The Urban Conservation Corps of the Inland Empire (UCC) Southern California Mountains Foundation is an equal opportunity employer. The UCC does not discriminate on the basis of race, gender, religion, color, national origin, ancestry, disability, medical conditions, sexual orientation or any other basis protected by federal, state or local laws.
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<table>
<thead>
<tr>
<th>PROBATION OR CRIMINAL BACKGROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however be considered.</td>
</tr>
</tbody>
</table>

Have you ever been arrested?
- Yes
- No
If yes, why?

Do you have a felony on your record?
- Yes
- No
If yes, what is it?

Do you have a misdemeanor on your record?
- Yes
- No
If yes, why?

Have you ever been on probation?
- Yes but I am off probation now
- Yes and I am still on probation
- No
If yes to the first two, please explain?

<table>
<thead>
<tr>
<th>EMPLOYMENT HISTORY – (Note: if you have never worked before, please state Not Applicable)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Last Employer (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>When did you start?</td>
</tr>
<tr>
<td>When did you end?</td>
</tr>
<tr>
<td>Address of Employer</td>
</tr>
<tr>
<td>Supervisor</td>
</tr>
<tr>
<td>Supervisor Phone Number</td>
</tr>
<tr>
<td>Hours Per Week</td>
</tr>
<tr>
<td>Amount Paid Per Hour</td>
</tr>
<tr>
<td>What were your job duties and why did you leave?</td>
</tr>
</tbody>
</table>
### EDUCATION HISTORY

Do you have a high school diploma?
- Yes
- No

If no, what is the highest grade you attended? ________________________________

Do you have a GED?
- Yes
- No

Do you have a college degree?
- Yes
- No

If yes, in what and what school? ___________________________________________

### CONSERVATION RELATED SKILLS

Do you have any conservation related skills that make you well suited for this position? If so, please check the boxes that best describe your skills:

- Chainsaw Use
- Herbicide Application
- Landscaping
- Trail maintenance
- Trail construction
- Recycling
- Other: ___________________________________________________________________

Please briefly describe how you were trained for this skill and how you apply it?

### ANY OTHER COMMENTS YOU WOULD LIKE US TO KNOW ABOUT YOU?

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PLEASE READ CAREFULLY

The Urban Conservation Corps of the Inland Empire (UCC) is a division of the Southern California Mountains Foundation. The UCC corpsmember experience is up to 12 months and can be extended. Corpsmembers are required to participate in a variety of physical activities designed to enhance education and work experience. An additional examination may be required prior to enrollment.

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 UCC. I authorize the sources listed to provide the UCC with information concerning my employment history.

I release all parties and persons from any and all liability for any damages that may result for furnishing such information to the UCC as well from any use or disclose of such information by the UCC or any of its agents, employees or representatives.

In consideration of my enrollment into the UCC, I agree to conform to the rules and standards of the UCC, as amended from time to time at the UCC’s sole discretion. I further agree that my participation in any of the UCC programs or initiatives can be terminated at will, with or without notice, at any time, either at my option or at the option of the UCC. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to be enrolled in the Urban Conservation Corps.

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

_______________________________________________________________

_______________________________________________________________

PRINT APPLICANTS NAME AND LAST NAME

SIGNATURE OF APPLICATION DATE

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