



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AA729
ORI (Code assigned by DOJ) _____ 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:

DEPARTMENT OF PUBLIC HEALTH
Agency Authorized to Receive Criminal Record Information
5555 FERGUSON DR. SUITE 220
Street Address or P.O. Box
COMMERCE CA 90022
City State ZIP Code
12063
Mail Code (five-digit code assigned by DOJ)
SHELLI AMBER WEEKES
Contact Name (mandatory for all school submissions)
(323) 869-8505
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
Height _____ Weight _____ Eye Color _____ Hair Color _____
Place of Birth (State or Country) _____ Social Security Number _____
Home Address Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____
Driver's License Number _____
Billing Number _____ (Agency Billing Number)
Misc. Number _____ (Other Identification Number)

Your Number: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number)

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 _____

COUNTY OF LOS ANGELES EMPLOYEE INFORMATION SHEET

1. LAST NAME		FIRST NAME		MIDDLE NAME		2. Social Security Number		
						2b. Driver License Number and Expiration date.		
3. OTHER NAMES USED						4. Do you have a relative currently employed by the County?		
5. Residence—Street Address				City		State, Zip Code		
6. Since (date)				7. Telephone No.				
8. Date of Birth		9. Date Residency Established California		10. Date Residency Established in Los Angeles County				
11. In Emergency Notify:				12. Telephone No.				
13a. Street Address				13b. City, State, Zip Code				
14a. Military Service in the Armed Forces of the United States			From		To		14b. Serial No.	
14c. Highest Rank or Rating			14d. Branch		14e. Type of Discharge			
14f. Military Service as a Reservist			From		To			
15. Foreign Languages	CHECK			16. EDUCATION (Name and Location of School)	Last Grade Completed	Date Completed	Major	Degree or Diploma
	Read	Write	Speak					
Spanish				Grammar and High School				
Other				Other				
Other				Other				
17. Professional or Technical Licenses, Permits, etc. (Write state, county or city in which registered/licensed):								
18. Have you ever worked for the County of Los Angeles under a different name? If so, please provide details.								
19. For County employment you must be either (a) a citizen of the United States of America, or (b) a registered alien with government permission to work in this country. Does either (a) or (b) describe your status as a resident of this Country?								
Yes <input type="checkbox"/> No <input type="checkbox"/>								
20. Shifts you are willing to work:								
A. <input type="checkbox"/> Day Shift B. <input type="checkbox"/> Night Shift C. <input type="checkbox"/> Swing Shift D. <input type="checkbox"/> Weekend Shift E. <input type="checkbox"/> On Call								
F. <input type="checkbox"/> Weekends and Holidays G. <input type="checkbox"/> Any								



COUNTY OF LOS ANGELES Candidate Conviction History Questionnaire

Position Applying for: (Exact Title)			
Last Name		First Name	Middle Initial
Other Name(s) Used:			
Street Address		Apt. No.	Home Telephone Number () -
City	State	Zip Code	Alternate Telephone Number () -
E-mail Address			
Social Security Number:		Driver's License Number:	
IMPORTANT: You will be asked to submit a copy of this form each time you are being considered for a position. Please retain a copy for your records.			
CONVICTIONS			
Have you ever been convicted of any crime by any court, including a military court, except as provided in the box below? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If you responded <u>NO</u> , please sign and date the Certification of Applicant below. If you responded <u>YES</u> , please read the following information, complete page 2, then sign and date the Certification of Applicant below.			
The following convictions need <u>not</u> be disclosed:			
Judicially Dismissed & Diversion			
A. Any conviction that was judicially dismissed under Penal Code Section 1203.4			
B. Any record regarding a referral to, or participation in, any pre-trial or post-trial diversion program			
C. Any conviction where you have successfully completed a "deferred entry of judgment" program; if you are currently participating in a "deferred entry of judgment" program, you must disclose that conviction			
D. A conviction where the Court has ordered the record sealed or dismissed			
Juvenile Offenses			
Any conviction while a juvenile (under 18 years old), unless the job announcement identifies particular convictions that must be disclosed for that particular classification or position, <i>regardless of age</i> when convicted. However, you must disclose convictions while a juvenile if tried or convicted as an adult.			
Traffic Offenses			
A conviction for a traffic offense that was less than \$390.			
Miscellaneous Offenses			
Any conviction that is more than two years old and is for one of the following violations:			
A. Health & Safety Code Section 11357(b) or (c) (possession of marijuana), or any statutory predecessor to that section			
B. Health & Safety Code Section 11360(c) (transportation of marijuana), or any statutory predecessor to that section			
C. Health & Safety Code Section 11364 (possession of drug paraphernalia), Section 11365 (presence in a place where a controlled substance is being used), and Section 11550 (use of a controlled substance) as they relate to marijuana prior to January 1, 1976, or any statutory predecessors to those sections			
CERTIFICATION OF APPLICANT (please read carefully): I hereby certify that all statements made in this Candidate Conviction History Questionnaire are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statement, regardless of when discovered, may result in my disqualification or dismissal from employment with the County of Los Angeles.			
Date: _____		Signature of Candidate: _____	



CYNTHIA A. HARDING, M.P.H.
Interim Director

JEFFREY D. GUNZENHAUSER, M.D., M.P.H.
Interim Health Officer

HUMAN RESOURCES
5555 Ferguson Drive, Suite 220
City of Commerce, California 90022
TEL (323) 869-8505 • FAX (323) 890-1388

www.publichealth.lacounty.gov

BOARD OF SUPERVISORS

- Hilda L. Solis
First District
- Mark Ridley-Thomas
Second District
- Sheila Kuehl
Third District
- Don Knabe
Fourth District
- Michael D. Antonovich
Fifth District

BACKGROUND INVESTIGATION POLICY

As part of its background review, the County of Los Angeles fingerprints all incoming candidates selected for a position and receives criminal history information for each set of prints from the State of California Department of Justice Bureau of Criminal Identification and Information (Department of Justice). Any such information received from the Department of Justice that has not been disclosed by the candidate/ employee on the employment application and/or employee information sheet may constitute grounds for immediate termination.

