

UCLA HEALTH REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

Job Title or Position Interviewing for: House Staff_2015 Job # _____

Department/Division: _____

Department Manager/Interviewed by: Sharina Kumar EXT. x58307

Location: WW SMH SOM NPH/NPI FPG

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

UCLA Health Recruiters: Aaron Bella Brock David Lisa Nancy Reggie Robin C Sheri

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 (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

Type of Applicant: Employment

Misc. No. BIL-130032

Level of Service DOJ and FBI

05507

Mail Code

ATI No. _____ If resubmission, list original ATI _____

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