

Los Angeles Unified School District

DATE: _____

Verification of Qualifications for
Paraprofessionals

02

SCHOOL/OFFICE COPY

Please present to school site to be retained in your Employee Personnel Folder

Social Security Number	Employee Number	
Last Name		
First Name	Middle Name	
Address		
City	State	Zip Code
Home Phone	Cell Phone	

(X) Hired after January 8, 2002

Name of school and Phone Number: _____

Job Classification: Teacher Assistant Class Code: _____

Employee Signature: _____ Date: _____

For Office Use Only

<input type="checkbox"/> High School Diploma	<input type="checkbox"/> IA Test Results	Degree: <input type="checkbox"/> AA <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS
<input type="checkbox"/> High School Transcripts	<input type="checkbox"/> District Proficiency	<input type="checkbox"/> 48 sem. units or 72 qtr. units
<input type="checkbox"/> GED OR <input type="checkbox"/> CHSPE	<input type="checkbox"/> Name Change Documents	<input type="checkbox"/> CBEST or LAUSD Teacher
<input type="checkbox"/> Foreign HS Evaluation	<input type="checkbox"/> Other (explain)	<input type="checkbox"/> Foreign Evaluation Transcripts Degree

Data Verification (Candidate Claims)	Documentation provided	Verified by
Bachelor's Degree Yes / No		
CBEST Yes / No		

Verified NCLB Compliance by (print name): _____ Signature _____

HS/GED/CHSPE: _____ IAR: _____ DPT: _____ STATUS: _____

Data Entry by: _____ Date: _____



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative <small>The employee will authenticate documents when advise after COVID-19</small>		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name Los Angeles Unified School District	
Employer's Business or Organization Address (Street Number and Name) Los Angeles Unified School District 333 S. Beaudry Ave		City or Town Los Angeles	State CA	ZIP Code 90017

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Dept. L Approval
ATBE By _____
Date _____

LOS ANGELES UNIFIED SCHOOL DISTRICT
Employment Information

Name _____ SSN# _____
Last First Middle
Sex: Male Female Birthday _____ CA Driver License # _____

Title of Position for Which you are Being Hired Teacher Assistant

AUTHORIZATION TO WORK IN THE UNITED STATES

Federal Immigration Laws (Immigration Reform and Control Act of 1986) require employers to verify and attest to the employment eligibility of new employees to work in the United States. This requirement applies to all applicants.

Are you Legally authorized to work in the United States? Yes No

Will you now or in the future require District sponsorship for employment (e.g. H1-B Visa)? Yes No

PREVIOUS LOS ANGELES UNIFIED SCHOOL DISTRICT EMPLOYMENT

I am currently or have previously been employed by the LAUSD in some capacity and issued an employee number.

Job Title	Approximate dates	Employee Number
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Name while employed if different from above: _____

RETIREMENT SYSTEMS INFORMATION

- A. Indicate below if you are retired and are receiving a retirement allowance from either or both of the retirement systems:
 State Teachers' Retirement System (STRS) Public Employees' Retirement System (PERS)
- B. If you are not retired but are a member of one or both retirement system(s), check the appropriate box (es):
 I am currently enrolled in STRS, or have funds on deposit with STRS. I am currently enrolled in PERS, or have funds on deposit with PERS.
- C. I understand that if I am currently receiving a retirement allowance from PERS/STRS and accepting full time employment it is my responsibility to rescind my retirement with PERS/STRS.

REPORT OF ALLEGATIONS/INVESTIGATIONS-If you answer yes to any of the below, you will be asked to provide further clarification.

A record of convictions, current arrests and pending court cases does not necessarily disqualify an applicant from employment. However, failure to account on Form 6087 for all convictions and pending criminal court cases will result in disqualification and/or separation from service.

You must request and complete Form 6087 if you have ever been **convicted** or any violation of the law, whether or not you were fined, placed on probation, given a suspended sentence, or forfeited bail, and regardless of any subsequent court dismissal or expungement. You must also report any **pending** criminal court cases. (Do not include minor traffic violations such as parking or speeding.)

I have a conviction of pending criminal court case to report and hereby request Form 6087. Yes No

Have you ever been, or are you now being, accused of or investigated for misconduct or inappropriate physical behavior, including sexual misconduct or behavior, involving a minor or minors? Yes No

To your knowledge, has a child abuse report ever been filed against you? Yes No

Have you ever been, or are you now being, disciplined by an employer for misconduct, including sexual misconduct, involving a minor or minors? Yes No

Have you ever resigned from or otherwise left any employment while allegations of sexual misconduct, including sexual misconduct, involving a minor or minors were pending against you or being investigated? Yes No

Have you ever been dismissed, fired, or terminated from employment due to allegations of misconduct, including sexual misconduct, involving a minor or minors? Yes No

DECLARATION – I declare under penalty of perjury that all information I have provided on this form is true and correct.

Signature: _____ Date _____

Address _____
Street City, State Zip Code Telephone Number

LOS ANGELES UNIFIED SCHOOL DISTRICT

OATH OF ALLEGIANCE

(Required by Article XX Section 3 of the Constitution of the State of California)

“I, (Print Name) _____ ,
First Middle Last

do solemnly swear (or affirm) that 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 true faith and allegiance to the Constitution of the United States and the Constitution of 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.

And I do further swear (or affirm) that I do not advocate, nor am I a member of any party or organization, political or otherwise, that now advocates the overthrow of the Government of the United States or the State of California by force or violence or other unlawful means; that within the five years immediately preceding the taking of this oath (or affirmation) I have not been a member of any party or organization, political or otherwise, that advocated the overthrow of the Government of the United States or of the state of California by force or violence or other unlawful means except as follows:

(If no affiliations, write in the words “No Exceptions”)

and that during such time as I hold the office of **Employment with the Los Angeles Unified School District** I will not advocate nor become a member of any party or organization, political or otherwise, that advocates the overthrow of the Government of the United States or of the State of California by force or violence or other unlawful means.”

