AGENCY ON AGING AREA 4

BACKGROUND CHECK INSTRUCTIONS: Sacramento

1. Print this packet.

2. Complete all areas highlighted in blue.

3. Bring all pages to Capital LiveScan. You can find walk-in locations at: https://www.capitallivescan.com/walk-in-services

- Remember to also bring **government-issued ID**.
- Give the completed form to LiveScan staff—they will fill in their portion of the form and return it to you.
- **Do not pay for the service.** Agency on Aging Area 4 covers the cost. If asked, let them know your background check is billed to AAA4.

4. Upload all forms to your Vome profile

1. **Once pages 3 and 4 are complete:**
   - Return to your Vome profile and upload both forms where requested.
   - If you forget where you left off, we automatically send out an email reminder 5 days after you …

Important: *We cannot access your background check results until we receive all forms. Processing can take several days, so please submit your documents as soon as possible. Your volunteer service cannot begin until your background check results have been received.*

Updated: Wednesday, August 5, 2026

CAPITAL LIVE SCAN

BILL NOTICE

Area 4 Agency on Aging

ORI: AI234
OCA: X-1227

Only valid at Capital Live Scan

MAKE SURE TO BRING:

1. This page (this page is required to bill the service to Agency on Aging Area 4)
2. The Request for Live Scan Service form (next page)
3. Valid government issued ID

ATTN TECHNICIAN: DO NOT COLLECT

Accountant
(866) 665-3278

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Print and complete the highlighted sections of this form and give to the LiveScan attendant. Once they complete their portion, return to your computer and upload it to your Vome profile.

Applicant Submission

Billed Form Only

ORI: Ai234
Code assigned by DOJ

Type of Application: Employee 11105 or Volunteer (Circle One)

Job Title or Type of License, Certification or Permit:

Agency Address Set Contributing Agency:

Area 4 Agency on Aging
Agency authorized to receive criminal history information

19216
Mail Code (five-digit code assigned by DOJ)

1401 El Camino Ave 4th floor
Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

Sacramento CA 95815
City State Zip Code

Contact Telephone No.

Applicants to Fill Out Only the Section Below

Name of Applicant:
(Please Print) Last First MI

Driver's License No:

Date of Birth: SEX: Male Female Misc. No. BIL - 154013
Agency Billing Number

Height: Weight: Eye Color: Hair Color:

Home Address:
Street No. Street or PO Box

City State Zip

Social Security Number:

Below Section To be Filled Out by LiveScan Technician

OCA Number: X-1227

Level of Service: [X] DOJ [X] FBI

If resubmission, list original ATI Number:

Live Scan Transaction Completed By:
Name of Operator LSID# Date

Capital Live Scan
Transmitting Agency

ATI No:

Do Not Collect
AMOUNT

No Appointment Necessary

Contact Info	**Capital Live Scan**	**Office Hours**	
		Mon-Fri	9am-6pm
(916)456-5260	5706 Broadway	Saturday	10am-2pm
ContactUs@Capitallivescan.com	Sacramento, CA 95820	Sunday	Closed

AGENCY ON AGING AREA 4

Print and complete the highlighted sections of this form and upload it to your Vome profile along with your completed LiveScan form (previous page). Please upload all forms as one file.

CONFIDENTIAL: AUTHORIZATION FOR BACKGROUND CHECK

This form authorizes Agency on Aging Area 4 to access your Background Check results.

Print Name: _____

Today's Date: _____ Other Names Used: _____

Social Security Number: _____/_____/_____ Date of Birth: _____

Driver's License: _____ State: _____

Telephone Number(s):_____

Current Address: _____

City/Town: _____ State: _____ Zip Code: _____

Previous Address (if less than 5 years):_____

City/Town: _____ State: _____ Zip Code: _____

I, _____, hereby authorize **Agency on Aging Area 4** to investigate my background, consumer report and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that **Agency on Aging Area 4** will utilize outside firms and agencies to assist in checking such information, and I specifically authorize such investigation by the selected information and background retrieval service of the agency's choice. I understand that the scope of the consumer report/investigation may include but is not limited to the following areas: verification of social security number; current and previous addresses; employment history; education background; character references; civil and criminal history records, and any other public records requested. I also understand that I may withhold my permission and that in such case, no investigation will be completed and my application for employment will not be processed further.

I hereby release **Agency on Aging Area 4** and its agents or representatives both individually and collectively responsible from any and all liability for damages of any kind, which may, at any time, result to me, my heirs, family, associates or business relations because of compliance with this authorization and request to release.

_____ _____

Signature: Date:

Updated: August 5, 2026