



## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
	<b>AND</b>	
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:  a. Foreign passport; and  b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and  (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	6. U.S. Citizen ID Card (Form I-197)
	7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	8. Native American tribal document	8. Employment authorization document issued by the Department of Homeland Security
	9. Driver's license issued by a Canadian government authority	
	<b>For persons under age 18 who are unable to present a document listed above:</b>	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**

Office use only:

- Transcript attached
- Immunization record attached
- Work Permit (if applicable)
- Entered into CMT \_\_\_\_\_
- Start Date \_\_\_\_\_

## CIVICORPS CORPSMEMBER ACADEMY Application

101 Myrtle Street  
Oakland, CA 94607  
(510) 992-7800

Office use only routing:

- Start Date: \_\_\_\_\_
- Recruiter
  - Dean of Students
  - Corpsmember File

**APPLICANT INFORMATION:**

SS# \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
First Last

Address \_\_\_\_\_  
Street Address Apt. #

\_\_\_\_\_ City State Zip Code

\_\_\_\_\_ Home Phone Cell Phone Date of Birth Male / Female

\_\_\_\_\_ Marital Status (Single, Married, etc)

**EMERGENCY CONTACT INFORMATION:**

1 \_\_\_\_\_  
Parent/Guardian #1 (and relationship—for example: mother, grandfather, etc.) Home/Cell Phone Work Phone

2 \_\_\_\_\_  
Parent/Guardian #2 (and relationship—for example: father, foster parent, etc.) Home/Cell Phone Work Phone

3 \_\_\_\_\_  
Family Doctor/Local Medical Center Address Phone

Is this applicant able to participate in all physical education activities? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain: \_\_\_\_\_

Is this applicant on medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify : \_\_\_\_\_

Does this applicant have any special health conditions (for example: asthma, seizures, hearing impaired, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**PREVIOUS SCHOOLING INFORMATION:**

How many high school credits has this applicant completed? (If unknown, estimate) \_\_\_\_\_ Grade Level? \_\_\_\_\_

Has this applicant graduated from High School? \_\_\_\_\_ GED or Proficiency Exam? \_\_\_\_\_

Previous High School(s) Attended (most recent first):

1 \_\_\_\_\_  
Name of High School City Last Date Attended

2 \_\_\_\_\_  
Name of High School (if applicable or if previous school was adult school) City Last Date Attended

- 1. Has this applicant ever been in a Special Education Program? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. Was this applicant in a Special Education Program at the last school attended? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3. Does this applicant have an active IEP (Individualized Education Plan)? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. Has this applicant passed any portion of the California High School Exit Exam (CAHSEE)? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes, Which part has been passed (you must provide documentation): \_\_\_\_\_

# CIVICORPS CORPSMEMBER ACADEMY

## STATE REQUIRED INFORMATION

101 Myrtle Street  
Oakland, CA 94607  
(510) 992-7800

### DIRECTIONS:

The California Education Code requires each school to collect information about its students. Each school is required to submit this information to the State. The required information includes parent education, home language, race / ethnicity, and family income. Thank you for your help in filling out the following four surveys.

### PARENT/GUARDIAN EDUCATION LEVEL (give the response that describes the **highest** education level of either parent):

- Not a high school graduate       Some college       Graduate school / post graduate training
- High school graduate       College graduate       Declined to state or unknown

### HOME LANGUAGE SURVEY:

1. What language did this applicant learn when he/she first began to talk? \_\_\_\_\_
2. What language does this applicant most frequently use at home? \_\_\_\_\_
3. What language is most often spoken by the adults at home? \_\_\_\_\_
4. Is this student fluent in the English language (speaking, reading, and writing)? Yes \_\_\_ No \_\_\_ Not Sure \_\_\_
5. Has student ever taken the CA English Learner Development Test (CELDT)? Yes \_\_\_ No \_\_\_ Not Sure \_\_\_

### RACE / ETHNICITY SURVEY

Check the group with which the student **most closely** identifies:

Check the group with which the student **also** identifies (if applicable):

- American Indian or Alaskan Native  
 Asian/Asian American  
 Pacific Islander  
If Asian or Pacific Islander is marked, then check all that apply:  
 Chinese       Japanese       Korean  
 Asian Indian       Hawaiian       Guamanian  
 Laotian       Cambodian       Vietnamese  
 Samoan       Other Asian  
 Filipino/Filipino American  
 Hispanic/Latino  
 African/African American  
 White (not of Hispanic origin)  
 Other

- American Indian or Alaskan Native  
 Asian/Asian American  
 Pacific Islander  
If Asian or Pacific Islander is marked, then check all that apply:  
 Chinese       Japanese       Korean  
 Asian Indian       Hawaiian       Guamanian  
 Laotian       Cambodian       Vietnamese  
 Samoan       Other Asian  
 Filipino/Filipino American  
 Hispanic/Latino  
 African/African American  
 White (not of Hispanic origin)  
 Other

### FAMILY INCOME SURVEY:

1. How many people live in your household? \_\_\_\_\_ 1A. Does applicant have child? If so, how many? \_\_\_\_\_
2. Does anyone in your household receive food stamps or CalWorks or FDPIR, etc.? Yes \_\_\_ No \_\_\_
3. Approximate ANNUAL family income (please check one below):

- \$0 - \$10,830       \$18,311 - \$22,050       \$29,531 - \$33,270  
 \$10,831 - \$14,570       \$22,051 - \$25,790       \$33,271 - \$37,010  
 \$14,571 - \$18,310       \$25,791 - \$29,530       \$37,011 +

# CIVICORPS CORPSMEMBER ACADEMY

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## Master Agreement Form

Civicorps Corpsmember Academy is a program of **CHOICE**. When you sign this agreement, you are agreeing that you choose this program over all others that you are entitled to attend or have your child attend.