The background investigation is a condition of employment and necessary to determine your suitability for employment with the Department of Public Health.

Your signature below certifies your knowledge of this requirement.

Print Name	Signature	Date
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Human Resources Staff	Date
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DPH/HR USE ONLY	
CLASSIFICATION:	_____
TYPE OF APPOINTMENT:	_____
PROGRAM:	_____
PROGRAM CONTACT NAME:	_____
HR TECH:	_____



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CONVICTION DISCLOSURE INSTRUCTIONS

1. Traffic misdemeanor/felony convictions include the following: Driving Under the Influence (DUI), Reckless Driving, Driving without a License, Driving While License Suspended, etc.
2. Convictions are PERMANENT and they will show up on your criminal background report even after 10 years. This may also include records that have been dismissed per Penal Code 1203.4.
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: _____



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WORK STATUS QUESTIONNAIRE

NAME: _____

SS#: _____

DATE OF BIRTH: _____

DEPT. NAME/NO: _____

CLASSIFICATION: _____

The following information is needed to ensure that persons are placed in work which is safe and healthful for them. An answer of "yes" to any of the questions below will not disqualify you from employment.

Please answer each question below and sign and date the form where indicated.

1. Can you perform the essential job functions of the above position with/without reasonable work accommodations?

Yes Accommodations are needed. Please complete a Voluntary Request for Reasonable Accommodations forms.

Yes No accommodations are needed.

Yes I cannot perform the essential job functions with/without reasonable work accommodations.

2. Have you ever filled out this form or a similar work status questionnaire for employment in any department within the County of Los Angeles?

Yes Dept. Name/No. _____

No

The above information is true and correct to the best of my knowledge. The duties of the above position have been explained to me, and I understand what they entail.

Signature: _____

Date: _____



COUNTY OF LOS ANGELES

Public Health



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ACKNOWLEDGEMENT OF EMPLOYEE RESPONSIBILITIES

Federal and State laws, the Los Angeles County Code, and policies of the County and its departments prohibit conduct by County employees in the workplace that are considered unlawful discrimination, including creation of a hostile work environment based on race, color, gender, age, disability, sexual orientation, pregnancy, sexual harassment, and retaliation.

It is the responsibility of every County employee to conduct him/herself in a manner consistent with these laws and County policies. This is a reminder that conduct that violates these laws or County policies could subject an employee to personal liability for damages in court proceedings and/or disciplinary action by the County or both.

Employee Certification Section

I acknowledge receipt of, and have read the Acknowledgement of Employee Responsibilities.

Employee Name: _____

Employee Signature: _____ Date: _____

Witness Verification

I provided the employee with a copy of the Acknowledgement of Employee Responsibilities.

Name: _____

Signature: _____ Date: _____



COUNTY OF LOS ANGELES

Public Health

JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

CYNTHIA A. HARDING, M.P.H.
Chief Deputy Director

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Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

VOLUNTEER ASSIGNMENT AGREEMENT

NAME: _____

DATE ASSIGNED: _____

ADMIN LIAISON: _____

PHONE NUMBER: _____

VOLUNTEER AGREES TO PROVIDE THE FOLLOWING SERVICES:

Volunteer Responsibilities and Limitations

1. Keep confidential all information as required.
2. Refrain from publishing any data gathered during the volunteer assignment or disseminating commercial advertisements, press releases, opinions or feature articles without prior written consent of the Volunteer and Special Programs Director.
3. Refrain from any type of solicitation or charging, requesting, or accepting any fee, gift, reward or payment of any kind from individuals or staff for any services rendered as a volunteer.
4. Refrain from offering medical and/or legal advice and referral to individuals, even though you may be asked for such.
5. If you drive your car as part of your volunteer assignment, you must maintain a current driver's license and automobile liability insurance.
6. Report immediately any known or suspected incident of abuse to children, dependent adults, or elders, to a child protective services agency, the Elder Abuse Hotline, County Long Term Care Ombudsman or local law enforcement agency as well as to the Volunteer Coordinator.
7. Refrain from performing duties other than those listed above. If you want to provide new or additional services, a new agreement must be completed.
8. Refrain from handling personal resources such as bank accounts, cash, checks, notes, mortgages, trust deeds, sales contracts, stocks, bonds, certificates or other liquid assets of individuals with whom you are working as a volunteer.
9. If your assignment is with a child, always carry your "Field Trip Authorization: form with you during activities.
10. Complete a report of your volunteer hours each month.
11. Always carry or wear your "Photo Identification Card" when engaged in activities as volunteer for your program.
12. Contact the individual with whom you are you working as a volunteer, Administrative Liaison or Volunteer Coordinator whenever you cannot follow through with prearranged plan.
13. Contact the Administrative Liaison or Volunteer Coordinator immediately when any problems arise, i.e. if you or the individual with whom you are working is injured in the course of your volunteer assignment.

I have the read and understand the responsibilities and limitations as stated above and I agree to abide by them in carrying out my duties.

Volunteer Signature: _____

Date: _____