



## APPLICANT INFORMATION SHEET

Thank you for considering becoming a part of the Wahiawa General Hospital Team. We are pleased you are interested in working with us. We believe that every employee at Wahiawa General Hospital makes an important contribution to patient care, and we strive to maintain a staff of the most qualified professionals available.

We believe your time is valuable. Therefore, before you take time to complete our Application for Employment, we would like to present you with the following brief summary of expectations required of each team member. We hope this will assist you in deciding whether or not you would like to become a member of our team.

1. We expect our staff to exhibit the highest caliber of customer service to include not only our external customers, but our internal customers as well, including each other. We want you to be able to work with us to provide quality health care in an environment that is sensitive to the needs of patients and their families, employees, and medical staff. Our service standards, known as "W.O.W" for Wahiawa's Outstanding Ways, are:

**Live the "Golden Rule."** Do unto others as you would have them do unto you.

**Communicate** with everyone in a respectful manner.

**Guarantee Customer Satisfaction.** Go above and beyond the call of duty.

**Smile** and politely greet everyone when possible.

**Telephone Etiquette.** Always practice proper telephone etiquette.

**Escort customers** to appropriate service areas when possible.

**Be culturally considerate.** Use the appropriate language in the presence of patients and customers.

2. We are a smoke, drug, and alcohol-free workplace. As a condition of employment we require employees to report to work in a physical condition which enables them to perform their duties in a safe, productive, and healthy manner. Employees are expected to maintain this health status throughout their work shift. If selected for employment you will be required to submit to a post-offer pre-placement drug test. Employees are also subject to reasonable cause drug testing.
3. Successful applicants who are offered employment will be subject to a background check, including criminal conviction history.
4. Regular attendance is essential to the efficiency and economy of operations and quality of patient care, as well as consideration of co-workers. Employees are expected to report to work in a timely and consistent manner.
5. We do not tolerate violence in the work place. This includes maintaining a work environment free from intimidation, threats or violent acts. Complaints are investigated promptly and appropriate action taken.
6. We are an Equal Employment Opportunity employer. We seek to employ the best qualified individuals from the available labor force and provide them with an opportunity for advancement, where possible, in a manner which does not discriminate pursuant to applicable law, because of

race, color, religion, national origin, ancestry, sex (including pregnancy), age, disability or handicap status, veteran status, marital status, arrest and court record, sexual orientation, or other grounds protected under the state and federal equal employment opportunity laws, regulation, and/or applicable executive order (except where criminal conviction record has a rational relationship to the functions of the job).

7. We will not tolerate verbal or physical conduct by any supervisor, employee, professional colleague, medical staff, patient or vendor which harasses, disrupts, or interferes with the delivery of patient care or another's work performance or which creates an intimidating, offensive, or hostile work environment. We prohibit discrimination or harassment of any employee, applicant for employment, vendor patient, or member of the public based on gender/sex, color, race religion, national original, age, handicap status or disability, arrest and court record, marital status, sexual orientation or other protected category.

Thank you for taking the time to review this information sheet. If you feel Wahiawa General Hospital is where you would like to be considered for employment, please proceed with completing the Application for Employment. If you have any questions about the foregoing or the application process, please contact a Human Resources Department staff member.



# WAHIAWA GENERAL HOSPITAL

An Equal Employment Opportunity Employer

## APPLICATION FOR EMPLOYMENT

WGH-PER-202

Date:
Job/Position you are applying for (must be filled in)
Are you able to perform the essential functions of this position with or without reasonable accommodation?
Have you ever been employed at WGH? Date of Employment?

Equal Opportunity Employer: Company is an equal opportunity employer. Applicants are considered for positions without discriminating on the basis of race, color, religion, national origin, ancestry, sex (including gender identity or expression), sexual orientation, age, disability, genetic information, marital status, arrest and court record, credit history, domestic or sexual violence victim status, veteran/military status, citizenship status, or any other characteristic protected by federal, state, or local law.

