

# County of Los Angeles – Department of Health Services

Harbor-UCLA  
  High Desert  
  LAC+USC  
  MLK/MACC  
  OVMC  
  Rancho  
  JCHS  
  CHC/Clinic \_\_\_\_\_

## Human Resources Checklist Workforce Member On-Boarding Checklist - Component I

County Employee  
  Registry/Contract  
  Resident/Fellow  
 Student  
 Volunteer  
 Voluntary Attending Staff

**Workforce Member Name:** \_\_\_\_\_ **Employee/C#:** \_\_\_\_\_

**Area/Unit:** \_\_\_\_\_ **Position/Title:** Medical Student

**Assignment Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Agency:** DGSOM at UCLA

General Information	Date	Initials of HR Rep
<b>PAR/NCPR</b>		
Received Approved PAR or Non-County Personnel Requisition (NCPR)*		
<b>Identity Verifications</b>		
Identity Verification (Picture identification) and make copy		
Contingent Offer of Employment (County employees)		
Parental Authorization for Minors (Do not process applicant under 18 w/o authorization)		
DHS Criminal Background Investigation Policy Statement		
Conviction Disclosure Instructions		
Information Sheet (full-time employment must be terminated prior to full-time County employment)		
"Do Not Send" Status Verification		
<b>Licensure / Certification / Registration / Permit (Primary Source Verification)</b>		
<b>California License/Registration/Certification/Permit (photocopy)</b>		
Type	Number	Expiration Date
CPR Certification, as required (photocopy)		
<b>On-line Exclusion List Verifications</b>		
Office of the Inspector General/List of Excluded Individuals and Entities(OIG/LEIE) –printout		
General Services Administration/Excluded Parties List System (GSA/EPLS) – printout		
Medi-Cal Suspended and Ineligible Provider List (S&I List) Clearance - printout		
<b>◆ NOTE: IN-PROCESSING STOPS HERE IF "DO NOT SEND STATUS", PRIMARY SOURCE VERIFICATION(S) AND/OR EXCLUSION LISTS ARE NOT CLEARED.</b>		
<b>Criminal Background Check</b>		
<b>Health Clearance</b> (Received Employee Health Services Clearance)		
<b>2<sup>nd</sup> Primary Source Verification</b> (If final check-in is more than 5 days from initial primary source)		
<b>I9 Verification (County employees and Independent Contractors only)</b>		
<b>Outside Employment Policy</b> (Collect completed form)		
<b>Conflict of Interest Policy</b> (Collect completed form)		
<b>County Rules/Regulations/Policies (Comprehensive Policy Statement)-Non-County Staff Only</b>		
<b>Acknowledgment of Conditions of Assignment (Non-County Staff Only) – collect signed doc</b>		
<b>Issue Badge</b>		

# Human Resources Checklist

## Workforce Member On-Boarding Checklist - Component I

Workforce Member Name: \_\_\_\_\_ Employee/ID#: \_\_\_\_\_

Area/Unit: \_\_\_\_\_ Position/Title: Medical Student

Assignment Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Agency: DGSOM at UCLA

<b>General Information</b>	<i>Date</i>	<i>Initials of HR Rep</i>
<b>DHS Handouts/Handbooks</b>		
Facility Orientation/Re-orientation Handbook		
Employee Patient Safety Handbook		
Universal Precautions – What employees need to know		
Risk Management Employee Handbook		
County Policy of Equity		
Domestic Violence Victims Handbook		
APR 09.02.01 (formerly APR 17)		
Code of Conduct Handbook & Study Guide (collect acknowledgment)		
Privacy & Security Survival Guide: Protecting Patient Information (Handbook and Policy Packet)		

\*NCPR only required if non-County individual was not on-boarded through Contractor/Agency link to EHS Database.

\_\_\_\_\_  
**Signature: Human Resources Office** / **Date**                      **Workforce Member Signature** / **Date**

**IDENTIFICATION BADGE WILL BE ISSUED UPON COMPLETION OF ON-BOARDING**



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

ORI (Code assigned by DOJ)	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: DEPARTMENT OF HEALTH SERVICES, COUNTY OF L.A.			06096
Agency Authorized to Receive Criminal Record Information			Mail Code (five-digit code assigned by DOJ)
5555 FERGUSON DRIVE			GLORIA ALVAREZ
Street Address or P.O. Box			Contact Name (mandatory for all school submissions)
COMMERCE	CA	90022	(323) 914-5268
City	State	Zip Code	Contact Telephone Number

### Applicant Information:

Last Name	First Name	Middle Initial	Suffix
Other Name (AKA or Alias) Last	First Name	Suffix	
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Height	Weight	Eye Color	Hair Color
Place of Birth (State or Country)	Social Security Number		
Home Address	Street Address or P.O. Box		
Driver's License Number		Billing Number (Agency Billing Number)	
Misc. Number (Other Identification Number)		City	
State		Zip Code	

Your Number: _____ <small>OCA Number (Agency Identification Number)</small>	Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
If re-submission, list 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



