OHLONE COLLEGE

FINGERPRINT PROCESS

TO: New Employees
FROM: Human Resources
Re: Fingerprint Process

In order to be employed, new employees must have their fingerprints processed. Fingerprints are processed for the District by:

Livescan Identity
4075 Papazian Way, Suite 104
Fremont, CA 94538
(510)-795-8885

Hours are:
Monday-Friday 9:00 a.m. to 5:00 p.m. (By appointment only)
Saturday Call for hours. (By appointment only).

Please make sure to indicate on the Request for Live Scan Service your job title and complete the Applicant part of the form. FINGERPRINTS WILL NOT BE TAKEN IF THE FORM IS INCOMPLETE.

Government-issued identification is required (driver’s license or passport)
FROM OHLONE COLLEGE TO LIVESCAN IDENTITY
43600 Mission Blvd
Fremont, CA 94539

Head north on Mission Blvd
Turn left onto Washington Blvd
Continue onto Fremont Blvd
Turn left onto Papazian Way
**State of California**

**REQUEST FOR LIVE SCAN SERVICE**

**ORI:** A1612  
**Type of Application:**  
**Employment:**

**Agency Address & Contributing Agency:**

Ohtone Community College District  
Agency authorized to receive criminal history information  
43600 Mission Blvd  
Street No. Street or PO Box  
Fremont CA 94539  
City State Zip Code

**Mail Code (five-digit code assigned by DOJ):** 00998  
**Contact Name (Mandatory for all school submissions):** Vy Anderson  
**Contact Telephone No.:** (510) 659-6088

**Name of Applicant: (Please print)**

**First Name:**  
**Last Name:**  
**MI:**

**Alias:**

**Sex:**  
 Male  
 Female

**Date of Birth:**

**Height:**

**Weight:**

**Eye Color:**

**Hair Color:**

**Place of Birth:**

**Social Security Number:**

**Your Number:** 010213829  
**OCA No. (Agency Identifying No.):**

**Level of Service:**

**DOJ**  
**FBI**

**If resubmission, list Original ATI Number:**

**Employer:** (Additional response for agencies specified by statute)

**Employer Name:**

**Street No.**

**Street or PO Box:**

**Mail Code (five digit code assigned by DOJ):**

**Agency Telephone No. (optional):**

**Live Scan Transaction Completed By:**

**Name of Operator**

**Date**

**Transmitting Agency**

**ATI No.**

**Amount Collected/Billed**

**ORIGINAL – Live Scan Operator; SECOND COPY – Applicant; THIRD COPY (if needed) – Requesting Agency**