my immediate dismissal from the program.

I also understand that receipt of an enrollment offer is conditioned on the provision of satisfactory responses and satisfactory proof of an applicant's identity and legal authority to work in the United States, as well as the satisfactory completion of a post-offer medical examination.

VALID FOR SIX MONTHS FROM DATE SUBMITTED

Signature of Applicant _____

Date _____



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Revised 2/15/19