**Applicant's Name:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature (if Applicant is under 18)

\_\_\_\_\_  
Date

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## Interview / Photo Release Authorization

I give Civicorps the absolute right and permission to use and/or publish at any time my photographs, quotes and/or textual descriptions of me in its promotional materials and publicity efforts. I understand that the photographs, quotes or textual descriptions may be used in a publication, print ad, direct-mail, electronic media (e.g. video, CD-ROM, web page), or other form of promotion. I release Civicorps, the photographer, their offices, employees, and agents from liability for any violation of any personal or proprietary right I may have in connection with such use.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature (if Applicant is under 18)

\_\_\_\_\_  
Date

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## Probation / Court Involvement Information

Have you ever been convicted of any offense? Yes \_\_\_ No \_\_\_

Misdemeanor? \_\_\_ Felony? \_\_\_ Date(s): \_\_\_\_\_

Do you have any court dates pending? Yes \_\_\_ No \_\_\_ Date(s): \_\_\_\_\_

Are you currently on probation or parole? Yes \_\_\_ No \_\_\_ Until what date? \_\_\_\_\_

P.O.'s Name: \_\_\_\_\_ Phone \_\_\_\_\_

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**CIVICORPS CORPSMEMBER ACADEMY**  
**FIELD TRIP PERMISSION / WAIVER FORM**  
(to be carried on trips by the school representative)

Civicorps includes regularly scheduled field trips to enhance the classroom learning and provide time for recreational activities. We encourage all applicants to participate. Without this form applicants will not be allowed to ride in Civicorps vehicles.

I hereby give my consent for myself (or daughter/son/ward) \_\_\_\_\_,  
attending the Civicorps Corpsmember Academy to go with Civicorps staff on educational and  
recreational outings.

In case of emergency please contact: \_\_\_\_\_

Phone # home \_\_\_\_\_ work \_\_\_\_\_

In case of injury, you are authorized to provide emergency medical treatment.

Restrictions / Allergies: \_\_\_\_\_

Critical Medical Info: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Birthdate: \_\_\_\_\_ Male / Female

1. Release (Injury to myself or child or to my personal property): That I release the Civicorps, its Board of Directors, Agents, Officials and Employees for an injury or death to myself, child or for property damage on behalf of myself or my heirs or successors in interest arising from my participation in the event or activity described above which is conducted by Civicorps or is a Civicorps sponsored event.
2. Hold Harmless (Injury to Others or Property): That I will indemnify and hold harmless Civicorps its Board of Directors, Agents, Officials and Employees from any loss or liability (bodily injuries or death, and/or damage to property, including the loss of use thereof) which results or is alleged to have resulted from my participation or my child's participation in the event or activity described above.
3. Assumption of risk: That I assume all risks involved in my or my child's participation in the event or activity described above and that I recognize that I am solely responsible for my decision to participate or let my child participate in the event or activity and that the above release stated in paragraph 1 includes but is not limited Civicorps or a sponsoring agency.

\_\_\_\_\_  
Signature of Parent/Caring Adult (if applicant is under age 18)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**CIVICORPS CORPSMEMBER ACADEMY**  
**Physical Limitations Questionnaire**

Corpsmember work is physically demanding and generally involves landscaping, recycling, planting, clearing brush and/or fire hazards, building trails, restoring creeks, cleaning flood channels, and painting. Most of this work is done outside and in all kinds of weather.

Please indicate if you have difficulty performing the following types of tasks.

- Bending
- Pushing
- Pulling
- Walking
- Climbing
- Standing for long periods of time
- Squatting
- Lifting 50lbs or more
- Sitting for long periods of time

Please provide details about the difficulty you may have performing any of the tasks that you marked above:

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Are there other physical tasks that are difficult for you to complete?  Yes  No

If "yes", please explain:

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I understand that falsification of the above information is grounds for termination.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



## **CIVICORPS CORPSMEMBER ACADEMY**

### **ORIENTATION POLICY**

- You are required to attend an orientation. 100% attendance is required or you may be dismissed from the program.
- You must receive permission from a teacher or other staff member to leave the training area at any time.
- No pagers or cell phones are allowed on during orientation or while working; you must turn your pager and/or cell phone off upon entering the building or beginning work.
- You may not use any portable music devices during orientation or while working.
- Smoking is not permitted anyplace on Civicorps property except in designated areas.
- You may not use foul or profane language at any time during training or while at work.
- You may never have visitors on Civicorps property or during the workday.
- You will be immediately dismissed from the Civicorps Corpsmember Academy if you are found to be involved in any gang-related or criminal activity at any time.
- You must wear appropriate attire at all times. Inappropriate dress includes, but is not limited to, sagging pants, tank tops, shorts, sandals, articles of clothing with printing related to drugs, weapons, foul or profane language, or nudity, and excessive jewelry, including grills.

I understand that by signing this agreement that I agree to the terms and conditions herein, and that by violating any of these terms and conditions, I will not be permitted to participate in Civicorps programs.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature