# **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

itte:	Last Name:	First Name:	
Middle Name:		Suffix:	
Social Security Number:		Date of Birth (mm/dd/yyyy):	
Driver's Lic	ense or State ID		
Number:		State:	
Expiration D	ate (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 requirements and is used solely for statistical purposes.

### **Human Resources Division**

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

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Last Name:	First Name:
Middle Name:	Suffix:
Date of Birth (mm/dd/yyyy):	

# 2. Gender

Title of Position Applied For:

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, Vietnamese

Chicano

Central American

Asian Other South American

Black or African American

**Filipino** 

Hispanic Other

American Indian or

Asian Indian Alaskan Native

Chinese Guamanian

Japanese Hawaiian

Korean Samoan

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 disability, mentally or physically.

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:
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# 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.

#### **Human Resources Division**

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

### Statement

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."

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

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# **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**

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

# **Personal Information**

Last Name:	First Name:	
Middle Name:	Suffix:	
Social Security Number:	Employee ID Nu	ımber:
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

First Name:

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.

Last Name:

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Relationship:		
Street Address:	Ur	nit Number:
City:	State:	Zip Code:
4. Signature		
Employee Signature:	Signature Date:	



# Unclassified Service Terms of Employment

### Instructions

This form is required for employment in Unclassified Service.

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

### **Human Resources Division**

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

### 1. Personal Information

Last Name Middle or Maiden Name

First Name Suffix

# 2. Unclassified Service Job Classification (Choose one option)

### Student Employee

Student employees are required to be either (1) a full-time student (12 units per semester) making satisfactory progress toward their educational goal or (2) a part-time student (6-11 units per semester) employed under a work experience program which is financed by state or federal funds. Student employees are required to provide evidence in the form of proof of registration and grade reports before an assignment can be processed. Students in the CalWORKS Program have to be enrolled in 6 credit units.

Name of School Enrolled:

Number of Units Enrolled This Term:

Total Units Completed to Date:

Educational Objective (Choose one option):

AA or AS BA or BS MA or MS

PhD Doctorate Other:

Major or Subject:

Anticipated Date of Completion (mm/dd/yyyy):

### **Community Service Teacher**

Service is limited to length of time class is scheduled to meet. Your assignment must be approved by the hiring location before you may start working.

# Professional Expert Community Representative

Assignments are limited to 180 day length of service at any one time and may or may not be renewed depending upon the needs of the District. Your assignment must be approved by the District Office before you may start working. Check with your location personnel office before reporting to work.

# **Community Recreation Series**

**Athletic Coach** 

### **Instructional Development Grantee**

Your assignment must be approved by the hiring location before you may start working.

Employment in the Unclassified Service is "at will" which means it can be terminated at any time for any reason or no reason at all. Although the planned period of your employment is indicated by the dates of your assignment, such employment may be terminated at any time. Positions in the Unclassified Service do not have a continuing right of employment.

I have read, understand, and agree to the terms of Unclassified Service employment and certify any information I have provided is true and correct.

Signature Signature Date