

DEPARTMENT OF HEALTH SERVICES
LIVE SCANNING OPTION 2

Applicants must present valid photo identification to the Live Scan Operator; expired identification will not be accepted.

Live Scan may be performed at a “public” Live Scan agency. A public Live Scan agency is in fact a private business or entity that provides Live Scan service to the general public. For example: The UPS Store, Mailboxes, Etc., Express Photo, L-1 Enrollment Service are private businesses that provide Live Scan service to the public.

At the time of Live Scan service, applicant is required to complete and provide the Request for Live Scan Service Form (Attachment I Original Copy). Please note the applicant is responsible for paying the rolling fees. Rolling fees vary from location to location and cover the operator’s cost for rolling the fingerprint images. DHS Human Resources will incur the additional processing fees as required for the State Department of Justice (DOJ) criminal history record checks and future subsequent notifications. The charge is incurred when the Public Live Scan Agency enters DHS HR into the applicable fields on the Live Scan machine.

LAC EMPLOYEE: Mail Code: A06092 and Billing Code: 149938

Upon Completion of the Live Scan Service the applicant is required to submit the completed Live Scan Service Form (Attachment I Second Copy) and the Pre-Employment Packet (Attachment II). The applicant can scan the completed documents and email to Gloria Alvarez, DHS BVU Supervisor at galvarez@dhs.lacounty.gov or USP mail the documents to

DHS Background Verification Unit (BVU)
5555 Ferguson Drive 2nd Floor
Commerce, CA 90022
Att: Gloria Alvarez

Public Live Scan agencies are not available in all states. Applicants are encouraged to utilize the internet and search for a Live Scan agency in his/her respective state. A listing of public Live Scan agencies within California can be accessed on the California Department of Justice website: <http://ag.ca.gov/fingerprints/>.



STATE OF CALIFORNIA
BCII 8016
(orig. 4/01; rev. 6/09)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1779

ORI (Code assigned by DOJ)

County Employment

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Harbor-UCLA Med LACO

Agency Authorized to Receive Criminal Record Information

1000 W. Carson St. Bldg L-3

Street Address or P.O. Box

Torrance

City

CA 90509

State ZIP Code

A06092

Mail Code (five-digit code assigned by DOJ)

Gloria Alvarez

Contact Name (mandatory for all school submissions)

(323) 869-8242

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex Male Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

149938

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

ORIGINAL COPY: LIVE SCAN OPERATOR



STATE OF CALIFORNIA
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(orig. 4/01; rev. 6/09)

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Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex Male Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number

149938

(Agency Billing Number)

Misc. Number

Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security Number

Home Address

Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

 DOJ FBIIf re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

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Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

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State

ZIP Code

Telephone Number (optional)

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Name of Operator

Date

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LSID

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Amount Collected/Billed

SECOND COPY: DHS BACKGROUND VERIFICATION UNIT (BVU)



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Weight

Eye Color

Hair Color

Billing

149938

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

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(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

THIRD COPY: APPLICANT PERSONAL FILE



New Hire Promotion Transfer Non-County Staff

1. LAST NAME		FIRST NAME		MIDDLE NAME		Social Security Number / /		
2. RESIDENCE-Street and Number				City and Zip Code				
4. Since (date)				Telephone				
5. Date of Birth		6. Date residency established		California		L.A. County		
7. In case of emergency, notify:				Telephone				
Street and Number				City				
8a. Do you claim Veteran's Credit? Yes _____ No _____ If yes, complete 8b.								
8b. Military Service in the Armed Forces of the United States		From	To	Serial Number				
Highest Rank or Rating		Branch		Type of Discharge				
9. List office and shop machines you can operate:								
10. List heavy equipment you can operate?								
11. If the position for you are applying requires operating a vehicle on the job, please furnish:		OPERATORS OR CHAUFFEURS LICENSE SERIAL NO.				Expiration Date		
12. Foreign Languages	Read	CHECK Write	Speak	13. EDUCATION Name and Location of School	Last Grade Completed	Date Completed	College Major	Degrees
Spanish				Grammar and High School				
French				Other				
Other				Other				
14. Professional or Technical Licenses, Permits, etc. (Show state, county or city in which registered):								
15. Have you ever been convicted of a misdemeanor or felony in any court (including traffic court)? Yes _____ No _____ If, "Yes" give the following information for each offense (use additional sheets if necessary):								
DATE OF CONVICTION	POLICE DEPARTMENT OR COURT			CHARGE		DISPOSITION		

