



# 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 \_\_\_\_\_ 12063 \_\_\_\_\_  
Agency Authorized to Receive Criminal Record Information \_\_\_\_\_  
5555 Ferguson Drive, Suite 220 \_\_\_\_\_  
Street Address or P.O. Box \_\_\_\_\_  
Commerce \_\_\_\_\_ CA 90022 \_\_\_\_\_  
City \_\_\_\_\_ State ZIP Code \_\_\_\_\_  
Susan Montenegro \_\_\_\_\_  
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 143236 \_\_\_\_\_  
(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 Candidate Conviction History Questionnaire

<b>Position Applying for: (Exact Title)</b>				
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:	
<b>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.</b>				
<b>CONVICTIONS</b>				
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 <b>NO</b> , please sign and date the Certification of Applicant below. If you responded <b>YES</b> , please read the following information, complete page 2, then sign and date the Certification of Applicant below.				
<p><b>The following convictions need <u>not</u> be disclosed:</b></p> <p><b>Judicially Dismissed &amp; Diversion</b></p> <ul style="list-style-type: none"> <li>A. Any conviction that was judicially dismissed under Penal Code Section 1203.4</li> <li>B. Any record regarding a referral to, or participation in, any pre-trial or post-trial diversion program</li> <li>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</li> <li>D. A conviction where the Court has ordered the record sealed or dismissed</li> </ul> <p><b>Juvenile Offenses</b></p> <p>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.</p> <p><b>Traffic Offenses</b></p> <p>A conviction for a traffic offense that was less than \$390.</p> <p><b>Miscellaneous Offenses</b></p> <p>Any conviction that is more than two years old and is for one of the following violations:</p> <ul style="list-style-type: none"> <li>A. Health &amp; Safety Code Section 11357(b) or (c) (possession of marijuana), or any statutory predecessor to that section</li> <li>B. Health &amp; Safety Code Section 11360(c) (transportation of marijuana), or any statutory predecessor to that section</li> <li>C. Health &amp; 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</li> </ul>				
<p><b>CERTIFICATION OF APPLICANT (please read carefully):</b> 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.</p>				
Date: _____		Signature of Candidate: _____		







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

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

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

[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)



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

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



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