

NON-COUNTY HUMAN RESOURCES ONBOARDING PACKET

First Name: _____ Last Name: _____ Contract #: _____

Title: _____ Expected Start Date: _____

Please check the box of your preferred pronoun to be reflected on your County ID badge:

None
He, him, his
She, her, hers
They, them, theirs

If your position requires a license, please provide:

Type of License: _____

License number: _____

FOR MEDICAL TRAINEES, STUDENTS RESIDENT OR FELLOW:

First rotation start date at Olive View UCLA Medical Center: _____

Do you have a Postgraduate Training (PTL) or Medical License? **Yes** **No**

- If yes, please indicate if it is a Postgraduate Training License (PTL), Physician and Surgeon (MD), Osteopathic Medicine (DO): _____
- If no, please indicate anticipated date of receiving License: _____

When packet is complete: Return packet, along with a copy of your State or Federal Identification (Valid Driver License or Passport) to OVMCHR@dhs.lacounty.gov.



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, 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

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

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 notification¹ 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.²
- 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.³

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.⁴

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>.*

¹ Written notification includes electronic notification, but excludes oral notification

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

³ See 28 CFR 50.12(b)

⁴ 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)



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1776

ORI (Code assigned by DOJ)

EMPLOYEE 11105(B)(11)PC

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:

CACOLIVE VIEW/UCLA LACO

Agency Authorized to Receive Criminal Record Information

06092

Mail Code (five-digit code assigned by DOJ)

5701 S. EASTERN AVE., SUITE 400

Street Address or P.O. Box

SYLVIA LEWIS

Contact Name (mandatory for all school submissions)

COMMERCE

City

CA

State

90040

ZIP Code

(323) 914-5242

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Sex ☐ Male ☐ Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number 149938

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.

Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

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



TO: Workforce Members (County/Non-County)

FROM: Human Resources Manager

SUBJECT: Photo Identification (ID) Badge

Please read the following procedures carefully as specified in DHS Policy 940:

1. Your ID badge must be prominently displayed at all times while on duty on County premises. Personnel failing to display their ID badges shall identify themselves upon request to any employee.
2. It is your responsibility to report a lost/stolen ID badge within (5) business days to the law enforcement agency having jurisdiction where the loss/theft occurred. You must sign an affidavit attesting to the fact that the ID badge was lost/stolen, and provide Human Resources with a copy of the police report along with the replacement cost of the ID badge. Copies of all documents will be filed in your official personnel file.
3. You are required to pay for the replacement of your ID badge if it is not returned or is lost, damaged, or destroyed due to personal negligence. Replacement fees for an ID badge are as follows:

<i>First identification badge replacement:</i>	\$25.00
<i>Second identification badge replacement:</i>	\$50.00
<i>Third identification badge replacement:</i>	\$100.00

4. Your ID badge must be returned to your supervisor upon termination of employment/assignment. If it is not returned because it is lost/stolen, you must submit a copy of the police report and affidavit. If you do not submit either of the above, the payment of your accrued benefits may be withheld up to three (3) months. Non- County workforce members' final payment may be withheld until return of the identification badge and any other County-issued equipment.

If you state that you have the ID badge but refuse to return it, the payment of your accrued benefits will not be issued until such time as the ID badge is returned.

5. Unauthorized use of your ID badge will be cause for severe corrective action which could include discharge from County service/assignment.

I have read the above procedures and agree to comply with them.

Print Name: _____ Title: _____

Signature: _____ Emp. # (If applicable): _____

Division/Agency/School: _____

Photographer's Initials: _____ Date: _____



NEPOTISM POLICY ACKNOWLEDGMENT

THE DEPARTMENT OF HEALTH SERVICES' (DHS') POLICY NO. 708, NEPOTISM, REQUIRES ALL WORKFORCE MEMBERS TO KEEP THE DEPARTMENT APPRISED OF ANY PERSON WHO IS AN IMMEDIATE RELATIVE OR IN WHICH THE EMPLOYEE HAS A PERSONAL RELATIONSHIP THAT IS EMPLOYED BY THE COUNTY AND ASSIGNED TO DHS OR OTHERWISE HAS A CONTRACTUAL RELATIONSHIP WITH DHS. A WORKFORCE MEMBER MAY NOT SUPERVISE AN IMMEDIATE RELATIVE OR INDIVIDUAL WHO HAS A PERSONAL RELATIONSHIP WITH THE SUPERVISOR EITHER AS AN IMMEDIATE SUPERVISOR OR AS A HIGHER-LEVEL SUPERVISOR, EXCEPT AS OTHERWISE PROVIDED IN THIS POLICY.

THE WORKFORCE MEMBER COMPLETING THIS FORM ACKNOWLEDGES RECEIPT OF DHS POLICY NO. 708 AND HAS READ AND UNDERSTANDS THE DEFINITIONS OF IMMEDIATE RELATIVE AND PERSONAL RELATIONSHIPS AS SET FORTH THEREIN.

DO YOU HAVE IMMEDIATE RELATIVE(S) WORKING FOR THE DEPARTMENT OF HEALTH SERVICES? (Please \checkmark one box).

☐ No If no, sign and date below.

☐ Yes If yes, complete the following information, sign and date below. (List all immediate relatives employed by/assigned to DHS).

NAME (Please Print – Last Name, First Name)	RELATIONSHIP	FACILITY AND UNIT/AREA

NOTE: If more than two (2) relatives are employed/assigned to DHS, continue listing the information on the back of the form.

I acknowledge that I have read the above policy and have provided the information to the best of my knowledge.

Print Your Name

Employee Number

Department Number

Signature

Date

Work Telephone Number

Manager/Supervisor Signature

Date