

UCLA HEALTHCARE REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

Job Title or Position Interviewing for: Community Health Program Rep

Administrator or Department HR Rep: Valentino Manlutac, EXT. 54158

Department/Division: Ophthalmology

Date: _____ **Eth:** _____ **Vet:** _____ **Source:** _____

Your Staffing Representative: Aretha Jody Robin C Sheri Sue

Check Here for School of Medicine Live Scan (Only)

Name of Applicant: _____
(Please print) Last First MI

Street Address _____ Apt/Unit # _____

City _____ State _____ Zip Code _____

AKA's: _____ **Driver's License No.:** _____
Last First

Date of Birth: _____ **Place of Birth:** _____

HT: _____ **WT:** _____ **SEX:** Male Female

Eye Color: _____ **Hair Color:** _____

Soc. Security Number: _____

Agency Address Set Contributing Agency:

UCLA Medical Center

Contact Name: HR Staffing

Agency authorized to receive criminal history information

Address: 10920 Wilshire Blvd., Ste. 400
Los Angeles, CA 90095

Contact Telephone (310) 794-0505

ORI: CA0199701

Type of Applicant: Employment

Misc. No. BIL-130032
05507

Level of Service DOJ and FBI

Mail Code _____

ATI No. _____ If resubmission, list Original _____

Live Scan Transaction Completed By: _____ **Date:** _____
Name of Operator