

LOS RIOS COMMUNITY COLLEGE DISTRICT
HUMAN RESOURCES
STUDENT EMPLOYEES* - LIVSCAN DIRECTIONS – During Remote Operations

DIRECTIONS FOR STUDENT EMPLOYEES (Student Help or Federal Work Study ONLY)

In this packet, you should find the following documents:

- A Request for Live Scan Service – Applicant Submission form.
- A Payroll Deduction form for \$32.00 (to process the background check).

Follow the instructions below to complete your LiveScan:

- Complete all sections on the “Request for Live Scan Service” form marked by an “x.”
- Decide where you will have your Live Scan service completed. You must have it done at a California agency offering Live Scan services. Go to <https://oag.ca.gov/fingerprints/locations> to see locations and directions on how to proceed. Please make sure to first call for Live Scan service hours and realize that rolling fees may vary by agency.
- Go to a California agency offering Live Scan services for fingerprinting. The Live Scan operator will keep the top copy and return the remaining two copies of the form to you. You will need send a copy of the completed Live Scan form to your hiring supervisor.

Note: It is not the intent of Los Rios CCD to have an applicant pay more than once for their background check. If you have previously completed a background check with Los Rios CCD, please call your HR Specialist at (916) 568-3107 to confirm if you must complete this live scan process again.

For questions, please call (916) 568-3107.

*LRCCD Board Regulations R-2631, requires that *some* Student Employees must be fingerprinted in order to work in specific student employment positions/departments, this list will be established by each college.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0743
ORI (Code assigned by DOJ)

Employment
Authorized Applicant Type

X
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Los Rios Community College District
Agency Authorized to Receive Criminal Record Information

02175
Mail Code (five-digit code assigned by DOJ)

1919 Spanos Court
Street Address or P.O. Box

Jacob Knapp
Contact Name (mandatory for all school submissions)

Sacramento CA 95825
City State ZIP Code

(916) 568-3112
Contact Telephone Number

Applicant Information:

X
Last Name

X
First Name Middle Initial Suffix

Other Name X
(AKA or Alias) Last

X
First Suffix

X
Date of Birth Sex Male Female

X
Driver's License Number

X X X X
Height Weight Eye Color Hair Color

Billing Number 130190
(Agency Billing Number)

X
Place of Birth (State or Country) Social Security Number

Misc. Number
(Other Identification Number)

Home X
Address Street Address or P.O. Box

X
City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ 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 _____

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 _____

LOS RIOS COMMUNITY COLLEGE DISTRICT

1919 SPANOS COURT SACRAMENTO, CA 95825-3981

Name (please print): _____

Employee ID or Social Security Number: _____

I authorize the Los Rios Community College District to deduct \$32.00 for a background check conducted by the Department of Justice. I understand this amount will be deducted from my first paycheck.

Signature

Date

Campus

Department