### GENERAL INFORMATION (Please print plainly):

Name	Email Address	
Address	Telephone No. (Cell or Residence)	
City	State	Zip Code

### Additional Information:

Are you related to any person(s) presently employed by this hospital? _____ If Yes, please list names(s) below:
May we contact your current & previous employer(s)? YES <input type="checkbox"/> NO <input type="checkbox"/>

### Desired Employment Status (choose one)

Full-Time (40 hours a week) <input type="checkbox"/> Part-Time (20 hours a week) <input type="checkbox"/>	Call-In <input type="checkbox"/> (Requires flexible schedule) Total number of hours available to work per week Sunday to Saturday? _____
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**EMPLOYMENT RECORD:** STARTING WITH PRESENT or MOST RECENT, list all previous employers. Include self-employment, military service, summer, and part-time jobs. *Please attach additional sheets if necessary, following the same format.*

Name & Address of Current or Former Employer	Dates Employed	Position & Duties	Salary	Reason for Leaving
<b>Company Name</b> Phone No. & Street City & State Zip	From Mo./Yr. _____ To Mo./Yr.	Position _____ Supervisor's Name	Start \$ _____ End \$	
<b>Company Name</b> Phone No. & Street City & State Zip	From Mo./Yr. _____ To Mo./Yr.	Position _____ Supervisor's Name	Start \$ _____ End \$	
<b>Company Name</b> Phone No. & Street City & State Zip	From Mo./Yr. _____ To Mo./Yr.	Position _____ Supervisor's Name	Start \$ _____ End \$	

Name & Address of Current or Former Employer		Dates Employed	Position & Duties	Salary	Reason for Leaving
<i>Company Name</i>	Phone	From Mo./Yr.	Position   Supervisor's Name _____	Start \$	
No. & Street		_____		End \$	
City & State	Zip	To Mo./Yr.			

**EDUCATION:**

Education	Name of School	Address	No. of Yrs. Attended	Degrees
High School				
College				
Other (graduate school, trade school, etc.)				

**PROFESSIONAL CREDENTIALS**

Credential Name	Type	Expiration Date
Hawaii Professional License Number		
Certificate/Registration Number		
CPR		
OTHER		

Nursing Applicant ONLY: List your particular Interest(s):

As a professional required to be licensed to do my job, I agree to notify the organization in writing within five to seven (5-7) days of receiving any written or oral notice of any adverse action, including, without limitation, exclusion from participation in any federal or state health care or procurement programs, any filed and served malpractice suit or arbitration action; any adverse action by a state licensing board; any adverse action which has resulted in the filing of a report with the state licensing board; any revocation of DEA license; a conviction of any felony or a misdemeanor of moral turpitude; any action against any certification under the Medicare or Medicaid programs; or any cancellation, non-renewal or material reduction in medical liability insurance policy coverage.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**MISCELLANEOUS:**

Typing:  \_\_\_\_\_ WPM  \_\_\_\_\_ 10-key Other office Equipment: \_\_\_\_\_

Computer Software:  Word  Excel  Access  PowerPoint  Internet  Outlook  Publisher  Visio

**REFERENCES: (Non relatives)**

Name	Occupation
Address	Telephone No.

**REFERENCES (continued) –Non Relatives**

Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.

**NOTE:**

It is the policy of this Company to hire only U. S. citizens and aliens who are authorized to work in this country. *(As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service’s Form I-9.)*

**ACKNOWLEDGMENT AND CERTIFICATION:**

By signing below, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission made herein, when discovered, may subject me to discharge. I authorize the Company to investigate my work history, education, character, reputation, and background as it deems necessary for purposes of considering my application for employment. In exchange for the Company’s consideration of my application for employment, I hereby release the Company and all providers of information (including, but not limited to, any of my former employers, educational institutions attended, and personal references) from all liability relating to or arising out of any inquiry by the Company regarding my work history, education, character, reputation, and background.

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination (or drug test) at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to undergo a medical (or drug) examination at Company expense and by a Company-chosen physician. I agree to provide the Company with any authorization or release which may be required for a pre-employment medical examination or drug test.

