Office of Human Resources
Academic Personnel
Live Scan Instructions for New Faculty

As a condition of employment all NEW faculty are required to successfully complete a criminal background check.

- Live Scan services are available on a drop in or appointment basis.
  - Office hours: M-Th 8:30am-4:30pm & Fri 8am-4pm, closed daily 12-1pm.
  - Phone: 916-278-2788
  - Location: Live Scan/Public Safety Office is located in on the first floor of the University Union near Eco Grounds.
- Live Scan Request form is included in the New Employee web portal – Please print two copies, **fill out the applicant information section only** on each copy and bring to orientation.
- Live Scan Supplemental Application form is also included in the New Employee web portal – Please print one copy and bring to orientation.
- **Live Scan needs to be completed no later than Friday, September 4, 2015.**

1. Return the completed supplemental application form to the Human Resources staff at new faculty orientation.

2. Schedule an appointment or go on a drop in basis for Live Scan.

3. Take both completed copies of the Live Scan request form to the Live Scan/Public Safety Office. Their office will keep one copy and they are to send one copy back to Human Resources at campus zip 6032, Attn: Jackie Kernen.

4. Must present photo identification at the time of Live Scan service.
APPLICATION FOR LIVE SCAN SERVICE

Applicant Submission

A0077

Faculty Employment

ORI (Code assigned by DOJ)

Authorized Applicant Type

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

Contributing Agency Information:

California State University, Sacramento

10735

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

6000 J Street Del Norte Hall Rm 3009

Jacquelyn Kernan

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Sacramento, CA 95819-6032

(916) 278-7415

City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name (A.K.A. or Alias) Last

First

Sex

Male

Female

Date of Birth

Driver's License Number

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

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

ORIGINAL - Live Scan Operator SECOND COPY - Applicant THIRD COPY (if needed) - Requesting Agency
California State University, Sacramento
Supplemental Application Form for Information from Applicant/Employee and Accompanying California Information Practices Act Notice

Print Name: ____________________________________________

Last                         First                         Middle

Birth Date: ________________  Social Security #: __________________________

Business Phone #: ___________________  Home Phone #: ___________________  Email: ___________________

Current Address: __________________________________________________________

Street Number and Name        City        County

State         Zip    How Long?

Previous Address: __________________________________________________________

Street Number and Name        City        County

State         Zip    How Long?

Other Names you have used: ________________________________________________

Have you been background checked at Sacramento State within the past 12 months?  ____ Yes  ____ No
If yes, please note the date (approximately): ________________________________

Have you ever been convicted of a crime:  ____ Yes  ____ No
If yes, please indicate crime, date, and location:

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<tr>
<th>Crime</th>
<th>Date</th>
<th>City/County/State</th>
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HAVE YOU EVER BEEN CONVICTED OF A CRIME UNDER ANOTHER NAME?  ____ YES  ____ NO.
IF YES, STATE NAME: ________________________________________________________

Complete driver’s license information only if this position requires that you drive a motor vehicle

DRIVER’S LICENSE INFORMATION: ____________________________

License #  Expiration Date  State Of issue

7/2015
Information Practices Act Notice (Civil Code § 1798.17)

This information is being requested by Sacramento State. Sacramento State is authorized to maintain this information pursuant to Education Code §§ 89500, 89535, HR 2015-08. Submission of the information requested on this form is mandatory. Failure to provide the requested information will mean that you will be ineligible for the position you are seeking. The principal purpose for which this information is to be used is to assist the University in evaluating your eligibility, qualifications, and suitability for the position you are seeking. You have a right of access to records containing personal information maintained by Sacramento State. The name, business address and telephone number of the person at Sacramento State who is responsible for maintaining requested information and will be able to inform you of the location of this information is:

For faculty positions:
Jackie Kernen
Manager for Academic Personnel
6000 J Street. Del Norte Hall, Rm. 3009
Sacramento, CA 95819-6032
(916) 278-6326.

For staff and management positions:
Veronica Hodge
Associate Vice President
6000 J Street. Del Norte Hall, Rm. 3005
Sacramento, CA 95819-6032
(916) 278-6326.

I hereby certify that all statements on this application are true and correct to the best of my knowledge and belief. I understand that Sacramento State solicits this information so as to be informed of my previous record and character. I understand that my employment with Sacramento State depends upon successful completion of a criminal background investigation. If employed, I understand that any falsification, misrepresentation or omission of facts of this record may be considered cause for release or dismissal.

APPLICANT SIGNATURE: ___________________________ DATE: ____________

7/2015