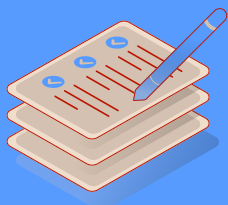




PROGRAMA DE VOLUNTARIADO ESCOLAR

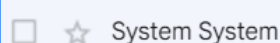
Success Factors, ATI e información de reimpresión 2025-2026

1 - 4



- Visita el sitio web de Success Factors
- Solicitar
- Crear una cuenta
- Aceptar la Política de Privacidad

5 - 6



- Correo electrónico de activación de SystemMessage@successfactors.com
- ID del candidato
- Enlace para activar el perfil



Dear [Candidate ID: 429874]

Your Account has been created. Please validate your email.

[Click Here](#)

Best Regards,

LAUSD Recruiting Team

*** This is an autogenerated email***



System System <system@successfactors.com>

To:

Retention: LAUSD 2 Year Deletion - Default Folders (2 years) Expires: Sun 3/14/2027 1:06 PM

⚠ This sender system@successfactors.com is from outside your organization.

CAUTION: EXTERNAL EMAIL

REGIONES

ESTE (323) 224-3382

NORTE (818) 654-3600

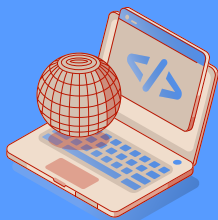
SUR (310) 354-3230

OESTE (310) 914-2124

VIRTUAL (213) 241-0113



7 - 12



- Continuar con la solicitud
- Iniciar sesión con tus credenciales
- Ingresar la información del candidato
- Ingresar lugar de trabajo (Todas las ubicaciones)
- Guardar



PROGRAMA DE VOLUNTARIADO ESCOLAR

Success Factors, ATI e información de reimpresión 2025-2026

DÓNDE LOCALIZAR LA ATI, FECHA DE LAS HUELLAS DACTILARES, UBICACIÓN DE LAS HUELLAS DACTILARES Y LOS ÚLTIMOS 4 DÍGITOS DEL SSN

SOLICITUD DE DOCUMENTO DE SERVICIO DE ESCaneo EN VIVO

STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
PAGE 1 of 4

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Only assigned to 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:

Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____

Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____

City _____ State _____ Zip Code _____

Contact Telephone Number _____

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name (AKA or Alias) _____

Date of Birth _____ Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Place of Birth (State or Country) _____ Social Security Number _____

Home Address (Street Address or P.O. Box) _____ City _____ State _____ Zip Code _____

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Your Number: _____ Level of Service: ☐ DOJ ☐ FBI
(If the Level of Service is FBI, the fingerprints will be used to check the original information of the FBI.)

If re-submission, list original ATI number: (Must provide proof of rejection) _____ Original ATI Number _____

Employer (Additional response for agencies specified by statute):

Employer Name _____

Street Address or P.O. Box _____ Telephone Number (optional) _____

City _____ State _____ Zip Code _____

Live Scan Transaction Completed By: _____

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____

STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
PAGE 2 of 4

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ) _____ Authorized Application Type _____

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____

Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____

City _____ State _____ Zip Code _____

Contact Telephone Number _____

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name (AKA or Alias) Last Name _____ First Name _____ Suffix _____

Date of Birth _____ Sex _____ Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number (Agency Billing Number) _____

Place of Birth (State or Country) _____ Social Security Number _____ Misc Number (Other Identification Number) _____

Home Address (Street Address or P.O. Box) _____ City _____ State _____ Zip Code _____

Your Number: _____ QCA Number (Agency Identifying Number) _____ Level of Service: ☐ DOJ ☐ FBI _____

If re-submission, list original 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 _____ Telephone Number (optional) _____

