2012 Human Resource Package

Instructions:

1. Call Human Resource to make your appointment for fingerprint and processing: 818-364-3311
2. Complete this package before you go to your appointment.
3. When completing the forms, use the name on your drivers’ license. Do not use nicknames.
4. Make sure you take with you to Human Resource your driver’s license for identification on the day of your appointment.

Thank You
West of the main Hospital Building is Cobalt Avenue (off Olive View Drive, Cobalt towards the mountains). A large parking area is immediately on your right. At the far end of the parking areas are two staircases leading up to a two-story white building - the ValleyCare Education Center.

The Education Center is located on Olive View grounds not in the main hospital. (Please refer to map for directions.)
1. LAST NAME | FIRST NAME | MIDDLE NAME | Social Security Number
2. RESIDENCE-Street and Number | City and Zip Code
4. Since (date) | Telephone | Email Address
5. Date of Birth | 6. Date residency established | California | L.A. County
7. In case of emergency, notify: Telephone
Street and Number | City
8a. Do you claim Veteran’s Credit? Yes _____ No ____ If yes, complete 8b.
8b. Military Service in the Armed Forces of the United States
From | To | Serial Number
Highest Rank or Rating | Branch | Type of Discharge
9. List office and shop machines you can operate:
10. List heavy equipment you can operate?
11. If the position for you are applying requires operating a vehicle on the job, please furnish:
OPERATORS OR CHAUFFEURS LICENSE SERIAL NO. | Expiration Date
12. Foreign Languages | Read | CHECK | Write | Speak | 13. EDUCATION | Name and Location of School | Last Grade Completed | Date Completed | College Major | Degrees
Spanish | Grammar and High School
French | Other
Other | Other
14. Professional or Technical Licenses, Permits, etc. (Show state, county or city in which registered):
15. Have you ever been convicted of a misdemeanor or felony in any court (including traffic court)?
Yes _____ No ____ If, “Yes” give the following information for each offense (use additional sheets if necessary):
DATE OF CONVICTION | POLICE DEPARTMENT OR COURT | CHARGE | DISPOSITION

PRIOR CONVICTIONS WILL NOT AUTOMATICALLY BAR EMPLOYMENT; HOWEVER, FAILURE TO FULLY AND ACCURATELY DISCLOSE PRIOR CONVICTIONS MAY CONSTITUTE GROUNDS FOR DISQUALIFICATION AND/OR IMMEDIATE TERMINATION.
16. Have you ever been convicted of a crime under a different name (or names)? If so, please list.

17. If you have worked for Los Angeles County under a different name (or names), please list.

18. I am willing to work the following shifts:
   (1) Day Shift  (2) Night Shift  (3) Swing Shift  (4) Weekend Shift

19. Remarks (identify by box number)

20. EMPLOYMENT HISTORY:
   Begin with present or last experience
   Account for past ten years or past ten employers

<table>
<thead>
<tr>
<th>From Mo-Yr</th>
<th>To Mo-Yr</th>
<th>Time In Mos.</th>
<th>Position or Occupation</th>
<th>Duties performed in each employment</th>
<th>Wages or Salary</th>
<th>Name and addresses of all former employers including other County depts. as well as private firms.</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If discharged, give detail (REQUIRED):

21. I CERTIFY THROUGH MY SIGNATURE THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PRINT NAME ___________________________  SIGNATURE ___________________________  DATE ________________

PERSONNEL USE ONLY

DATE OF LIVE SCAN ________________________  I CERTIFY THROUGH MY SIGNATURE THAT I HAVE REVIEWED THIS FORM FOR COMPLETION.

RESULTS
CLEAR □  Date ____________
PM □  Date ____________
ACCEPTABLE □  UNACCEPTABLE □  Date ____________

DATE OF PHYSICAL ________________________  SIGNATURE -- HR REPRESENTATIVE

DATE OF CLEARANCE ________________________  PRINT NAME ___________________________  DATE ________________

REVISED 05/13/11 (SUPERCEDES ALL OTHER VERSIONS)

If you are selected for this position and are not a citizen, you will be required to submit an alien registration card.

