



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CAXXXXXXXXXXXXXX
ORI (Code assigned by DOJ)

STATE EMPLOYEE
Authorized Applicant Type

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

Contributing Agency Information:

FILLED IN BY HR

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

FILLED IN BY HR

Street Address or P.O. Box

FILLED IN BY HR

Contact Name (mandatory for all school submissions)

FILLED IN BY HR

City

CA XXXXX
State ZIP Code

(123) 456-7890

Contact Telephone Number

Applicant Information:

DOE

Last Name

EXAMPLE

First Name

Middle Initial

X

Suffix

Other Name
(AKA or Alias) Last

First

Suffix

XX/XX/XXXX

Date of Birth

Sex Male Female

XXXXXXXXXXXX

Driver's License Number

X'XX"
Height

XXX LBS.
Weight

COLOR
Eye Color

COLOR
Hair Color

Billing
Number

(Agency Billing Number)

SOMEWHERE

Place of Birth (State or Country)

123-45-6780

Social Security Number

Misc.
Number

(Other Identification Number)

Home 123 XXXXX DRIVE
Address Street Address or P.O. Box

XXXXXX

City

XX
State

XXXXX
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

University of California, Berkeley
Controlled Substances Program Background Check - Disclosure Form

This form is to be completed by each individual requesting approval to handle controlled substances at the University of California, Berkeley:

User: DOE, SAMPLE, X. Email: XXXXXX@XXXXXX.XXX
Last, First, M.I.

Phone: (XXX) XXX-XXXX Principal Investigator: XXXXXXXXXXXXXXXXXXXX

Position (circle one): ~~Faculty~~ ~~Postdoc~~ ~~Staff~~ ~~Graduate Student~~ ~~Undergraduate Student~~
Other: XXXXXXXXXXXXXXXXXXXX

Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing a criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court-martial).

Yes – provide details No

In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician?

Yes – provide details No

My answers above notwithstanding, ***"I authorize UC Berkeley to make inquiries of courts and law enforcement agencies for possible pending charges and/or past convictions I may have. I consent to release of my name and any other personal information that may be required by DEA."***

Employee Responsibility to Report Drug Diversions (21 CFR, Part 1301.91)

The DEA requires that an employee who has knowledge of drug diversion from his employer by a fellow employee has an obligation to report such information to a responsible security official of the employer. The employer shall treat such information as confidential and shall take reasonable steps to protect the confidentiality of the information and the identity of the employee furnishing the information. A failure to report information of drug diversion will be considered in determining the feasibility of continuing to allow an employee to work in a drug security area.

At UC Berkeley all such reports can be made confidentially to Director of the Office of Environmental Health and Safety, (643-8676), who will inform the appropriate Campus Officials and initiate an investigation on the allegations.

Illicit Activities by Employees (21 CFR, Part 1301.91)

It is the position of the DEA that employees who possess, sell, use or divert Controlled Substances will subject themselves not only to State or Federal prosecution for any illicit activity, but shall also immediately become subject of independent action regarding their continued employment. The employer will assess the seriousness of the employee's violation, the position of responsibility held by the employee, past record of employment, etc., in determining whether to suspend, transfer, terminate or take other action against the employee.

I certify the accuracy of the above information and that I have read, understood and agree with the above statements. I understand that by my signature below I am waiving any protection under the Federal Educational Rights and Privacy Act that could be applicable with regard to the personal information described herein.

User Signature: SAMPLE DOE Date: XX/XX/XX Employee #: XXXXXXXX

University of California, Berkeley

Employee/Applicant Release and Disclosure Form

Disclosure: Background checks are required for staff employees hired, transferred, promoted, reclassified or reassigned to certain sensitive positions, or for the security of University resources. If the background check reveals a criminal conviction or other information relevant to that position you may be disqualified from holding that position. Your background check may contain the following:

- Criminal records (fingerprints)
- Civil records
- Driver's license status
- Social security verification
- Credit reports
- Employment history
- Other (specify) _____