# COUNTY OF LOS ANGELES

## Candidate Conviction History Questionnaire

<b>Position Applying for: (Exact Title)</b>			
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	
<b>Other Name(s) Used:</b>			
<b>Street Address</b>	<b>Apt. No.</b>	<b>Home Telephone Number</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Alternate Telephone Number</b>
<b>E-mail Address</b>			
<b>Social Security Number:</b>		<b>Driver's License Number:</b>	
<b>IMPORTANT: You will be asked to submit a copy of this form each time you are being considered for a position. Please retain a copy for your records.</b>			
<p><b>CONVICTIONS</b></p> <p>Have you ever been convicted of any crime by any court, including a military court, except as provided in the box below? <input type="checkbox"/> <b>YES</b>   <input type="checkbox"/> <b>NO</b></p> <p>If you responded <b>NO</b>, please sign and date the Certification of Applicant below.          If you responded <b>YES</b>, please read the following information, complete page 2, then sign and date the Certification of Applicant below.</p> <div style="background-color: #f0f0f0; padding: 10px; border-radius: 10px;"> <p><b>The following convictions need <u>not</u> be disclosed:</b></p> <p><b>Judicially Dismissed &amp; Diversion</b></p> <ul style="list-style-type: none"> <li>A. Any conviction that was judicially dismissed under Penal Code Section 1203.4</li> <li>B. Any record regarding a referral to, or participation in, any pre-trial or post-trial diversion program</li> <li>C. Any conviction where you have successfully completed a "deferred entry of judgment" program; if you are currently participating in a "deferred entry of judgment" program, you must disclose that conviction</li> <li>D. A conviction where the Court has ordered the record sealed or dismissed</li> </ul> <p><b>Juvenile Offenses</b></p> <p>Any conviction while a juvenile (under 18 years old), unless the job announcement identifies particular convictions that must be disclosed for that particular classification or position, <i>regardless of age</i> when convicted. However, you must disclose convictions while a juvenile if tried or convicted as an adult.</p> <p><b>Traffic Offenses</b></p> <p>A conviction for a traffic offense that was less than \$390.</p> <p><b>Miscellaneous Offenses</b></p> <p>Any conviction that is more than two years old and is for one of the following violations:</p> <ul style="list-style-type: none"> <li>A. Health &amp; Safety Code Section 11357(b) or (c) (possession of marijuana), or any statutory predecessor to that section</li> <li>B. Health &amp; Safety Code Section 11360(c) (transportation of marijuana), or any statutory predecessor to that section</li> <li>C. Health &amp; Safety Code Section 11364 (possession of drug paraphernalia), Section 11365 (presence in a place where a controlled substance is being used), and Section 11550 (use of a controlled substance) as they relate to marijuana prior to January 1, 1976, or any statutory predecessors to those sections</li> </ul> </div>			
<p><b>CERTIFICATION OF APPLICANT (please read carefully):</b> I hereby certify that all statements made in this Candidate Conviction History Questionnaire are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statement, regardless of when discovered, may result in my disqualification or dismissal from employment with the County of Los Angeles.</p>			
<b>Date:</b> _____		<b>Signature of Candidate:</b> _____	

Please attach additional pages if necessary:

<b>OFFENSE OR CASE NAME</b> <i>(Provide Penal Code or other code section if known)</i>	<b>CONVICTION DATE</b> <i>(on or about)</i>	<b>WHERE VIOLATION OCCURRED</b> <i>(City, County, State)</i>	<b>SENTENCE &amp; STATUS</b>

c: Official Personnel File



TO: Workforce Members (County/Non-County)  
 FROM: Human Resources Manager  
 SUBJECT: Photo Identification (ID) Badge

Please read the following procedures carefully as specified in DHS Policy 940:

1. Your ID badge must be prominently displayed at all times while on duty on County premises. Personnel failing to display their ID badges shall identify themselves upon request to any employee.
2. It is your responsibility to report a lost/stolen ID badge within (5) business days to the law enforcement agency having jurisdiction where the loss/theft occurred. You must sign an affidavit attesting to the fact that the ID badge was lost/stolen, and provide Human Resources with a copy of the police report along with the replacement cost of the ID badge. Copies of all documents will be filed in your official personnel file.
3. You are required to pay for the replacement of your ID badge if it is not returned or is lost, damaged, or destroyed due to personal negligence. Replacement fees for an ID badge are as follows:

**First identification badge replacement: \$25.00**  
**Second identification badge replacement: \$50.00**  
**Third identification badge replacement: \$100.00**

4. Your ID badge must be returned to your supervisor upon termination of employment/assignment. If it is not returned because it is lost/stolen, you must submit a copy of the police report and affidavit. If you do not submit either of the above, the payment of your accrued benefits may be withheld up to three (3) months. Non- County workforce members' final payment may be withheld until return of the identification badge and any other County-issued equipment.

If you state that you have the ID badge but refuse to return it, the payment of your accrued benefits will not be issued until such time as the ID badge is returned.

5. Unauthorized use of your ID badge will be cause for severe corrective action which could include discharge from County service/assignment.

I have read the above procedures and agree to comply with them.

Print Name: \_\_\_\_\_ Title: Medical Student

Signature: \_\_\_\_\_ Emp. # (If applicable): \_\_\_\_\_

Division/Agency/School: DGSOM at UCLA

Photographer's Initials: \_\_\_\_\_ Date: \_\_\_\_\_