If chosen for the position I am applying for and after a conditional offer of employment is extended to me, I further agree to notify the organization in writing within five to seven (5-7) days of receiving any written or oral notice of any adverse action, including, without limitation, exclusion from participation in any federal or state health care or procurement programs, any filed and served malpractice suit or arbitration action; any adverse action by a state licensing board; any adverse action which has resulted in the filing of a report with the state licensing board; any revocation of DEA license; a conviction of any felony or a misdemeanor of moral turpitude; any action against any certification under the Medicare or Medicaid programs; or any cancellation, non-renewal or material reduction in medical liability insurance policy coverage.

If chosen for the position I am applying for and after a conditional offer of employment has been extended to me, the hospital may inquire and consider any criminal conviction<sup>1</sup> or negative credit check<sup>2</sup> records that I have. The hospital may withdraw any conditional offer of employment made to me if my criminal convictions or credit check reports bears a rational relationship to the duties and responsibilities of the position for which I have applied and hired for.

**This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I am employed, my employment is “at will” and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice. Only the President is authorized to modify the Company’s at-will employment policy or enter into any agreement contrary to this policy. Any such modification must be in writing and signed by the employee and the President.**

This application will only be considered for three months. I understand that if I have not been hired within three months of completing this application, and I still wish to be considered for employment, I must complete another application.

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Applicant Signature Application Date

<sup>1</sup> Hawaii Revised Statutes §378-2.5

<sup>2</sup> Hawaii Revised Statutes §378-2.7

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**ACKNOWLEDGMENT OF AT-WILL EMPLOYMENT  
AND  
AGREEMENT TO ARBITRATE DISPUTES**

I, (on behalf of myself, heirs, and spouse), and Wahiawa General Hospital, (hereafter "Hospital"), acknowledges and agrees as follows:

**Section I: At-Will Employment**

I understand that employment with the Hospital is at-will. I RETAIN THE RIGHT TO QUIT EMPLOYMENT WITH THE HOSPITAL AT ANY TIME, WITHOUT PRIOR NOTICE OR REASON, AND THE HOSPITAL LIKEWISE RETAINS THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITHOUT PRIOR NOTICE OR REASON. I agree and understand that no representative of the Hospital has authority to alter or modify my at-will status, or to enter into any agreement to employ me for a specified period of time, except in a written document signed by an authorized management representative of the Hospital.

**Section II: Arbitration of Disputes**

- A. Because of the delay and expense involved in litigation before state or federal courts, or before state or federal agencies, the Hospital and I understand and agree that any claim or dispute arising out of, or relating to my recruitment, hiring, employment or termination from employment with the Hospital shall be subject to final and binding arbitration, pursuant to the Federal Arbitration Act, 9 U.S.C. §1 *et seq.* The arbitration will be conducted in Honolulu, Hawaii.
- B. Claims which must be arbitrated under this Agreement include, but are not limited to: (1) any and all claims based on common law, whether in tort or contract; (2) any employment discrimination, harassment, or retaliation claims based on federal claims based on federal or state law; (3) claims for violation of the Family Medical Leave Act; (4) claims for violation of the Fair Labor Standards Act; (5) claims for whistle blowing or violation of public policy; (6) any claim based on state or federal statute; (7) any claim based on any state or federal constitutional provision; and (8) any amendments or modifications to such laws. However, any claim by the Employee for unemployment benefits or workers' compensation is not subject to mandatory arbitration under this agreement.
- C. Employee's agreement to arbitrate any claim or dispute arising out of or relating to Employee's recruitment, hiring, employment or termination from employment shall include any and all claims brought against any agent, co-employee, supervisor, manager, officer, owner, director, or shareholder of the Hospital, present, future or former, if said claim or dispute related to or arises out of Employee's recruitment, hiring, employment or termination from employment with the Hospital.
- D. Arbitration shall be initiated by either party by providing the other party with a written demand for arbitration which describes the nature of the dispute. The arbitration of any dispute under this Agreement shall be conducted pursuant to the rules and procedures of the American Arbitration Association (hereafter "AAA"), under the then-existing rules governing employment disputes unless the parties mutually agree to an alternative procedure such as that provided by Dispute Prevention & Resolution, Inc.
- E. This agreement regarding arbitration of disputes between myself and the Hospital may only be modified by a writing which is signed by both me and an authorized management representative of the Hospital.

