



**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.

\_\_\_\_\_ Under the name of: \_\_\_\_\_  
 Title of Position \_\_\_\_\_ Employee ID No. \_\_\_\_\_ 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



# 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
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\_\_\_\_\_  
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:**
- |  |  |
|--|--|
| <input type="checkbox"/> None of the following categories apply. | <input type="checkbox"/> Veteran, other than Vietnam era, not disabled |
| <input type="checkbox"/> Vietnam era veteran, not disabled       | <input type="checkbox"/> Veteran, other than Vietnam era, disabled     |
| <input type="checkbox"/> Vietnam veteran, disabled               | <input type="checkbox"/> 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)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Mexican, Mexican-American, Chicano | <input type="checkbox"/> Korean                    | <input type="checkbox"/> American Indian/ Alaskan Native |
| <input type="checkbox"/> Central American                   | <input type="checkbox"/> Laotian                   | <input type="checkbox"/> Guamanian                       |
| <input type="checkbox"/> South American                     | <input type="checkbox"/> Cambodian                 | <input type="checkbox"/> Hawaiian                        |
| <input type="checkbox"/> Hispanic Other                     | <input type="checkbox"/> Vietnamese                | <input type="checkbox"/> Samoan                          |
| <input type="checkbox"/> Asian Indian                       | <input type="checkbox"/> Filipino                  | <input type="checkbox"/> Pacific Islander Other          |
| <input type="checkbox"/> Chinese                            | <input type="checkbox"/> Asian Other               | <input type="checkbox"/> White                           |
| <input type="checkbox"/> Japanese                           | <input type="checkbox"/> Black or African American |  |

## 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.



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



**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 Card (Obtain from Location Payroll Office)
- 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 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



This form is required for employment in Classified Service.

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

**1. EMPLOYEE**

\_\_\_\_\_  
Last Name    First Name    Middle    Suffix

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

Title of Position Applied For: \_\_\_\_\_

**2. TO THE EMPLOYEE**

The Los Angeles Community College District Board of Trustee Rule 10202 is quoted below. Please read this rule carefully, answer the questions below, and sign this statement. This form will become a part of your personnel file and may be used should any disciplinary action be required because of your ability to complete the duties of your job based on a pre-existing physical condition.

“The health requirements for new employees and employees in service shall be based upon the employee’s physical, mental, and emotional ability to perform all the duties of the assignment satisfactorily without endangering his health or safety of the health and safety of other employees and students.”

A. Do you possess any physical limitations which would prohibit you from carrying out duties which are typical of those for the position for which you are applying?

No

Yes, Explain:

\_\_\_\_\_  
\_\_\_\_\_

B. Have you presently applied, or are you now receiving, payments from a worker's compensation claim?

No

Yes, Explain:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature Date

**INSTRUCTIONS**

Submit the completed form together with employment processing papers to your location Personnel Office. The form will be forwarded to the Human Resources, District Office.