

HAWAII HEALTH SYSTEMS CORPORATION HUMAN RESOURCES 3675 KILAUEA AVENUE HONOLULU, HAWAII 96816	<u>C O N F I D E N T I A L</u> REQUEST FOR STATE AND FEDERAL CRIMINAL HISTORY RECORD CHECKS
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Criminal history records checks for federal and state convictions are periodically conducted as required of all persons providing services to and/or receiving clinical instruction from HHSC. Information requested here is needed to make determinations as to whether any conviction has a bearing on your fitness to provide services or eligibility to receive clinical instruction at HHSC. Convictions, other than those noted on the HHSC application, will not automatically disqualify you; however, a suitability investigation may be conducted depending on when the conviction occurred and the type(s) of conviction(s). As a general rule, individuals with a conviction that bears a rational relationship to the position and/or service area, that falls within the past 10 years (excluding periods of incarceration), may render you unsuitable. Also, certain convictions such as an assault on a patient are automatic grounds for disqualification. During this suitability investigation period, you may not, at the discretion of HHSC, be allowed to perform services or receive clinical instruction until the investigation is completed.

Please **PRINT** (black ink) or type all requested information in PARTS I and II of this form, sign and return to: _____. Please bring a valid State issued picture i.d. with you.

PART I –FULL DISCLOSURE

Have you ever been convicted of a violation of law? Yes No

NOTE: In answering this question, you must report all convictions. DO NOT report the following:

- (1) Arrests not followed by convictions;
- (2) Convictions which were annulled or expunged;
- (3) Offenses for which you were tried as a minor or juvenile;

If you answer "YES" to the question above, use this space to provide the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.

PART II – PERSONAL DATA

Full Name: _____
Last First Middle

Address: _____
Any Alias(es)/Former Name(s),
Including Maiden Name:

City Zip Code

Social Security No. : _____ Date of Birth: _____ Place of Birth: _____ Sex: _____
Month/Day/Year

Facility/Department: _____ Job Title: _____

Acknowledgement and Release:

I certify that information provided in PARTS I and II of this form is true and correct. I understand that providing my social security number is voluntary and to be used only for employment purposes. I also consent to criminal history record checks, which may include fingerprinting. I understand that any consideration for providing services or consideration for clinical instruction is contingent upon satisfactory completion of a suitability study, if applicable. In the event of falsification and/or omission of my conviction information in PART I of this form, I acknowledge that such action would deem me unsuitable for service consideration or for clinical instruction at Hawaii Health Systems Corporation.

Consent and Notification:

I, the undersigned, hereby authorize the Department/Division listed above to submit a set of my fingerprints to the Hawaii Criminal Justice Data Center (HCJDC) and the Federal Bureau of Investigation (FBI) for the purposes of accessing and reviewing state and national criminal history records that may pertain to me. I understand that my fingerprints will be retained by the HCJDC and the FBI for all purposes and uses authorized for fingerprint submissions, which may include participation in the state and national rap back program.

I understand that I have the right to challenge the accuracy and completeness of the results of my fingerprint- based criminal history record check. Should the Department/Division policy not allow a copy of the results to be given to me, I may obtain a copy of my criminal history record by submitting fingerprints and fees directly to the HCJDC and/or FBI. I understand that the procedures for obtaining a change, correction, or updating of my criminal history record are set forth in Title 28, Code of Federal Regulations, Section 16.34.

I acknowledge that I have read, understand, and agree to the FBI Privacy Act Statement.

 (Signature)

 (Date)

FOR HUMAN RESOURCES USE ONLY:

REMINDER:

When making your conviction inquiry into the CJIS-Hawaii data bank, please conduct two searches on every request.

1st search: Enter social security number, date of birth and sex.

2nd search: Enter last name, first name, social security number, date of birth and sex.

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PART III – SEARCHES

From **Criminal Justice Data Center, Department of the Attorney General**

No convictions.

Report attached.

BY: _____
Employment Officer/Designee

Date: _____

From **Federal Bureau of Investigation**

No convictions.

Report attached.

BY: _____
Employment Officer/Designee

Date: _____

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PART IV – DETERMINATION OF SUITABILITY

Individual named above is:

Suitable.

Unsuitable.

BY: _____
Regional Chief Human Resources Officer/Designee

Date: _____