## LOS ANGELES UNIFIED SCHOOL DISTRICT PERSONNEL COMMISSION

## Statement of Availability for Employment

Job Title							
Last Na	ime		First Name		MI	Social	Security Number
Home Address: Number & Street			(	City & State		Zip Code	
(	)	-			(	)	-
Telephone: Home Business							
1.	IF OFFERED EMPLOYMENT, HOW SOON COULD YOU REPORT TO WORK?  ( □ ) I can report to work any time.  ( □ ) I will need ( □ ) one ( □ ) two weeks time before I can report to work.  ( □ ) I am NOT currently available for employment; however,  ( □ ) I will be available on /						
2.	YOU WILL BE CONSIDERED ONLY FOR THOSE JOB ASSIGNMENTS WHICH MEET THE CONDITIONS YOU INDICATE BELOW. Please check all conditions you will accept.						
		r of months of work		) 12: <u>A Basis</u> ) 8	(	asis (	10: <u>B Basis</u> (
	Shifts: (☐) Days: A Shift (☐) Evening begin between 1:00 p.m. – 3:00 p.m: B Shift (☐) Nights: C Shift						
	Available for Temporary work: Consistent with eRecruit						
	<b>Location:</b> Refer to the <b>ASSIGNMENT AREA MAP</b> . Check each assignment area below in which you would be willing to work. You will only be considered for jobs in the assignment area(s) you check.						
	Assign	ment Areas 1		4 🗌   5 🗌	6 🗌 7	□ 8 □	CO All Areas
	PLEASE CHECK ALL THAT APPLY:						
3.	( ) As a result of a disabling condition, I need the following accommodations. (Describe on the back of this form.)						
4.	( 🗌 )	I am fluent in					
English) or sign language							Foreign language (other than
	-	( ) speaking	USD test in that langua only ( [ ake the District's langu	🗍 ) speaking, re		riting	( $\square$ ) signing
5.	( 🗌 )	I have a valid Ca	alifornia Driver License		🔲 ) I have t	he use of a	n automobile
Signatu	ıre:					Date: _	

