

**CITY OF LOS ANGELES PUBLIC EMPLOYEE  
DISASTER SERVICE WORKER PROGRAM**

**OATH OF LOYALTY**

**Government Code §3100**

It is hereby declared that the protection of the health and safety and preservation of the lives and property of the people of the state from the effects of natural, manmade, or war-caused emergencies which result in conditions of disaster or in extreme peril to life, property, and resources is of paramount state importance requiring the responsible efforts of public and private agencies and individual citizens. In furtherance of the exercise of the police power of the state in protection of its citizens and resources, **all public employees are hereby declared to be disaster service workers subject to such disaster service activities as may be assigned to them by their superiors or by law.**

**Government Code §3108-3109**

Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he or she knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison for two, three, or four years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony, and is punishable by imprisonment in the state prison.

**OATH OF LOYALTY (GOVERNMENT CODE §3102)**

I, **Karla M. Gould**  
PRINT NAME

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 mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.



SIGNATURE

Member,  
Civil Service Commission  
DEPARTMENT

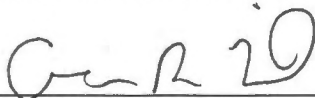
10-11-19

DATE

**WITNESS**

Employee's signature must be acknowledged by the City Clerk, Deputy City Clerk, a Department Representative who is authorized by the City Clerk to administer the Oath of Loyalty, or a Notary Public who is not permitted by law to charge a fee for this service.

Subscribed and sworn to before me on 10/11/19  
DATE



SIGNATURE OF CITY CLERK or  
OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH

ROOM L10  
PRINT NAME

Deputy City Clerk  
TITLE

Once taken, the Oath of Loyalty is effective for the entire period of time the signer remains a public employee with the City of Los Angeles.

Read carefully, sign, and return to your supervisor or appointing authority.

## CODE OF ETHICS

I have received a copy of the City's Code of Ethics as contained in the Resolution adopted by the City Council on July 21, 1959 and amended August 23, 1979 by Council Resolution, I have read and understand the intent of this Code, and I will apply it in my duties with the City.

X  \_\_\_\_\_  
SIGNATURE

Karla M. Gould  
PRINT NAME

10-11-19  
DATE

## FEDERAL PRIVACY ACT

### Use of Social Security Numbers

Federal law (Title 5 United States Code section 552a, subdivision (e)(3)) requires you be informed of the following when asked to supply your Social Security number:

- (A) the authority which authorizes the solicitation of the information and whether disclosure of such information is mandatory or voluntary;
- (B) the principal purpose or purposes for which the information is intended to be used;
- (C) the routine uses which may be made of the information; and
- (D) the effects, if any, of not providing the requested information

This is to inform you that when, as an official/employee of the City, you are requested to supply your Social Security number on any department form, disclosure of such information is mandatory and it is required for use in the employment, personnel or payroll process. The authority for requiring this information is based upon provisions of the City's payroll and personnel candidate processing systems and applicable Federal Law.

X  \_\_\_\_\_  
SIGNATURE

Karla M. Gould  
PRINT NAME

10-11-19  
DATE