

INFORMATION CERTIFICATION

Signature Date

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. **PERSONAL INFORMATION:** Title Last Name Suffix First Name Middle Name Social Security No. Drivers License No. State Expires (MM/DD/YYYY) Date of Birth (MM/DD/YYYY) **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. Last First MI 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



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 HISE	PANIC OR LATINO? (CH	ECK 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	
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 themse with a disability, mentally or physically.					y to identify themselve	es as an individu
ı	Do you identify as an inc	lividual with a disabilit	y? (CHECK ONE): TY	es 🗌 No		
5. SELF-DISCLOSURE OF VETERAN/DISABLED VETERAN STATUS Federal and State law and District policy require that new employee disabled veteran.				ven the opportunit	y to identify themselve	es as veteran, or
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 day of 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 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. Suffix Last Name First Name Middle Name Social Security No. Employee ID No. Location EMPLOYEE OFFICIAL ADDRESS May not be a District location or PO Box. Street Address Unit No. City State Zip Code Daytime Phone **Evening Phone** Cell Phone Email **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. **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. SALARY WARRANT / DIRECT DEPOSIT ADVISE ADDRESS: Direct Deposit / Complete LACCD Direct Deposit Authorization Form (Next Page) 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 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 Relationship Street Address Number Citv State Zip Code FORWARD COMPLETED FORM TO: SIGNATURE: Location Personnel-Payroll Office **Employee** Signature Date

ACADEMIC SERVICE

MEDICAL EXAMINATION CERTIFICATION

This form is required for first-time employment in Academic Service.

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n	missions can delay processing.			
١.	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		
	to determine that the applicant is fi	ed of a person employed in an academ ree from any communicable disease, ir		
	applicant to instruct or associate w	vith students.		
	applicant to instruct or associate и	vith students. CERTIFICATION		
	On the basis of my medical examin	CERTIFICATION nation on	, the above named a	
	On the basis of my medical examin	<u>CERTIFICATION</u> nation on		
	On the basis of my medical examin	CERTIFICATION nation on		
	On the basis of my medical examing I have been not free from I not free from disconnected in the second sec	CERTIFICATION nation on	the instruction of or association with s	students.
3 .	On the basis of my medical examing The free from In not free from District Physician Signature	nation on	the instruction of or association with s Date TO THE APPLICANT	students.
3.	On the basis of my medical examinum. Free from not free from discrete from Description of the property of the	nation on	Date (TO THE APPLICANT tions below.)	License No.
3.	On the basis of my medical examing I have been represented by the property of	nation on	Date (TO THE APPLICANT tions below.)	License No.
3.	On the basis of my medical examing The Free from In not free from discrete from Description of the property of the property of the certificated employment indicated In the certificated employment indicated Employment In the certificated employment indicated Employment In the certificated employment In the certificated empl	CERTIFICATION nation on	Date (TO THE APPLICANT tions below.) as required by Education Code § 87	License No. 408 based on my Date To

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.