



## Information Certification

### Instructions

This form is required for employment.

Please print or type and ensure all information is provided as omissions can delay processing. After acceptance of employment, applicants may be required to present evidence of date of birth.

#### Human Resources Division

Los Angeles Community College District  
770 Wilshire Boulevard  
Los Angeles, CA 90017

### 1. Personal Information

Title:

Last Name:

First Name:

Middle Name:

Suffix:

Social Security Number:

Date of Birth (mm/dd/yyyy):

#### Driver's License or State ID

Number:

State:

Expiration Date (mm/dd/yyyy):

## 2. Employment History with the District

Choose one option:

I have never been employed by the Los Angeles Community College District in any position.

I am currently employed by the Los Angeles Community College District in the position listed below.

I have in the past been employed by the Los Angeles Community College District in the position listed below.

Title of Position:

Employee ID Number:

### Employed Under the Name of

Last Name:

First Name:

Middle Initial:

## 3. Information Certification

I understand that any offer and acceptance of employment is subject to the following:

- Verification that all statements made in my employment documents are true and correct.
- Verification of work experience.
- Medical examination, if required, (the job-relatedness of any disability shall be determined by the District; no person shall be denied employment due to a disability not related to the work performed).
- Verification of official transcripts if required for employment in a particular job.
- Proof of eligibility to work in the United States.
- Freedom from tuberculosis.
- Fingerprint results.
- Completion and submission of the "new hire" forms packet.
- Los Angeles Community College District Board of Trustees approval.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature:

Signature Date:



## Personal Data Self Disclosure

### Instructions

This form is required for employment.

Completing this form is voluntary and refusal to provide information will not subject you to any adverse treatment.

Any and all information provided on this form will be kept confidential.

The information provided is used to evaluate compliance with federal non-discrimination.

### Human Resources Division

Los Angeles Community College District  
770 Wilshire Boulevard  
Los Angeles, CA 90017

### 1. Employee

Last Name:

First Name:

Middle Name:

Suffix:

Date of Birth (mm/dd/yyyy):

Title of Position Applied For:

### 2. Gender

Please check which one of the following genders you identify with. (Choose one option):

Female

Male

Non-Binary. Please specify:

### 3. Ethnic Data

District policy requires that new employees be given the opportunity to identify their race or ethnicity using the two questions below.

Do You Identify as Hispanic or Latino? (Choose one option):

Yes                      No

What is your race or ethnicity? (Choose all that apply):

Mexican, Mexican-American, Chicano	Vietnamese
Central American	Filipino
South American	Asian Other
Hispanic Other	Black or African American
Asian Indian	American Indian or Alaskan Native
Chinese	Guamanian
Japanese	Hawaiian
Korean	Samoaan
Laotian	Pacific Islander Other
Cambodian	White

### 4. Self-Disclosure as an Individual with a Mental or Physical Disability

Federal and State law and District policy require that new employees be given the opportunity to identify themselves as an individual with a mental or physical disability.

Do you identify as an individual with a disability? (Choose one option):

Yes                      No

## 5. Self-Disclosure of Veteran or Disabled Veteran Status

Federal and State law and District policy require that new employees be given the opportunity to identify themselves as veteran, or disabled veteran.

If applicable, (Choose one option):

Vietnam era veteran, disabled

Vietnam era veteran, not disabled

Not a veteran

Veteran, other than Vietnam era, disabled

Veteran, other than Vietnam era, not disabled

## 6. Signature

Signature:

Signature Date:



## Oath of Allegiance for U.S. Citizens Oath of Support for Non U.S. Citizens

### Instructions

This form is required by Section 3 of Article XX of the Constitution of the State of California.

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### Statement

"I,

First Name:

Middle Name:

Last Name:

Suffix:

do solemnly swear (or affirm) that: (Choose the appropriate statement that follows.)

#### For U.S. Citizens

I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I will take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter."





## Address and Warrants Recipient Designation

### Instructions

This form is required for employment. Changes may be filed at any time.

Please print or type and ensure all information is provided as omissions can delay processing.

### Human Resources Division

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770 Wilshire Boulevard  
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### Personal Information

Last Name:

First Name:

Middle Name:

Suffix:

Social Security Number:

Employee ID Number:

Location:

### 1. Employee Official Address

May not be a District location or PO Box.

Street Address:

Unit Number:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Email:



**A. Restrictions on Release of Address or Telephone**

Check this box if you do not wish to have your address and telephone number released to anyone except the organization designated as the exclusive representative for the employee unit to which you are assigned.

**B. Unemployment Insurance Claims**

Check this box if you wish your exclusive representative to receive your name in the event you file for unemployment insurance benefits.

**2. Salary Warrant or Direct Deposit Advise Address**

(Choose one option)

Direct Deposit. Bank information and Direct Deposit authorization is completed through the portal on or after your first day of employment.

Mail to my official address listed above.

Mail to the address listed below. (PO Box may be used here.)

Street Address:

PO Box or Unit Number:

City:

State:

Zip Code:

### 3. Warrant Recipient Designation

As provided in California Government Code § 53245, in the event of my death, I hereby designate the following person to receive any and all warrants payable to me by the Los Angeles Community College District. This designation will remain in effect until canceled and replaced in writing. It is also expressly understood and agreed that the Los Angeles Community College District is not obligated to deliver said warrants to the person designated above unless the designated person, within two years after the date of said warrant or warrants, claims such warrants from the Los Angeles Community College District and provides the District with sufficient proof of identify.

First Name:

Last Name:

Relationship:

Street Address:

Unit Number:

City:

State:

Zip Code:

### 4. Signature

Employee Signature:

Signature Date:



## Academic Service Medical Examination Certification

### Instructions

This form is required for first-time employment in Academic Service.

Read instructions shown below carefully before completing. Please print or type and ensure all information is provided as omissions can delay processing.

Completion of this form within six (6) months prior to employment is required by Education Code § 87408 for all employees who have not previously been employed in a certificated position in the State of California. As indicated in the Code, this examination is to be administered at the expense of the applicant.

Employees who have been employed in a certificated position in a school district or county superintendent's office in the State of California should complete only Section 1 and Section 3 of this form. Section 2 is to be completed by the physician.

### Human Resources Division

Los Angeles Community College District  
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Los Angeles, CA 90017

### 1. To be Completed by the Employee

Last Name

Middle Name

First Name

Suffix

Date of Birth (mm/dd/yyyy)

Title of Position Applied For:

If Instructor, indicate Subjects:

**2. To be Completed by the Physician**

The medical examination is required of a person employed in an academic position for the first time in a California School District to determine that the applicant is free from any communicable disease, including, but not limited to, active tuberculosis, unfitting the applicant to instruct or associate with students.

**Certification**

On the basis of my medical examination on (Date) \_\_\_\_\_, the above named applicant is: (Choose one option):

Free from

not free from disabling diseases which would prohibit the instruction of or association with students.

Physician Signature

Type or Print Name

Date

License Number

**3. To be Completed by Employee** (If applicable. See Instructions.)

I certify that I am exempt from the requirements of a medical examination as required by Education Code § 87408 based on my certificated employment indicated below:

Title of Position

Employer

Date From

Date To

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature

Date