

APPLICANT DATA COLLECTION FORM

The California Fair Employment and Housing Commission requires employers to obtain information from each job applicant concerning the applicant's race, sex, and national origin, and the job for which the applicant is applying. This form is used to provide each applicant an opportunity to furnish such information on a voluntary basis. Accordingly, a decision not to provide the information will not be used as a basis for any employment decision. All information that is provided will be used for research and statistical purposes and will be kept separately from an employee's main personnel file. Furthermore, such information will not be used for any discriminatory purpose.

If you choose to provide the information, please complete the following: Date _____

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black

- Hispanic
- White
- Other (Please Specify)

National Origin _____ Sex: Male _____ Female _____

Position Applied for _____

What Office Machines can you operate?	What plant equipment can you repair or maintain?
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Foreign Languages Read: (indicate fluency)

Foreign Languages Spoken: (indicate fluency)

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address:	Street	Apt. #	City	State	Zip Code	How long here?
Former Address:	Street	Apt. #	City	State	Zip Code	How long here?
Former Address:	Street	Apt. #	City	State	Zip Code	How long here?
Former Address:	Street	Apt. #	City	State	Zip Code	How long here?
Former Address:	Street	Apt. #	City	State	Zip Code	How long here?

PERSONAL REFERENCES

1. Name	Address	Telephone No.
2. Name	Address	Telephone No.
3. Name	Address	Telephone No.

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Hospital unless I have indicated to the contrary. I authorize the references listed above to provide the Hospital any and all information concerning my previous employment and any pertinent information that they may have. Further, I release damages that may result from furnishing such information to the Hospital as well as from the use or disclosure of such information by the Hospital or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Hospital and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Hospital. I also understand that all offers of employment are conditioned on submitting to and successfully passing a pre-employment medical screening which includes certain lab work and a drug screening, satisfactory proof of identity, and legal authority to work in the United States.

Further, I hereby certify that I am not presently under investigation for healthcare fraud, waste or abuse by any governmental agency, nor have I been limited, restricted or excluded from participating in federal healthcare programs, including, but not limited to, Medicare, MediCal or Champus.

Applicant's Signature	Date
Name and Address of Person to be notified in case of Emergency:	Name
	Telephone No.
	Address
	City
	State
	Zip Code

Relationship:

If applicant is employed, this becomes a permanent record.



DISCLOSURE AND CONSENT REGARDING CONSUMER REPORTS

Please be advised that one or more consumer reports may be obtained by Lodi Memorial Hospital and/or its parent, affiliate, or subsidiary companies (collectively, "Lodi Memorial Hospital") for employment purposes prior to any offer of employment and prior to other employment decisions including decisions regarding promotion, reassignment or retention as an employee. These consumer reports may contain information concerning your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

These consumer reports may also include investigative consumer reports obtained from Corporate Screening Services, Inc., 16530 Commerce Court, Cleveland, Ohio 44130-6305 Phone Number 800 229-8606. These investigative reports may include information concerning your character, general reputation, personal characteristics, and mode of living and may include information obtained through interviews. Should you be offered a position a form that describes the nature and scope of the investigation that Lodi Memorial Hospital anticipates requesting will be included in your new hire packet. A summary of your rights under the California Investigative Consumer Reporting Agencies Act is attached. You may also request, in writing, a written summary of your rights under the Fair Credit Reporting Act.

Please sign below to indicate your consent:

- 1) I hereby authorize Lodi Memorial Hospital to obtain consumer reports, including investigative consumer reports, concerning me for employment purposes, which purposes include evaluating me for employment, promotion, reassignment or retention as an employee, or any other employment purpose, at all times during the pendency of my employment application and, if I am hired, throughout the duration of my employment period. If I am hired, this authorization shall remain on file and shall serve as ongoing authorization for Lodi Memorial Hospital to procure consumer reports, including investigative consumer reports, for lawful purposes at any time during my employment period.
- 2) I hereby authorize any present or former employers, consumer reporting agencies, educational institutions, criminal justice agencies, departments of motor vehicles, public agency, financial institutions, or any other person or agency having knowledge of me to relate information or opinions about myself, including data received from other sources, in order that I may be evaluated for employment purposes. I hereby release these persons and/or organizations from any and all liability for damages of whatever kind or nature, whether known or unknown, which may at any time accrue to me on account of information obtained pursuant to this authorization.

Print Name

Date

Signature

Social Security Number

Please check this box if you would like to receive a copy of the consumer report(s) at no charge.

Information in this document is intended only as a service to inform or be educational in nature. Nothing herein should ever be construed as legal advice or opinion, nor as the offer of such.

(CA Notice of Rights)

CALIFORNIA NOTICE OF RIGHTS FOR INVESTIGATIVE CONSUMER REPORTS

1786.22.

- (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 identify.
- (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 investigate 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.

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