



## CDEC Practicum Student Checklist

Submit the required documents to Human Resources prior to the start date. Incomplete documentation will be returned to the Department.

**Students are required to be at least 15 years of age and be a U.S. citizen or legal permanent resident. Current employees are only permitted to volunteer under specially approved conditions permitted by the Vice President of Human Resources.**

### REQUIRED DOCUMENTATION

(Request will not be processed if required documentation is missing.)

- Student Service Application
- Student Service Agreement and Release
- Proof of Identity (e.g., Driver's License)
- LiveScan Fingerprinting - Campus Police

FOR HR ONLY	
Application Received On:	ACTION: <input type="checkbox"/> Approve <input type="checkbox"/> Deny
Reviewed By:	Date:
Fingerprint Clearance Date:	All Documents Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	



## CDEC HR Application

Cerritos College students are uncompensated individuals who perform services directly related to the business of the District for the District's benefit, to support humanitarian, charitable, educational or public service activities or endeavors, or to gain experience in specific endeavors. To qualify as a District student, an individual must be willing to provide service according to District procedures and policies. An individual who provides services to an entity other than the District that may be related to the District, such as the Foundation or Associated Students of Cerritos College, will not be considered a District student.

Last Name	First Name	Middle	Preferred First Name (if different)
Home Address			Home Phone #
City, State, Zip Code		E-mail Address	Cell Phone #
Do you have any relatives, by blood or law, who are currently employed by Cerritos College? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if Yes, indicate name(s) and department(s))</i>			
Date of birth	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If not, you will need parental/guardian approval to student).</i>		

Are you currently employed at the District?  No  Yes

Have you ever studented for the District?  No  Yes *(if Yes, indicate dates, department and contact name)*

---



---

### EMERGENCY CONTACT INFORMATION

Last Name	First Name	Middle	Relationship
Home Address			Home Phone #
City, State, Zip Code		E-mail Address	Cell Phone #

I certify that all statements in this application and the record of conviction form are true. I also agree that if I am accepted as a student, I will abide by all of the District's policies, regulations, and procedures including fingerprints clearance from the Department of Justice. Parental Signature-required if student is under 18 years of age.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# REQUEST FOR LIVE SCAN SERVICE

Hiring Manager  
**Human Resources**  
Hiring Division/Department

## Applicant Submission

ORI (Code assigned by DOJ)

**CDEC Practicum Student**

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

### Contributing Agency Information:

**CERRITOS COLLEGE HUMAN RESOURCES DEPT**

Agency Authorized to Receive Criminal Record Information

**11110 ALONDRA BLVD**

Street Address or P.O. Box

**NORWALK**

City

**CA**

State

**90650**

ZIP Code

Volunteer

Authorized Applicant Type

**13749**

Mail Code (five-digit code assigned by DOJ)

**Dr. Mercedes Gutierrez**

Contact Name (mandatory for all school submissions)

**(562) 860-2451**

Contact Telephone Number

### Applicant Information:

Last Name

Other Name: (AKA or Alias)

Last Name

Sex  Male  Female

Date of Birth

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First Name

Suffix

Driver's License Number

Billing Number

(Agency Billing Number)

Misc. Number

(Other Identification Number)

City

State

ZIP Code

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

Applicant Signature

Date

Your Number: **VOL = \$0.00**

OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record 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

Mail Code (five digit code assigned by DOJ)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed