



Employment Eligibility Disclosure Form

Employment Type

- Student Help
- Federal Work Study
- Employment Service Agreement
- Professional Expert Agreement

Location

- American River College
- Cosumnes River College
- Folsom Lake College
- Sacramento City College
- District Office/Facilities Maintenance/Ethan

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:

Position Requirements

- Have you been given a job description, if applicable, 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/resume, if applicable, 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, 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