

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
7100 Stevenson Blvd, Suite 125
Fremont, CA 94538
(510)-795-8885
jmiller@livescanidentity.com

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)

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A1612 Type of Application: Employment
Code assigned by DOJ
 Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:
Ohlone Community College District 00998
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)
43600 Mission Blvd Christina Caratachea
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
Fremont CA 94539 (510) 659-7354
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI
 Alias: _____ Driver's License No: _____
Last First
 Date of Birth: _____ Sex: Male Female Misc. No. BIL - _____
Agency Billing Number
 Height: _____ Weight: _____ Misc. Number: _____
 Home Address: _____
 Eye Color: _____ Hair Color: _____
Street No. Street or PO Box
 Place of Birth: _____
City, State and Zip Code
 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)

 City State Zip Code () Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date
 Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____