City _____ State _____ Zip Code _____

APPLICANT DIGITAL SIGNATURE

Digital Signature _____

DATE: _____

Privacy Notice (not for use): _____

PRIVACY NOTICE

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Service (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4000-9021, 7094-7094.16, 20000-20076, 11200-11206, and 22040-22041. Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1222, 141620-141630, 13600-13603a, 13603b, 13603c, 13603d, 13603e, 13603f, 13603g, 13603h, 13603i, 13603j, 13603k, 13603l, 13603m, 13603n, 13603o, 13603p, 13603q, 13603r, 13603s, 13603t, 13603u, 13603v, 13603w, 13603x, 13603y, 13603z, 13604, 13605, 13606, 13607, 13608, 13609, 13610, 13611, 13612, 13613, 13614, 13615, 13616, 13617, 13618, 13619, 13620, 13621, 13622, 13623, 13624, 13625, 13626, 13627, 13628, 13629, 13630, 13631, 13632, 13633, 13634, 13635, 13636, 13637, 13638, 13639, 13640, 13641, 13642, 13643, 13644, 13645, 13646, 13647, 13648, 13649, 13650, 13651, 13652, 13653, 13654, 13655, 13656, 13657, 13658, 13659, 13660, 13661, 13662, 13663, 13664, 13665, 13666, 13667, 13668, 13669, 13670, 13671, 13672, 13673, 13674, 13675, 13676, 13677, 13678, 13679, 13680, 13681, 13682, 13683, 13684, 13685, 13686, 13687, 13688, 13689, 13690, 13691, 13692, 13693, 13694, 13695, 13696, 13697, 13698, 13699, 13700, 13701, 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PROGRAMA DE VOLUNTARIADO ESCOLAR

Success Factors, ATI e información de reimpresión 2025-2026

AVISO DE REIMPRESIÓN PARA EL SOLICITANTE

Si es necesaria una reimpresión...

STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
Bureau of Criminal Information and Analysis
P.O. Box 903417
Sacramento, CA 94203-4170

DATE: 09/06/2024

CAUDPD LOS ANGELES
333 S BEAUDRY AVENUE
LOS ANGELES CA 90017

RE: DOJ APPLICANT FINGERPRINT SUBMISSION
***** DOJ APPLICANT REJECT NOTICE *****

APP ORI: A0052
APP NAME:
APP TYPE: VOLUNTEER/VCA
APP TITLE: VOLUNTEER
APP SERVICE REQUESTED: FBI/
OCA:
SID:
DOB:
SSN:
CDL:
ATI: B250STS580
OATI:
DATE SUBMITTED: 09/06/2024
SCN #: UU7R2500007

APP ADDRESS:

The Department of Justice was unable to process the applicant fingerprint transaction for this individual due to the reason listed below.
The applicant must be re-fingerprinted either electronically at any Live Scan site, or, if the individual resides out-of-state, on a standard FBI applicant fingerprint card (FD-258).

This applicant fingerprint submission was rejected for the following reason(s):
Fingerprint Quality Too Low To Be Used

To resubmit this transaction, please reference the ORIGINAL APPLICANT TRACKING

IDENTIFIER (OATI) XXXXXXXXXX. If a fingerprint card is used for the re-submission, this OATI number must be recorded in the class line area of the fingerprint card.

THE APPLICANT AGENCY:

If you have a subsequent arrest contract, or you are otherwise entitled to subsequent arrest information, you cannot receive subsequent arrest notification service on this applicant without re-submitting.

Any previous response regarding this applicant submission is invalid.

You may re-submit once based on these instructions without incurring additional processing fees.

- El director recibirá un correo electrónico de la Oficina de Participación Estudiantil, Familiar y Comunitaria (SFACE) que incluye la Carta de Reimpresión
- El director deberá imprimir la carta y entregársela al solicitante
- La/El solicitante tiene 30 días para reimprimir
- Si el solicitante no reimprime dentro de los 30 días, deberá imprimir como un nuevo solicitante
- El solicitante debe programar una cita para Live Scan en el mismo lugar al que fue originalmente y proporcionarles la carta de reimpresión
- Se debe usar el mismo número ATI al reimprimir. (Esta información se proporciona en la carta)
- El solicitante debe proporcionar a la escuela la nueva fecha de Live Scan y la escuela debe actualizar la solicitud en el Sistema de Gestión de Voluntarios.
- La escuela debe enviar un correo electrónico a families@lausd.net avisando la información actualizada y proporcionar la identificación del voluntario y el nombre del solicitante.

Para más información visita
families.lausd.org