

LIVE SCAN INSTRUCTIONS

All of the following forms are to be **completed** and submitted to Human Resources on the day of the live scan appointment. Incomplete forms will not be accepted. Human resources will **not** print out the forms, nor allow you time to complete the forms. If paper work is not completed at the time of the appointment, the student/Instructor will have to reschedule their appointment.

1. Request for Live Scan Service
2. Background Investigation Policy
3. Authorization for Request of Information
4. Candidate Information Sheet (Replacing Non County Worker Information Sheet)
5. Conviction Disclosure Instruction
6. Work Status Questionnaire
7. Agreement of Understanding - Non County Worker
8. Employee Acknowledgement and Receipt of County Policy of Equity
9. Acknowledgment of Employee Responsibilities

****All of these forms are legal documents. Therefore, they must be printed on single sided, new paper (i.e. No reused, double-sided, homework paper, drawing of cartoon, etc.).**

Instructions for Each Form

Request for Live Scan Service

Applicant: Only complete middle. Human resources will need your Drivers' License or California Identification card. It will be returned to you after you have been fingerprinted. You will also be photographed during this appointment.

Background Investigation Policy

Print form, print name, sign and date

Authorization for Request of Information

Print form, print name, sign and date

Candidate Information Sheet (Replacing Non County Worker Information Sheet)

Make sure you include your social Security Number. Pay close attention to **item #18 a-f**. Any prior conviction or felonies (dismissed or expunged) **MUST** be disclosed to avoid any problems with Live Scan. Major traffic offenses resulting in warrants should also be disclosed. If you do not disclose this information, your Live Scan application will be **REJECTED** and consequently, you will not be able to rotate or teach within the Department of Public Health.

Conviction Disclosure Instruction

Print form, sign and date

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Work Status Questionnaire

- a. Complete all Items. If you have a disability and need reasonable accommodations, please specify.
 - a. **Department No:** CHS/Program
 - b. **Classification:** Students: 9527 Student PHN without compensation
Instructors: 9535 Volunteer worker without compensation

Agreement of Understanding - Non County Worker

Review the LAC DPH polices and the form and initial and date each one. Sign and date at the bottoms.

Employee Acknowledgement and Receipt of County Policy of Equity

Read, sign and date the Policy of Equity

- a. **Department:** CHS/Program
- b. **Payroll Title:** Students: Student PHN w/o compensation
Instructors: Volunteer worker w/o comp
- c. **Employee Number:** N/A

Acknowledgment of Employee Responsibilities

Read, sign and date Acknowledgment of Employee Responsibilities

- a. **Supervisor's signature:** Leave Blank

Live Scans are done at the following location:

County of Los Angeles Department of Public Health
5555 Ferguson Drive
Central Lobby, 2nd Floor, suite 220
Commerce, CA 9002
Monday – Friday: 8:00 a.m. to 4:00 p.m.
323-869-8282

You must have an appointment in advance. No walk-ins will be accepted.