



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
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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
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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.

Submit the completed form together with employment processing papers to your location Personnel Office.

1. EMPLOYEE

Last Name First Name Middle 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.

Please mark one: Female Male Non-Binary

Please specify: _____

3. ETHNIC DATA

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

DO YOU IDENTIFY AS 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. 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.

Do you identify as an individual with a disability? (CHECK ONE): Yes No

5. 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.

If applicable, mark one only:

- | | |
|------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Vietnam era veteran, disabled | <input type="checkbox"/> Veteran, other than Vietnam era, disabled |
| <input type="checkbox"/> Vietnam era veteran, not disabled | <input type="checkbox"/> Veteran, other than Vietnam era, not disabled |
| <input type="checkbox"/> Not a veteran | |

6. SIGNATURE

Signature

Signature Date



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



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 _____, the above named applicant is:
Date

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.