



**HUMAN RESOURCES APPOINTMENT CHECKLIST
FOR PART-TIME INSTRUCTORS
SAN BERNARDINO COMMUNITY COLLEGE DISTRICT
114 S. Del Rosa Drive
San Bernardino, CA 92408
(909) 382-4040**

For your Human Resource appointment, **WHICH MUST BE SCHEDULED BEFORE YOU MAY ENTER THE CLASSROOM**, you will need to bring with you:

1. California Driver's License
2. Social Security Card (*You must have a Social Security Card.*)
3. The Department of Justice must clear your fingerprints BEFORE you will be allowed to begin teaching. Fingerprints will need to be Live Scanned before your Human Resource appointment.
4. TB Test Results (*Must be within the last year.*) TB tests can be obtained from your own physician or at Health Services on either CHC or SBVC Campus.
5. Transcripts of qualifying degrees. Transcripts must be official.
6. If you would like your paycheck direct deposited, please bring a deposit slip.

YOUR APPOINTMENT WILL BE ON: Date: _____ Time: _____

With: _____

Directions to the District Office from Interstate 10:
Exit Tippecanoe, go north. Take Tippecanoe to Harry Sheppard, turn right.
On Del Rosa Drive, turn left. On Rialto, Turn left. District building is to the left.

LIVESCAN APPLICANT INFORMATION

1. **Make an appointment at the Roy C. Hill Educational Center located at 601 N. E Street, San Bernardino, CA 92410 by calling (888) 743-1485. You may make an appointment at another Live Scan location of your choice; however, you are responsible for ensuring that the location is an authorized agency through the Department of Justice. Live Scan sites can be located at <http://ag.ca.gov/fingerprints/publications/contact.php>.**

- When making your appointment please be ready to provide the following information:
 - Your first and last name
 - Referring/Requesting Agency/Employer
 - Position you are applying for
 - Type of clearance requested by your Agency (DOJ; FBI; CHILD INDEX ETC)

2. Fee Rates: Fees include live scan site rolling fees and DOJ processing fees. Fees may vary depending on location

Roy C. Hill Educational Center Fees

Fingerprint Type	Fee
Employment only (DOJ)	\$ 52.00

3. Please arrive at your scheduled appointment on time and prepared to provide the following required documentation.
 - Arrive 5 minutes early (Late arrivals will be rescheduled)
 - Completed live scan form including applicants address, phone number, requesting agency address, ORI and Email Code assigned by DOJ.
 - **Roy C. Hill Educational Center:** Money Orders ONLY -Make Payable to: SBCSS
 - Valid/Current picture identification
 - California driver's license
 - California state identification card
 - Out of state drivers license/id card
 - Military card
 - Passport
 - Non-resident registration card

REQUEST FOR LIVE SCAN SERVICE

BCII 8016A (3/07)

Applicant Submission for Public Schools or Joint Powers Agencies

ORI: A1145
Code assigned by DOJ

Type of Applicant: (check one) Classified School Emp. Credentialed School Emp

The following selections are for Public Schools only:

License, Certification, Permit Peace Officer Law Enforcement Personnel Volunteer

Job Title or Type of License, Certification or Permit: Adjunct (required to pay)

Agency Address Set Contributing Agency:

SAN BERNARDINO COMMUNITY COLLEGE DISTRICT

02187

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

114 S. DEL ROSA DRIVE

AMALIA PEREZ, HR ANALYST

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

SAN BERNARDINO CA 92408

909-382-4047

City State Zip Code

Contact Telephone Number

Name of Applicant:

(Please print)

Last

First

Middle Initial

AKA's: _____
Last First

CDL No. _____

DOB: _____ SEX: Male Female

Misc. No. **BIL** N/A
Agency Billing Number

HT: _____ WT: _____

Misc. No. _____

EYE Color: _____ HAIR Color: _____

Home Address: (Applies only if Youth Org. / HRA or Public Utility submission)

POB: _____

Street or P.O. Box

SOC: _____

City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list Original ATI No. _____

Live Scan Transaction Completed By:

Name of Operator

Date: _____

Transmitting Agency

ATI Number

Amount Collected/Billed