Authorization: I understand that I am required to furnish the attached information for the University's use in determining my qualifications for a position which has been classified as sensitive by the University of California, Berkeley. I authorize my current employer, previous employers, and any law enforcement agency to release to the University any information about me which said current or previous employer or law enforcement agency may have in its possession. Unless already prohibited by law, this includes but is not limited to any data or materials involving disciplinary matters that are currently sealed. It also includes any data or materials involving disciplinary matters which the employer has promised to withhold pursuant to any agreement to which I am a party. I agree that a photocopy of this Authorization may be accepted by any law enforcement agency or by my current or former employer in the same manner as the original. I hereby expressly waive any requirement that I be provided prior or contemporaneous notice (either oral or written) of the agency's or employer's release of information or documents about me to the University.

I further understand that to the extent the University is prohibited by law from sharing confidential reports about me that it receives either from a law enforcement agency or from a current or former employer, I am entitled to receive summaries of the contents of the reports upon request.

Release: I hereby release, discharge and exonerate any person, agency or entity supplying information and documents about me to the University pursuant to the above Authorization from any and all liability of every nature and kind arising out of the furnishing of such information and documents.

I understand that the University has sole authority to designate which positions or responsibilities require background checks.

Certification: I hereby certify that all statements on the attached background check form are true and correct to the best of my knowledge and belief. I understand that the University of California, Berkeley solicits this information and may solicit additional information so as to be informed of my previous record and character. I further understand and agree that any misrepresentation, falsification, or omission of facts by me may constitute good cause for corrective action, up to and including my disqualification, release or dismissal from University employment. I also understand and agree that my employment with the University of California is conditioned upon the University's determination that the results of this background check are satisfactory. I further agree and understand that future criminal behavior by me may be considered in a review of employment status by the University of California.

Sample Only

Signature Date

Sample Only

Witness signature Date

Complete other side.

Print name: Doe Sample _____
Last First Middle

Date of birth: XX/XX/XXXX Social Security #: XXX-XX-XXXX Driver's License #: XXXXXXXXXXXX

Home phone: XXXXXXXXXXXX Business phone: XXXXXXXXXXXX Cell phone: XXXXXXXXXXXX

Other names you have used: _____

Current address: 123 XXXXXX XXXXXXXXXXXX XX XXXXX
Street City State Zip How long?

How long have you lived in California? XXXXXXXXXXXX

For the following questions regarding disclosure of prior criminal history, exclude:

- Convictions for marijuana-related offenses for personal use more than two years old (as specified in H&S 11361.5)
- Traffic violations for which the fine imposed was \$300 or less
- Any judicially dismissed convictions

Have you ever been convicted of any felony? Yes X No X

Have you ever been convicted of a misdemeanor? Yes X No X

Have you ever paid a citation (i.e., traffic ticket)? Yes X No X

If yes, please describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case:

Note: A "yes" response will not necessarily disqualify you from consideration for employment. Failure to disclose will be viewed as a possible bar to employment.

Are you out on bail or released on your own recognizance pending trial? Yes X No X

If yes, please explain:

XX

Note: A "yes" response will not necessarily disqualify you from consideration for employment. Failure to disclose will be viewed as a possible bar to employment.

Note: Applicant/Employees will receive a summary of criminal background information. Original materials are confidential.

Document Number
(for internal purposes only)

INTERDEPARTMENTAL ORDER

Originating Department SAMPLE DEPT	Requested by XXXX DOE	Phone Ext 2-XXXX	Date XX-XX-XXXX	Deliver to XXXXXX	Date needed
Charge approved by XXXX DOE II	Approval Signature <i>XXXX</i>	Phone Ext	Date XX-XX-XXXX	Delivery Address 123 XXXXXX STREET	

Description of Goods and/or Service	Quantity	Rate	Total
FINGERPRINTING	1		103.00
Total:			103.00

Account(s) to be charged:

Name of ORG to be charged	BU	Account	Fund	ORG	Prog	Project	Flexfield	SpeedType	Reference	Amount
XXXXXXXXXX XXXXXXXXX	X	XXX	XXXXX	XXXXX	XX					103.00

For dept. use (credit or other reference)