- F. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I RELEQUISH THE RIGHT TO A TRIAL BY A JUDGE, JURY, OR ADMINISTRATIVE AGENCY, OF ANY CLAIM OF DISPUTE RELATING TO OR ARISING OUT OF MY RECRUITMENT, HIRING, EMPLOYMENT OR TERMINATION WITH THE COMPANY.
  
- G. The Hospital will advance the costs of any fees incurred to invoke arbitration under this Agreement. Neither party, however, foregoes any substantive rights or remedies as provided by law.

**Section III: Entire Agreement Regarding At-will Status and Arbitration**

I acknowledge and agree this Agreement contains the entire agreement and understanding between myself and the Hospital. This Agreement takes precedent over and supersedes any prior policies or agreements, whether oral or in writing, relating to the subject matter herein and the scope of claims to be arbitrated. This agreement shall not extend to any claim arising under the arbitration provisions of any applicable union contract.

**Section IV: Severability of Provisions**

The parties intend that this Agreement be enforceable to the fullest extent permitted by law. Should any term or provision of this Agreement be determined to be illegal, void, or invalid, such term or provision shall be considered severed or modified to conform with law, and the remaining terms and provisions of this Agreement shall continue in full force and effect.

**Section V: Miscellaneous**

This Agreement shall be binding upon and pass to the benefit of the successor and assigns of this Hospital. Waiver by the Hospital of any particular breach of this Agreement by me shall not be deemed a waiver by the Hospital of any of my promises or obligations herein, or of any subsequent breach by me.

By signing below, I acknowledge that I have read and understand this Agreement, and agree to the terms and conditions set forth above.

**APPLICANT/EMPLOYEE**

**WAHIAWA GENERAL HOSPITAL**

\_\_\_\_\_  
*Signature* *Date*

\_\_\_\_\_  
*Signature* *Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Title*





## BACKGROUND VERIFICATION DISCLOSURE

As part of the employment process, Wahiawa General Hospital, may obtain a Consumer Report and/or an Investigative Consumer Report. The Fair Credit Reporting Act as amended by the consumer Reporting Reform Act of 1996 requires that we advise you that for purposes of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided, in the event the Report contains information regarding your character, general reputation, personal characteristics, or mode of living.

## AUTHORIZATION AND RELEASE

During the application process and at any time during any subsequent employment, I hereby authorize Healthcare Employment Screening, Honolulu Information Services, Pinkerton or any other research service selected by Wahiawa General Hospital to procure a Consumer Report on behalf of the Hospital which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, court record repositories, department of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

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Print Name

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Date

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Signature

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Social Security Number



**Background Checks (Per Hawaii Revised Statutes §378 - 2.5 & Hawaii Revised Statutes §321 – 15.2)**

**BACKGROUND CHECK DISCLOSURE**

**Wahiawa General Hospital** (the "Company") may order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes, to the maximum extent permitted by applicable law.

The background check company, Honolulu Information Services, will prepare the background report for the Company. Honolulu Information Services is located at 1136 Union Mall #301, Honolulu, HI 96813, and can be reached by phone at (808) 524-4488 or at their Internet Web site address <http://www.honinfo.com>.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, criminal history, and credit standing. An "investigative consumer report" is a background report that includes information from personal interviews. Information may be obtained from private and public sources and for investigative consumer reports from personal interviews as noted above. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized in the document titled A Summary of Your Rights Under the Fair Credit Reporting Act, as provided on subsequent pages.

