

# 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. 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

### 1. 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.

### 2. Background Investigation Policy

Print form, print name, sign and date

### 3. Authorization for Request of Information

Print form, print name, sign and date

### 4. Non County Worker Information Sheet

Make sure you include your social Security Number. Pay close attention to **item #6**. 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.

### 5. Conviction Disclosure Instruction

Read, Print form, sign and date at bottom

### 6. Work Status Questionnaire

# LIVE SCAN INSTRUCTIONS

- a. Complete **ALL** Items sign, and date. See below for responses to Dept. Name/No and classification. If you have a disability and need reasonable accommodations, please specify.

- a. **Dept. Name/ No:** CHS/Program  
b. **Classification:** Students: 9527 Student PHN without compensation  
Instructors: 9535 Volunteer worker without compensation

## 7. Agreement of Understanding - Non County Worker

Review the LAC DPH polices on the form, initial and date each one. Sign and date at the bottom. The policies are in a separate file, listed individually consisting of 90 pages.

- a. **Position Title:** Student PHN w/o comp  
b. **WOC#:** Leave blank  
c. **Dept#:** CHS/Programs

## 8. 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

## 9. 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, 2<sup>nd</sup> Floor, suite 220  
Commerce, CA 9002  
Monday – Friday: 8:00 a.m. to 4:00 p.m.  
323-869-8282

**Your Clinical Coordinator will notify you when to call for an appointment.**

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