Executed this _____ day of _____, 20 _____,

at _____, California
City

Signature: _____

Home Address: _____
Number and Street

_____ City State Zip Code



**Los Angeles Unified School District
Human Resources Division**

Acknowledgment of Conditions of Employment

Name _____ SS# _____

Classification Teacher Assistant

The Los Angeles Unified School district is committed to providing for the safety of our students and staff. For this reason, employees are fingerprinted and the prints are transmitted to the California Department of Justice and the Federal Bureau of Investigation for criminal conviction records check.

Employees who need to be fingerprinted or reprinted cannot start working until it is determined that there is no criminal conviction that would prohibit the employee from working with students and staff.

I hereby acknowledge that any offer and acceptance of employment made prior to the clearance of a background fingerprint check may be null and void by the Los Angeles Unified School District in the event that a criminal background check provides information that does not meet district employment standards.

I understand that I cannot start work until I have been advised by the Human Resources Division that the background check has been completed and I have been cleared for employment.

Employee Signature

Date

Office Use Only:

Processing Staff Signature: _____ Date: _____

Clearance date: _____ Reprint date: _____

Signature: _____ Withhold date: _____

Disqualification date: _____

LOS ANGELES UNIFIED SCHOOL DISTRICT
Legal Requirements, Policy and Rule Acknowledgment Form
Legal Requirements, Policies and Rules

Child Abuse & Neglect Reporting Requirements (Bulletin
1347 – Office of General Counsel – 11/15/04)
(California State Penal Code, Sections 11165.7, 11166, 111167)

Code of Conduct with Students (Educational
Equity Compliance Office)

Employment Discrimination Complaint Procedures (Bulletin
S-27 – 12/3/01)

Ethics Policy Statement and Code of Ethics (Board
Rule No. 1900 – Rev. 2/03)

Family and Medical Leave Act (FMLA) General Notice (Office of Risk
Management and Insurance Division – 03/2009)

Implementing Zero-Tolerance Policies For Drug, Alcohol and Tobacco-Free Workplace (Bulletin 3630.1
– Office of the Chief Operating Officer – 12/24/2009)

Nepotism Policy
(Personnel Commission Rule 720 – 9/27/06)

New Hire Notice – Injuries Caused by Work (English/Spanish) (Includes
Physician Pre-designation Form and
Medical Provider Network Employee Notification)

Reasonable Accommodation for Individuals with Disabilities Policy (Bulletin
4569.0 – 11/24/08)

Sexual Harassment Policy (Employee-To-Employee) (Bulletin 1893.1
– Office of the General Counsel – 8/01/05)

Teacher Assistant College Enrollment and Unit Completion-Article
VIII- Unit F Union Contract

Suicide Prevention, Intervention and Postvention
(Bulletin-2637.3 – 2/12/18)

Statement Concerning Your Employment in a Job Not Covered by
Social Security-(Form SSA-1945-01-2013)

Welcome New Teacher Assistant's
(TA Portal/Employee Account)

I understand that my signature below certifies that I have read and understood the summary of those policies as provided, that I have been provided with the complete text of the above listed legal requirements, policies and rules on either CD or hard copy text; and that I agree to comply with them.

Name: _____
(Please Print) Last First Middle Initial

Signature: _____

Title of Position: Teacher Assistant _____

Assigned School or Office: _____ Date: _____

A copy of this statement will become a part of your personnel file.



LOS ANGELES UNIFIED SCHOOL DISTRICT

**EMPLOYEE ACKNOWLEDGEMENT
OF SUSPECTED CHILD ABUSE REPORTING
DISTRICT POLICY AND LEGAL REQUIREMENTS**

1. I have been fully informed of my individual responsibility to report suspected child abuse as specified by District policy and state law.
2. I have received training on suspected child abuse reporting laws, child abuse reporting procedures, and my duties as a mandated reporter.
3. I understand that reporting suspected child abuse is my individual responsibility and that my failure to comply with child abuse reporting laws and/or LAUSD child abuse reporting procedures may subject me to professional liability, which may include discipline, demotion, dismissal, and the possible suspension or revocation of credentials, and criminal and/or civil liability.
4. I understand that, if I reasonably suspect that conduct by another LAUSD employee, other school related adult, or a student to another student may be an indication of suspected child abuse, I must report the suspected child abuse to an appropriate child protective agency and I must inform my supervising administrator of the alleged inappropriate conduct.
5. I have been provided with a copy of the *Child Abuse Reporting Information Sheet* (Attachment B of District policy bulletin No. BUL-1347.2, “*Child Abuse and Neglect Reporting Requirements*”) which summarizes my suspected child abuse reporting responsibilities as a LAUSD employee.
6. I further understand that if, at any time during the course of my employment with LAUSD, I make a report of suspected child abuse consistent with District suspected child abuse reporting policy and procedures, I will be defended by the District against any actions or claims that may be made as a result of the report and that the District will pay all expenses associated with such defense.

I hereby certify that I have knowledge of the suspected child abuse reporting legal mandates, LAUSD child abuse reporting procedures, and that I will comply with them.

Name: _____ Signature: _____
(Please Print)

Employee Number: _____ Position: Teacher Assistant

School / Office Location: _____ Date: _____

**A COPY OF THIS CERTIFICATION WILL BE RETAINED
BY YOUR SCHOOL OR SITE ADMINISTRATOR**

