



## The River Corps Latin American Youth Center

## **Corps Member Application**

Applicant Information									
Full Name:							Date:		
r dii r dii io.	Last	Firs	t			M.I.			
Address:									
ridarooo.	Street Address							Apartment/Unit	#
	City					State		ZIP Code	
Dhana				C:I					
Phone:				Emaii					
Age:	Date of Birth.:								
Are you a ci	tizen of the United States?	YES NO ☐ If no, are yo			are you a	YES NO u authorized to work in the U.S.?			
Have you pa	articipated with LAYC/MMYC	YES	NO						
programs?	and parod with Erri Onwill O			If yes,	when?_				
Education									
High Schoo	ol:		Address:						
<b>J</b>				YES					
From:	To:	Did you g	raduate?		NO	Diploma:			
College.			Address:						
			ridarooo.						
From:	To:	Did you g	raduate?	YES	NO	Degree:_			
Other:			Address:						
<u></u>			Addicss.						
From:	To:	Did you g	raduate?	YES	NO	Degree:			
_		_	Refer	ences	_	_	_	_	_
Please list two professional references.									
Full Name:						Relati	onship:		
Company:							Phone:		
Full Name:							onship:		
Company:						<u></u>	Phone:		
Company.							i iioiie.		

	Previous Employment (Or Attach Res	ume)						
Company:		Phone:						
Address:		Supervisor:						
Job Title:	Pay Rate:							
Responsibili	ties:							
From:	To: Reason for Leaving	j:						
May we cont	YES NO tact your previous supervisor for a reference?							
Company:		Phone:						
Address:								
Job Title:	Pay Rate: <b>\$</b>							
Responsibili	ties:							
From:	To: Reason for Leaving	j:						
May we cont	YES NO tact your previous supervisor for a reference?							
Company:		Phone:						
Address:								
Job Title:	Pay Rate:							
Responsibili	ties:							
From:	To: Reason for Leaving	<u>):</u>						
YES NO May we contact your previous supervisor for a reference? □ □								
Disclaimer and Signature								
I certify that my answers are true and complete to the best of my knowledge.  If this application leads to enrollment, I understand that false or misleading information in my application or interview may result in my release.								
Signature:		Date:						