



# 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			12063 Mail Code (five-digit code assigned by DOJ)
5555 FERGUSON DR SUITE 220 Street Address or P.O. Box			JOHANNA PRIETO Contact Name (mandatory for all school submissions)
COMMERCE City	CA State	90022 ZIP Code	(323) 914-8282 Contact Telephone Number

### Applicant Information:

Last Name _____		First Name _____		Middle Initial _____	Suffix _____
Other Name: (AKA or Alias) _____					
Last Name _____		First Name _____		Suffix _____	
Date of Birth _____		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			
Height _____	Weight _____	Eye Color _____	Hair Color _____		
Place of Birth (State or Country) _____		Social Security Number _____			
Home Address _____		City _____		State _____	ZIP Code _____

Driver's License Number \_\_\_\_\_

Billing Number \_\_\_\_\_  
(Agency Billing Number)

Misc. Number \_\_\_\_\_  
(Other Identification Number)

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI  
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the 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 \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_ Telephone Number (optional) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

### 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#		Expiration Date								
3. OTHER NAMES USED					4. Do you have a relative currently employed by the County?  Yes                      No  If yes, please indicate name, Relationship and Department below:								
5a. Residence-Street Address		City		State, Zip Code									
5b. E-Mail Address													
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                      No													
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													





## 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? (Check One)

- 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: \_\_\_\_\_

*To Protect health, prevent disease, and promote health and well-being*



## **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: \_\_\_\_\_

*To Protect health, prevent disease, and promote health and well-being*



## Non-County Workforce Member Assignment Agreement Volunteer, Contractor, and Intern

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

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



COUNTY OF LOS ANGELES • DEPARTMENT OF PUBLIC HEALTH  
**HUMAN RESOURCES**



**AGREEMENT OF UNDERSTANDING ■ NON-COUNTY WORKER**

<b>NON-COUNTY WORKER NAME:</b> (Please PRINT Last, First)	<b>WOC#:</b>
<b>POSITION TITLE:</b>	<b>PROGRAM NAME:</b>

DPH POLICY/ GUIDELINES	TITLE	NC WORKER INITIALS / DATE	
113	Elder/Dependant Adult Abuse		
325	Hand Hygiene in Healthcare Settings		
340	Confidentiality of Non-Patient Public Health Records		
DHS 361.23	Safeguards for Protected Health Information (PHI)		
701	Possession of a License or Certificate		
704	Professional Appearance in the Workplace		
714	Identification Badges		
722	Nepotism		
723	Designation of Sensitive Positions and Requirements for Criminal History Information		
728	Capping		
729	Political Activity		
746	Threat Management "Zero Tolerance" Policy		
748	Diversity Policy		
DHR 812	County Policy of Equity		
1000	Public Health Information Technology and Security Policy		
	Acceptable Use Policy for County Information Technology Resources		
1016			
	Exclusion of Individual/Entities from Federal Health Care Programs		
1103			
	Acceptance of Gifts Prohibitions		
	Notice of Child Abuse, Elder/Dependent Adult Abuse, Domestic/Intimate Partner Violence Reporting		
	County of Los Angeles Volunteer Workers: Indemnification & Insurance Program Description		
	Employee Safety Handbook		

I acknowledge that I have read and reviewed the listed policies/guidelines and will comply with them in my work environment. I understand that if at any time during my service as a non-County worker I have questions or concerns regarding these policies/guidelines, they shall be directed to my County supervisor or to the DPH Human Resources Office. I am aware that if I violate the above policies/guidelines I will be subject to release from service.

**Non-County Worker Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
 (DPH Program/Division Manager)

Date: \_\_\_\_\_

Orig: HR File  
 Copy: Non-County Worker



**EMPLOYEE ACKNOWLEDGEMENT AND RECEIPT OF**  
**COUNTY POLICY OF EQUITY**

I, \_\_\_\_\_, \_\_\_\_\_  
**Employee Name** **Payroll Title**

acknowledge that I am expected to read, understand and adhere to the County Policy of Equity and have received a copy.

**DATE:** \_\_\_\_\_

**DEPT:** \_\_\_\_\_

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**EMPLOYEE NUMBER:** \_\_\_\_\_

**Distribution:**

- 1.) Original to Official Personnel File**
- 2.) Record in Countywide Learning Management System (LMS)**





## REQUEST FOR LIVE SCAN SERVICE

### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170



## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Act Statement

**Authority.** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose.** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses.** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



## REQUEST FOR LIVE SCAN SERVICE

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### Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b)

<sup>4</sup> See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)