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**PLEASE PROCEED TO THE NEXT DOCUMENT: THE AUTHORIZATION FOR BACKGROUND CHECKS.**



**BACKGROUND CHECK INFORMATION**

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

For Identification Purposes Only: Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_

Enter Nickname(s) Used \_\_\_\_\_

Enter Any Other Names Used (including maiden names):

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_



Addresses Within The Past Ten (10) Years (use a separate sheet as needed)

Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Prior Street Address \_\_\_\_\_

Prior City/State/ZIP \_\_\_\_\_



Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Prior Street Address \_\_\_\_\_

Prior City/State/ZIP \_\_\_\_\_



Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Prior Street Address \_\_\_\_\_

Prior City/State/ZIP \_\_\_\_\_



Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Prior Street Address \_\_\_\_\_

Prior City/State/ZIP \_\_\_\_\_

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Prior Street Address \_\_\_\_\_

Prior City/State/ZIP \_\_\_\_\_

Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Prior Street Address \_\_\_\_\_

Prior City/State/ZIP \_\_\_\_\_

Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Prior Street Address \_\_\_\_\_

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Prior City/State/ZIP \_\_\_\_\_

Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Prior Street Address \_\_\_\_\_

Prior City/State/ZIP \_\_\_\_\_

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## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore)

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box # 11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8<sup>th</sup> Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

## CALIFORNIA DISCLOSURE

The Company may order an investigative consumer report on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional such reports on you for employment purposes. Such reports may contain information about your character, general reputation, personal characteristics, and mode of living. The background check company, Honolulu Information Services, will prepare the background report for the Company. Honolulu Information Services is located at 1136 Union Mall #301, Honolulu, HI 96813, and can be reached by phone at (808) 524-4488 or at their Internet Web site address: <http://www.honinfo.com>.

### A Summary of Your Rights Under the Provisions of California Civil Code Section 1786.22

The Investigative Consumer Reporting Agencies Act (ICRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). You can find the complete text of the ICRA, at the California Privacy Protection web site (<http://www.privacy.ca.gov/icraa.htm>). The ICRA gives you specific rights, as outlined below. You may have additional rights under federal law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

(a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.

(b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:

(1) In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.

(2) By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.

(3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.

(c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity.

(d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10.

(e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.

(f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.

**NEW YORK CORRECTION LAW**  
**ARTICLE 23-A**  
**LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY**  
**CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

**Section 750. Definitions.**

**751. Applicability.**

**752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.**

**753. Factors to be considered concerning a previous criminal conviction; presumption.**

**754. Written statement upon denial of license or employment.**

**755. Enforcement.**

**§750. Definitions.** For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

**§751. Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

**§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

**§753. Factors to be considered concerning a previous criminal conviction; presumption.**

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.



(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**§754. Written statement upon denial of license or employment.** At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a

written statement setting forth the reasons for such denial.

**§755. Enforcement.**

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

## **OFFICIAL NOTICE**

### **San Francisco Fair Chance Ordinance**

#### ***Provide to job applicants/employees prior to requesting a criminal inquiry***

**Starting August 13, 2014, the Fair Chance Ordinance (San Francisco Police Code, Article 49) requires employers to follow strict rules regarding job applicants' and employees' criminal history.** The ordinance covers jobs in San Francisco, and applies to employers doing business in San Francisco who have 20 or more employees (regardless of the employees' locations).

**Certain matters are off-limits.** An employer may *never* ask about, require disclosure of, or consider: an arrest not leading to a conviction (other than an unresolved arrest that is still undergoing criminal investigation or trial.); participation in a diversion or deferral of judgment program; a conviction that has been expunged or made inoperative; any determination in the juvenile justice system; a conviction more than 7 years old; and a criminal offense other than a felony/misdemeanor. Matters that are off-limits cannot be used by the employer for any reason at any stage of the hiring process.

**An employer cannot ask about an individual's conviction history or unresolved arrests at the start of the hiring process.** This includes through a job application form, informal conversation, or otherwise.

**A mandatory interactive process for matters not off-limits.** Only after a live interview has been conducted, or a conditional offer of employment made, is the employer allowed to ask about an individual's conviction history (except as to matters that are off-limits) and unresolved arrests. Only those convictions and unresolved arrests that *directly relate* to the individual's ability to do the job may be considered in making an employment decision.

Before the employer may take an adverse action such as failing/refusing to hire, discharging, or not promoting an individual based on a conviction history or unresolved arrest, the employer must give the individual an opportunity to present evidence that the information is inaccurate, the individual has been rehabilitated, or other mitigating factors. The individual has seven days to respond, at which point the employer must delay any adverse action for a reasonable time and reconsider the adverse action. The employer must notify the individual of any final adverse action.

