

**Los Rios Community College District**  
**Human Resources**  
Fingerprint Instruction for Adjunct Faculty

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)
- Tuberculosis Clearance Requirement

Upon receipt of this information:

- Complete all sections on the “Request for Live Scan Service” form marked by an “x.”
- Go to the Department of Justice (DOJ), located at 4949 Broadway, Sacramento, CA 95813 (see reverse side of part III of the Live Scan form for directions, phone numbers and hours of operation for the DOJ) or to another 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 to bring one copy of the completed live scan form with you when you come in for your Human Resources orientation appointment.

- **Note:** At the time of fingerprinting, you must be prepared to pay the rolling fee as required by the Live scan agency.
- You will not be allowed to begin employment until you have shown proof of having your fingerprints taken.

Once you have been fingerprinted via Live scan, you must call the Human Resources Office and make an appointment for the new employee HR orientation. Appointments for HR orientation are necessary. Due to high volume, we cannot accept walk-in's. Contact the following:

**Last names beginning with A-G call (916) 568-3119**  
**Last names beginning with H-PA call (916) 568-3148**  
**Last names beginning with PB-Z call (916) 568-3172**

g items with you to the new employee orientation appointment:  
pleted Live Scan form.

- The enclosed Payroll Deduction form.
- Identification documents required by the Immigration and Naturalization Service.
- A voided check or deposit slip if you wish to have your salary automatically deposited into your check or savings account.
- Your Social Security card.
- Results of your TB test. Please see last page. Due 15 days from your date of hire.
- Copies of your transcripts. (Official transcripts in a sealed envelope are due 60 days from your date of hire.)

**INFORMATION ONLY**

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

(EMPLOYEE)

ORI: A0743 Type of Application: Employment  
Code assigned by DOJ

X Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

Los Rios Community College District 02175  
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)  
1919 Spanos Court Ann Aaker  
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)  
Sacramento CA 95825 (916) 568-3112  
City State Zip Code Contact Telephone No.

X Name of Applicant: \_\_\_\_\_  
(please print) Last First MI

X Alias: \_\_\_\_\_ X Driver's License No. \_\_\_\_\_  
Last

X Date of Birth: \_\_\_\_\_  
Agency Billing Number (if applicable)

X Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. No: \_\_\_\_\_

X Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street or P.O. Box

X Place of Birth: \_\_\_\_\_  
City, State and Zip Code

X SOC: \_\_\_\_\_

Your Number: \_\_\_\_\_ Level of Service  DOJ  FBI  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

Employer Name \_\_\_\_\_  
Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)  
City State Zip Code ( ) Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_



LOS RIOS COMMUNITY COLLEGE DISTRICT  
1919 Spanos Court Sacramento, CA 95825-3981

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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 may be deducted from my first paycheck.

**INFORMATION ONLY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus

\_\_\_\_\_  
Department



AMERICAN RIVER COLLEGE

COSUMNES RIVER COLLEGE

FOLSOM LAKE COLLEGE

SACRAMENTO CITY COLLEGE

## MEMORANDUM

### Tuberculosis Clearance Requirement

# INFORMATION ONLY

Education Code Section 87408.6 and Governing Board regulation requires community college district employees to obtain a tuberculosis clearance. The clearance must be submitted to the District Office Human Resources office within 15 days from the start of employment.

TB test results will be accepted from other organizations if tested within the last 60 days before the date of hire.

TB test results will be accepted from other community college districts, private or parochial elementary schools, secondary schools or nursery schools if tested within the last 4 years.

Each campus offers free tuberculosis skin tests to employees. Please contact the appropriate campus health center for testing hours:

American River College	484-8383
Cosumnes River College	691-7254
Sacramento City College	558-2367

Employees who have a positive skin test must take a chest x-ray. Chest x-rays can be taken at the Sacramento County Health Department. Please call the health department at 874-9823 for further information. Los Rios will reimburse *regular employees* up to a maximum of \$15.00 for the chest x-ray. To receive a reimbursement, please submit your receipt to the Human Resources Department. An employee with a positive skin test result will not be re-tested once a negative chest x-ray is on file in Human Resources.

**NOTE:** The Sacramento County Health Center does not notify the District of the results of chest x-rays. **This is your responsibility.**

If you have any questions, please call us at 916-568-3112. Thank you for your cooperation.