DATE OF CONVICTION	POLICE DEPARTMENT OR COURT	CHARGE	DISPOSITION

16. Have you worked for Los Angeles County under a different name? If so, please list

17. Have you ever been convicted of a crime under a different name? If so, please list

18. I am willing to work the following shifts:
 (1) Day Shift _____ (2) Night Shift _____ (3) Swing Shift _____ (4) Weekend Shift _____

19. Remarks (Identify by box number)

20. EMPLOYMENT HISTORY: Begin with present or last experience Account for past ten years or past ten employers

From Mo-Yr	To Mo-Yr	Time in Mos.	Position or Occupation	Duties performed in each employment	Wages or Salary	Name and addresses of all former employers including other County depts. As well as private firms.	Reason for Leaving

If discharged, give detail (REQUIRED):

21. I CERTIFY THROUGH MY SIGNATURE THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

 PRINT NAME SIGNATURE DATE

PERSONNEL USE ONLY

DATE OF LIVE SCAN _____
 RESULTS
 CLEAR Date _____
 PM Date _____
 ACCEPTABLE UNACCEPTABLE Date _____
 DATE OF PHYSICAL _____
 DATE OF CLEARANCE _____

I CERTIFY THROUGH MY SIGNATURE THAT I HAVE REVIEWED THIS FORM FOR COMPLETION.

 SIGNATURE -- HR REPRESENTATIVE

 PRINT NAME DATE

REVISED 11/02/09 (SUPERCEDES ALL OTHER VERSIONS)

If you are selected for this position and are not a citizen, you will be required to submit an alien registration card.

PLEASE PRINT IN INK



Health Services
LOS ANGELES COUNTY

Los Angeles County
Board of Supervisors

Gloria Molina
First District

Mark Ridley-Thomas
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Mitchell H. Katz, M.D.
Director

John F. Schunhoff, Ph.D.
Chief Deputy Director

DHS Human Resources
5555 Ferguson Drive
Commerce, CA 90022

Tel: (323) 890-7903
Fax: (323) 869-8071

www.dhs.lacounty.gov

To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles residents through direct services at DHS facilities and through collaboration with community and university partners.



www.dhs.lacounty.gov

DATE: _____

TO: _____

FROM: _____

NEW HIRE - BACKGROUND CHECK/PRIOR WORK HISTORY INVESTIGATION AND MEDICAL EXAMINATION

This is to advise you that your employment with the Department of Health Services is contingent upon you passing a Live Scan criminal background investigation, a review, verification and clearance of your prior work history, and clearance of a pre-employment medical examination.

Once these clearances are obtained, a start date of employment will be established.

Acknowledgment:

My signature below certifies that I was advised of and understand the above requirements.

Signature

Date

GK

c: Personnel File

County of Los Angeles - Department of Health Services
Human Resources

BACKGROUND INVESTIGATION POLICY

As part of its background review, the County of Los Angeles live scans all new hires, current County employees who transfer or promote to sensitive positions, and non-County personnel who work in sensitive positions. We receive criminal history information from the State of California Department of Justice Bureau of Criminal Identification and Information (DOJ). Any such information received from the DOJ that has not been disclosed by the applicant/employee on the employment application and/or Information Sheet may constitute grounds for discipline, up to and including discharge. Non-County personnel who fail to disclose criminal history information may be disqualified from the assignment and deemed unacceptable for service.

Applicant/Employee Signature _____

Print Name _____

Date _____

CONVICTION DISCLOSURE INSTRUCTIONS

1. Traffic misdemeanor/felony convictions include the following: D.U.I., Reckless Driving, Driving Without License, Driving While License Suspended, etc.
2. Convictions are PERMANENT and they will show up on your criminal background report even after 10 years.
3. Having convictions does not automatically disqualify you as a candidate, but failure to disclose ANY conviction WILL result in automatic disqualification.
4. If you have any doubt about your criminal history, do not complete any forms until you have obtained your own criminal background results from the California Department of Justice (DOJ). Instructions on requesting your own criminal records can be found at <http://ag.ca.gov/fingerprints/security.php>.

I have read these instructions and I understand them completely.

Signature _____ Date _____