



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,

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

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



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 _____

FORWARD COMPLETED FORM TO:
 Location Personnel-Payroll Office

4. SIGNATURE:

Employee _____ Signature Date _____

