LOS ANGELES COMMUNITY COLLEGES
HUMAN RESOURCES
770 WILSHIRE BOULEVARD
LOS ANGELES, CA 90017

INFORMATION CERTIFICATION

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.

1. PERSONAL INFORMATION:

Title _____ Last Name _____ First Name _____ Middle Name _____ Suffix _____

Social Security No. ___ - ___ - ___ Drivers License No. _____ State ___ Expires (MM/DD/YYYY) _____ Date of Birth (MM/DD/YYYY) _____

2. EMPLOYMENT HISTORY WITH THE DISTRICT

- ☐ 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 No. _____ Under the name of: Last _____ First _____ MI ___

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 _____

LOS ANGELES COMMUNITY COLLEGES
HUMAN RESOURCES
770 WILSHIRE BOULEVARD
LOS ANGELES, CA 90017

PERSONAL DATA SELF DISCLOSURE

Information obtained on this form is used for statistical reporting purposes only.

Read instructions shown below carefully before completing. Please print or type.

1. EMPLOYEE

Last Name _____ First Name _____ Middle _____ Suffix _____

Date of Birth (MM/DD/YYYY) _____

Title of Position Applied For: _____

2. SELF-DISCLOSURE OF DISABILITY / VETERAN / VIETNAM ERA VETERAN

Federal and State law and District policy require that new employees be given the opportunity to identify themselves as disabled; disabled veteran; disabled, mentally or physically but not a veteran. This confidential information is used to evaluate compliance with federal and non-discrimination requirements and for statistical purposes.

Mark one only:

- ☐ None of the following categories apply.
- ☐ Vietnam era veteran, not disabled
- ☐ Vietnam veteran, disabled
- ☐ Veteran, other than Vietnam era, not disabled
- ☐ Veteran, other than Vietnam era, disabled
- ☐ Disabled, mentally or physically

If you are disabled and need reasonable accommodation, please describe:

_____

_____

3. ETHNIC DATA

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

ARE YOU HISPANIC OR LATINO? (CHECK ONE) ☐ Yes ☐ No

WHAT IS YOUR RACE/ETHNICITY? (CHECK ONE OR MORE)

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

4. SIGNATURE

Signature _____ Signature Date _____

INSTRUCTIONS

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

- The information provided is used to evaluate compliance with federal and on-discrimination requirements and is used solely for statistical purposes.
- Refusal to provide such information will not subject any person to any adverse treatment.

Submit the completed form together with employment processing papers to your location Personnel Office. The form will be forwarded to the Office of Diversity Programs at the District Office.

LOS ANGELES COMMUNITY COLLEGES
HUMAN RESOURCES
770 WILSHIRE BOULEVARD
LOS ANGELES, CA 90017

OATH OF ALLEGIANCE / FOR U.S. CITIZENS
OATH OF SUPPORT / FOR NON U.S. CITIZENS

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

"I,

_____ _____ _____ _____
First Name Middle Name Last Name Suffix

do solemnly swear (or affirm) that: (*Check appropriate portion following.)*

☐ 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."

☐ For employees who are not U.S. Citizens

I will support the institutions and policies of the United States of America during the period of my sojourn in the State of California; that I 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."

☐ For employees claiming exempt under the Religious Freedom and Restoration Act of 1993

I agree to loyally and lawfully discharge the duties of my assigned position. And, in accordance with the performance of these duties, I agree to abide by the Constitution of the United States and the Constitution of the State of California and any and all laws set forth by the federal and state governments or the Los Angeles Community College District."

Executed this _____ day of _____, 20 ___, at

_____ _____
City State

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

_____
Signature

LOS ANGELES COMMUNITY COLLEGES
HUMAN RESOURCES / PAYROLL SERVICES
770 WILSHIRE BOULEVARD
LOS ANGELES, CA 90017

ADDRESS AND WARRANT(S) RECIPIENT DESIGNATION

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.

Last Name _____ First Name _____ Middle Name _____ Suffix _____

Social Security No. ___ - ___ - ___ Employee ID No. _____ Location _____

1. **EMPLOYEE OFFICIAL ADDRESS** *May not be a District location or PO Box.*

Street Address _____ Unit No. _____

City _____ State _____ Zip Code _____

Daytime Phone ( ) - _____ Ext. _____ Evening Phone ( ) - _____ Cell Phone ( ) - _____ Email _____

A. **RESTRICTIONS ON RELEASE OF ADDRESS / 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 / DIRECT DEPOSIT ADVISE ADDRESS:**
☐ Direct Deposit / *Complete LACCD Direct Deposit Authorization Form (Next Page)*
☐ Mail to my official address listed above.
☐ Mail to the address listed below. *(PO Box may be used here.)*

Mailing Address _____

Street Address _____

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 an 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 _____ Number _____

City _____ State _____ Zip Code _____

4. **SIGNATURE:**

Employee _____ Signature Date _____

FORWARD COMPLETED FORM TO:
Location Personnel-Payroll Office

LOS ANGELES COMMUNITY COLLEGES
HUMAN RESOURCES
770 WILSHIRE BOULEVARD
LOS ANGELES, CA 90017

ACADEMIC SERVICE

MEDICAL EXAMINATION CERTIFICATION

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.

1. TO BE COMPLETED BY THE EMPLOYEE

Last Name _____ First Name _____ Middle Name _____ Suffix _____

Date of Birth (MM/DD/YYYY) _____

Title of Position Applied For: _____

If Instructor, indicate Subject(s): _____

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:

☐ 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 No. _____

PLEASE RETURN THIS FORM DIRECTLY TO THE APPLICANT

3. TO BE COMPLETED BY EMPLOYEE *(If applicable. See Instructions below.)*

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 _____ Signature Date _____

INSTRUCTIONS

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.