

INFORMATION CERTIFICATION

This form is required for employment.

1. Pi	Personal Information:							
Tit	le Last Name	First Nam	e	Middle Name		Suffix		
So	cial Security No.	Drivers License No.	State	Expires (MM/DD/YYYY)	Date of Birth (M	M/DD/YYYY		
2. EI	MPLOYMENT HISTORY V	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. IN	FORMATION CERTIFICA	ATION						
Ιu		r and acceptance of employi						
	Varification that all st	atements made in my emplo	yment docu	ments are true and correct.				
•								
•	Verification of work e Medical examination	if required, (the job-relatedn		disability shall be determined by	the District; no perso	n shall be		
•	Verification of work e Medical examination denied employment of	, if required, (the job-relatedn due to a disability not related	to the work	performed).	the District; no perso	on shall be		
_	Verification of work e Medical examination denied employment of Verification of official Proof of eligibility to v	if required, (the job-relatedn due to a disability not related transcripts if required for em work in the United States.	to the work	performed).	the District; no perso	on shall be		
•	Verification of work e Medical examination denied employment of Verification of official Proof of eligibility to verification from tubero	if required, (the job-relatedn due to a disability not related transcripts if required for em work in the United States.	to the work	performed).	the District; no perso	on shall be		
•	Verification of work e Medical examination denied employment of Verification of official Proof of eligibility to verification from tuberous Freedom from tuberous Fingerprint results. Completion and subr	if required, (the job-relatednessed to a disability not related transcripts if required for emwork in the United States. Sulosis.	to the work ployment in as packet.	performed). a particular job.	the District; no perso	on shall be		
•	Verification of work e Medical examination denied employment of Verification of official Proof of eligibility to verification from tuberous Freedom from tuberous Fingerprint results. Completion and subr	if required, (the job-relatednessed to a disability not related transcripts if required for emwork in the United States.	to the work ployment in as packet.	performed). a particular job.	the District; no perso	on shall be		



PERSONAL DATA SELF DISCLOSURE

INSTRUCTIONS

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.

	EMPLOYEE						
Ī	Last Name	First Name	;	Middle		Suffix	
I	Date of Birth (MM/DD/YYYY)						
-	Title of Position Applied Fo	or:					
	GENDER Please check which one o	f the following genders y	ou identify with.				
ı	Please mark one:	☐ Female	☐ Male	□ No	on-Binary		
				Pleas	e specify:		
I	ETHNIC DATA District policy requires to below:	hat new employees be	e given the opportunity	to identify their	race/ethnicity using	the two questi	
ı	DO YOU IDENTIFY AS HISPANIC OR LATINO? (CHECK ONE): Yes No						
	WHAT IS YOUR RACE/ETH Mexican, Mexican-Am Central American South American Hispanic Other Asian Indian Chinese Japanese		R MORE): Korean Laotian Cambodian Vietnamese Filipino Asian Other Black or African An	nerican	☐ American Indian ☐ Guamanian ☐ Hawaiian ☐ Samoan ☐ Pacific Islander ☐ White		
ı	SELF-DISCLOSURE AS AN INDIVIDUAL WITH A DISABILITY MENTAL OF PHYSICAL 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.						
ı	Do you identify as an individual with a disability? (CHECK ONE): Yes No						
ı	SELF-DISCLOSURE OF VETERAN/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.						
I	☐ Viet	nly: tnam era veteran, disabl tnam era veteran, not dis a veteran			han Vietnam era, disa han Vietnam era, not o		
	SIGNATURE						



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 _____, 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 require	d for employmer	nt. Changes may	be filed at any time.			
Plea	se print or type and ens	sure all information is pro	ovided as omissi	ons can delay pro	cessing.			
_ast	Name	First Name		Midd	lle Name	Suffix		
-	-							
Socia	al Security No.	Employee ID No.	Location					
1.	EMPLOYEE OFFICIAL ADD	oress May not be a Dis	strict location or I	PO Box.				
	Ctroot Address					Linit No.		
	Street Address					Unit No.		
	City		State	Zip Code				
	() -	()	-	() -				
	Daytime Phone E	Ext. Evening	g Phone	Cell Phone	Email			
	Check this box i	EASE OF ADDRESS / TELEPHO f you do not wish to have you presentative for the employ	our address and te		eased to anyone except the org	ganization designated as		
	B. UNEMPLOYMENT INSU	RANCE CLAIMS		_	the event you file for unemployr	nent insurance benefits		
	Mail to my official add Mail to the address lise	sted below. <i>(PO Box may l</i>	be used here.)					
	Street Address							
	City		State	Zip Code				
, , ,	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		Relationsh	hip			
	Street Address					Number		
					FORWARD COMPLET	ED FORM TO:		
	City		State	Zip Code	Location Personne			
4.	SIGNATURE:					,		
	Employee		Signatur	na Data				

UNCLASSIFIED SERVICE TERMS OF EMPLOYMENT

This form is required for employment in the Unclassified Service. Please print or type and ensure all information is provided as omissions can delay processing. **PERSONAL INFORMATION** First Name Middle / Maiden Name Last Name Suffix 2. UNCLASSIFIED SERVICE JOB CLASSIFICATION Check appropriate portion. 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: \square AA / AS \square BA / BS \square MA / MS \square Ph/D Other: Major / Subject: Anticipated Date of Completion: Subject (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