

# SCHOOL YEAR APPLICATION

NAME OF APPLICANT \_\_\_\_\_

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MAIDEN NAME \_\_\_\_\_

NAME OF UNIV. OR COLLEGE YOU  
ARE ATTENDING: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

CURRENT ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE) \_\_\_\_\_

PERMANENT ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE) \_\_\_\_\_

	TELEPHONE	AREA CODE	NUMBER
1. PRESENT			
2. PERMANENT			
3. OTHER			

BIRTHPLACE \_\_\_\_\_

U.S. CITIZEN YES • NO •

DO YOU MEET RESIDENT CRITERIA? YES • NO •

DO YOU HAVE A CAR AVAILABLE? YES • NO •

DRIVER'S LICENSE NUMBER \_\_\_\_\_

\_\_\_\_\_  
PARENT OR GUARDIAN

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
EMPLOYER

\_\_\_\_\_  
EMPLOYER'S ADDRESS

\_\_\_\_\_  
JOB TITLE

\_\_\_\_\_  
PERMANENT OR TEMPORARY EMPLOYMENT?

Do you have a health condition that would limit your geographical service in California?

YES • NO • (If yes, explain briefly)

Have you participated in the summer Mini-Corps Program?

YES • NO •

(If yes, where and year.) \_\_\_\_\_

Were you placed in a camp? YES • NO •

Where \_\_\_\_\_ Year \_\_\_\_\_

Have you ever worked as a farm laborer? If so, list years.

Have you ever lived in a migrant labor camp? Where?

Year Round program applying to: \_\_\_\_\_

Date available to work \_\_\_\_\_

Parent's or Spouse's approximate yearly income? \$ \_\_\_\_\_

Persons dependent on this income? \_\_\_\_\_

Self-supporting? YES • NO •

If no, please state parent's approx. yearly income: \$ \_\_\_\_\_

Are you in any Grant or Scholarship Program? YES • NO •

(If yes, list the name of Grant or Scholarship and amount you are getting.) \_\_\_\_\_

How are you financing your education? \_\_\_\_\_

Other than English what language (s) do you speak?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Bilingual? YES • NO • Second Language? \_\_\_\_\_

Biliterate? YES • NO •

## LIST COLLEGES OR UNIVERSITIES ATTENDED (Include Junior Colleges)

NAME OF SCHOOLS	LOCATION (City & State)	TYPE OF DEGREE RECEIVED OR EXPECTED	DATE RECEIVED
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Indicate grade point average for all undergraduate college work using a 4 point scale (A=4; B=3; C=2, D=1).

GPA Overall: \_\_\_\_\_

Your Intended Major \_\_\_\_\_

Credential you are seeking:

• Elementary • Secondary

Minor \_\_\_\_\_

Date of college finals: \_\_\_\_\_

Number of completed units last semester \_\_\_\_\_ Number of units you are taking at the present time \_\_\_\_\_

What is your classification in college as of this date? • Freshman • Sophomore • Junior • Senior • Grad. (B.A.)

High School graduate from \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_

What Sports or Special Activities could you help coach?

SPORT

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

ACTIVITY (Talent/Skill)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

# EMPLOYMENT RECORD

(Most recent first)

**1.**

POSITION TITLE

WEEKLY SALARY

HOURS WORKED PER WEEK (AVERAGE)

DATES OF EMPLOYMENT  
(MONTH AND YEAR)

FROM

TO

NAME OF SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (CITY AND STATE)

MAJOR DUTIES

REASON FOR LEAVING

**2.**

POSITION TITLE

WEEKLY SALARY

HOURS WORKED PER WEEK (AVERAGE)

DATES OF EMPLOYMENT  
(MONTH AND YEAR)

FROM

TO

NAME OF SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (CITY AND STATE)

MAJOR DUTIES

REASON FOR LEAVING

**3.**

POSITION TITLE

WEEKLY SALARY

HOURS WORKED PER WEEK (AVERAGE)

DATES OF EMPLOYMENT  
(MONTH AND YEAR)

FROM

TO

NAME OF SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (CITY AND STATE)

MAJOR DUTIES

REASON FOR LEAVING

If additional space is required please use separate page and attach.

# REFERENCES

List names and complete addresses of 4 persons, not related to you, who know of your qualifications and fitness for Mini-Corps. Include at least 2 persons who have supervised you on the job. Include a professor in your major area, your advisor and/or counselor who know you well. Include letters of reference with the application.

**1.**

NAME (FIRST-MIDDLE INITIAL-LAST)

ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)

TELEPHONE (NO. & AREA CODE)

WHY HE/SHE KNOWS YOU

OCCUPATION

NAME OF EMPLOYER

**2.**

NAME (FIRST-MIDDLE INITIAL-LAST)

ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)

TELEPHONE (NO. & AREA CODE)

WHY HE/SHE KNOWS YOU

OCCUPATION

NAME OF EMPLOYER

**3.**

NAME (FIRST-MIDDLE INITIAL-LAST)

ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)

TELEPHONE (NO. & AREA CODE)

WHY HE/SHE KNOWS YOU

OCCUPATION

NAME OF EMPLOYER

**4.**

NAME (FIRST-MIDDLE INITIAL-LAST)

ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)

TELEPHONE (NO. & AREA CODE)

WHY HE/SHE KNOWS YOU

OCCUPATION

NAME OF EMPLOYER

Explain in narrative form why you feel qualified to work in the Mini-Corps Program. Please elaborate on experience in education of Migrant Children, community volunteer work, handicapped, etc. (**Application will not be considered without a narrative.**)

Important: Be sure that you have answered all questions as thoroughly as possible. If more space is needed, note on application and continue on a blank page and add to application when you send it in or attach.

Have you ever been convicted of any offense other than minor traffic violation since your 18<sup>th</sup> birthday?

YES • NO •

If yes, please explain in a separate letter to the Director of the Mini-Corps Program in a sealed envelope marked "Legal" and "Confidential."

**Enclose a college transcript with your application.**

**READ CAREFULLY BEFORE SIGNING**

I HEREBY CERTIFY, that all statements made in this application are true, and I agree and understand that any false statements of facts herein will cause forfeiture on my part of all rights to participation in the Mini-Corps Program. I understand that if I do not meet the announced requirements I will be eliminated from further consideration.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:

Maria Avila, Director  
CALIFORNIA MINI-CORPS  
510 Bercut Drive, Suite Q  
Sacramento, California 95814  
(916) 446-4603

(You will be notified by the Mini-Corps Officer if you are selected for an interview.)