

**UCLA HEALTH REQUEST FOR LIVE SCAN SERVICE**  
Applicant Submission

**Job Title or Position Interviewing for:** \_\_\_\_\_ **Job #** \_\_\_\_\_

**Department/Division:** \_\_\_\_\_

**Department Manager/Interviewed by:** \_\_\_\_\_

**Location:**  WW  SMH  SOM  NPH/NPI  FPG

**Date:** \_\_\_\_\_

**UCLA Health Recruiters:**  Aaron  Bella  Brock  Jacqui  Kristin  Kyle  Mira  Nancy  Reggie  Sheri  Shereef  Stacey  Zack

**Name of Applicant:** \_\_\_\_\_  
(Please print) Last First MI

Street Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**AKA's:** \_\_\_\_\_ **License/Passport #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_  
Last First

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_ **Place of Birth (City/State):** \_\_\_\_\_

**HT:** \_\_\_\_\_ **WT:** \_\_\_\_\_ **SEX:**  Male  Female

**Eye Color:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_

**Soc. Security Number:** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

**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) 794-0506

**ORI: CA0199701**  
**Misc. No. BIL-130032**  
**05507**  
Mail Code

**Type of Applicant:**  Employment  
**Level of Service**  DOJ and  FBI

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

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