

**Employment Eligibility Disclosure Form**



<b>Employment Type</b>	<b>Location</b>
<input type="checkbox"/> Student Help (Childcare & College Determined Areas)	ARC <input type="checkbox"/>
<input type="checkbox"/> Federal Work Study (Childcare & College Determined Areas)	CRC <input type="checkbox"/>
<input type="checkbox"/> Temporary Classified (Short Term and Special Rate)	FLC <input type="checkbox"/>
<input type="checkbox"/> Employment Service Agreement	SCC <input type="checkbox"/>
<input type="checkbox"/> Professional Expert Agreement	DO/FM/Ethan <input type="checkbox"/>

**Please print your name clearly, as it appears on your social security card.**

Applicant Name: \_\_\_\_\_  
Last Name,
First Name,
Middle Initial

Employee ID or Social Security #: \_\_\_\_\_

**The following information must be completed to be considered for employment:**

- Have you ***ever been convicted*** of an offense ***other*** than a minor traffic violation (you must disclose convictions that have been dismissed pursuant to Penal Code Section 1203.4; Ed. Code 87008)?  
Yes 
No

**If yes, complete reverse side of this form (Form P-881).** This employment eligibility disclosure form along with the P-881 will be submitted with your application/employment material to the college checked above and to the Los Rios Community College District Human Resources Office.

**Position Requirements:**

- Have you been given a job description or had the requirements of the job explained to you?  
Yes 
No
- Do you understand these requirements?  
Yes 
No
- Can you perform the requirements of this job with or without reasonable accommodation?  
Yes 
No

**Verification and Release:**

By signing this employment eligibility disclosure form, I certify that the information provided by me (as stated on this form, my application and, if applicable, P-881 or attachment(s)) is true, correct and complete to the best of my knowledge and belief. I authorize investigation of all statements contained herein, and I release from liability all persons and organizations furnishing such information. **I understand that any misstatements, omissions or misrepresentation of facts on this form, my application and, if applicable, P-881 or attachment(s) may be cause for disqualification or dismissal.** If offered employment, I will submit verification of my legal right to work in the United States. I will abide by the District's policy on a drug and alcohol-free workplace. Any application, resume or other materials submitted, either solicited or unsolicited, for employment at Los Rios Community College District will become the property of the District and will not be returned to the applicant. Although every attempt is made to maintain confidentiality, applicants should realize that a broad spectrum of campus personnel may be involved in the selection process.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

\_\_\_\_\_  
 Applicant's Signature (not valid unless signed)

\_\_\_\_\_  
 Date