*Evidence of rehabilitation* include satisfying parole/probation; receiving education/training; participating in alcohol/drug treatment programs; letters of recommendation; and age at which the individual was convicted. *Mitigating factors* include coercion, physical or emotional abuse, and untreated substance abuse/mental illness, that contributed to the conviction.

**No Retaliation.** An employer may not take an adverse action against an applicant or employee for exercising their rights under the ordinance or cooperating with the Office of Labor Standards Enforcement.

If you need more information, or wish to report an employer that you believe has violated this ordinance, please contact the OLSE at 415-554-5192 or email [FCE@sfgov.org](mailto:FCE@sfgov.org).



## PRE-PLACEMENT DRUG TESTING

Wahiawa General Hospital is committed to providing quality patient care and a safe, healthy, and productive work environment through a drug and alcohol free workplace. All offers are contingent upon the applicant submitting to a drug test. Wahiawa Hospital will not hire any individual who fails to pass the pre-placement drug test.

### CONSENT FORM

I understand that as required by WAHIAWA GENERAL HOSPITAL (hereinafter referred to as "Hospital"), all applicants must be tested for controlled substances as a pre-condition of employment.

I understand that if I fail to report to the designated collection site within twenty-four (24) hours from time of notification, I will be disqualified for any and all employment which may be available now, or which may become available in the future.

I consent to the urine sample collection and testing for controlled substances, which are amphetamines (including crystal methamphetamine), barbiturates, benzodiazepines, cocaine, marijuana (THC), opiates (including heroin), phencyclidine (PCP).

The medical review officer will maintain the results of my test. Negative and positive results will be reported to the Hospital. If the results are positive, the controlled substance will be identified. The results will be treated as confidential information.

I understand the above conditions and hereby agree to comply with them.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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### SELF-IDENTIFICATION FORM

Wahiawa General Hospital is an equal opportunity employer. As required by law, we must record certain information to be made a part of our affirmative action program.

Applicants for employment are invited to participate in the affirmative action program by reporting their status as a protected veteran or other minority. In extending this invitation, we advise you that: (a) workers (applicants) are under no obligation to respond but may do so in the future if they choose; (b) responses will remain confidential within the human resources department; and (c) responses will be used only for the necessary information to include in our affirmative action program. We are a company that values diversity. We actively encourage women, minorities, veterans, and disabled employees to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Name: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

**GENDER:** Male  Female

**RACE or ETHNICITY IDENTITY:\*** (select ONE, see back for definitions)

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Two or more races (not Hispanic or Latino)

**VETERAN STATUS:\*\*** (see back for definitions)

- I am a protected veteran
- I am NOT protected veteran
- I do not wish to self-identify

**Date Completed:** \_\_\_\_\_

**How did you hear about our opening?**

- Employee Referral
- Company Website
- Job Board
- Social Media
- Advertisement (print/radio/TV)
- Recruiter
- Other – Please explain: \_\_\_\_\_

#### **\*EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES**

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (*not Hispanic or Latino*)** – A person having origins in any of the original people of Europe, the Middle East or North Africa.

**Black or African American (*not Hispanic or Latino*)** – A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (*not Hispanic or Latino*)** – A person having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (*not Hispanic or Latino*)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (*not Hispanic or Latino*)** - A person having origins in any of the original peoples of North and South American (including Central America) and who maintain tribal affiliation or community attachment.

**Two or more races (*not Hispanic or Latino*)** – All persons who identify with more than one of the above races.

#### **\*\*PROTECTED VETERAN DEFINITION**

**Protected veteran** means a veteran who may be classified as an active duty wartime or campaign badge veteran, disabled veteran, Armed Forces service medal veteran or recently separated veteran.

**Active duty wartime or campaign badge veteran** means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

**Armed Forces service medal veteran** means any veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159)

**Disabled veteran** means (1) a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs, *or* (2) a person who was discharged or released from active duty because of a service-connected disability.

**Recently separated veteran** means during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.