PLEASE PRINT IN INK
**REQUEST FOR LIVE SCAN SERVICE**

**Applicant Submission**

<table>
<thead>
<tr>
<th>ORI:</th>
<th>Type of Application:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Agency Address Set Contributing Agency:**

<table>
<thead>
<tr>
<th>Agency authorized to receive criminal history information</th>
<th>Mail Code (five-digit code assigned by DOJ)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>06096</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trinidad Ayala</th>
<th>Contact Name (Mandatory for all school submissions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(323) 890-8328</td>
</tr>
</tbody>
</table>

Name of Applicant: (Please print)

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Alias:

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of Birth: Sex: Male Female

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Height: Weight:

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Eye Color: Hair Color:

<table>
<thead>
<tr>
<th>Eye Color</th>
<th>Hair Color</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Place of Birth:

<table>
<thead>
<tr>
<th>Place of Birth</th>
<th>Street No.</th>
<th>Street or PO Box</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Social Security Number:

<table>
<thead>
<tr>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Your Number: OCA No. (Agency Identifying No.)

<table>
<thead>
<tr>
<th>Your Number</th>
<th>OCA No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If resubmission, list Original ATI Number:

<table>
<thead>
<tr>
<th>If resubmission, list Original ATI Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Employer:** (Additional response for agencies specified by statute)

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Street No.</th>
<th>Street or PO Box</th>
<th>Mail Code (five digit code assigned by DOJ)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Agency Telephone No. (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Live Scan Transaction Completed By:

<table>
<thead>
<tr>
<th>Name of Operator</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Transmitting Agency

<table>
<thead>
<tr>
<th>Transmitting Agency</th>
<th>ATI No.</th>
<th>Amount Collected/Billed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ACKNOWLEDGMENT OF CONDITIONS OF ASSIGNMENT
(Contract/Registry Staff, Non-County Residents/Fellows/Affiliates, Volunteers, Students)

I have read the attached policy regarding non-County workforce members and agree to the following conditions of County assignment:

- My sole employer is ____________________________, upon which I rely exclusively for payment of salary and any and all other benefits payable to me or on my behalf during the period of this contractual arrangement/assignment. I understand and agree that I am not an employee of Los Angeles County for any purpose and that I do not have and will not acquire any rights or benefits of any kind from the County during the period of my assignment in County Facility(ies).

  - I am a □ Non-County Resident/Affiliate/Fellow  □ Contract/Agency Staff  □ Volunteer  □ Student

- I understand and agree that I am not an employee of Los Angeles County for any purpose and that I do not have and will not acquire any rights or benefits of any kind from the County during the period of my assignment in County facility(ies).

- Los Angeles County appointment can be terminated, changed, or altered by the County at any time, with or without cause or prior notice. This policy includes and applies to, without limitation, alternation of status, and cannot be changed in any way except by written agreement between myself, the employing/sponsoring entity and an authorized officer of the hospital in which I am assigned.

Scope of Assignment:
Check one

- □ The scope of my assignment involves direct patient care activities for which I will maintain current licensure, certification and/or registration without restriction and provide evidence to the appropriate authorities at the medical center or facility.

- □ The scope of my assignment does not involve direct patient care duties, although if my assignment requires licensure, certification and/or registration, I will keep it current and without restriction.

- Liability insurance and workers compensation are the responsibility of my employer or academic institution, unless otherwise contractually provided, and the County of Los Angeles shall be held harmless and will not defend in any action taken against me as a result of activities within any County facility.

- I must be free of communicable disease, including, but not limited to, tuberculosis, hepatitis B, varicella, rubella, and rubeola and provide verifying evidence to the hospital’s Occupational/Employee Health Services as a prior condition of my assignment and annually as required by Occupational/Employee Health Services.

- I may be required to submit to fingerprinting for a criminal background check from the State Department of Justice or F.B.I. Any information received from the background check that I have not disclosed may constitute grounds for immediate dismissal or release.

- I must complete mandatory orientation processes (i.e., New Workforce Orientation and area/unit based) immediately upon being appointed to my assigned hospital and/or its associated facilities.

- The photo-identification badge issued by DHS Human Resources must be worn at all times, as defined in the hospital policies and procedures, and prominently displayed for review by patients, other workforce members and the public. The badge must be returned to the facility Human Resources office during normal business hours or to the assigned area designee during off-shifts (i.e., holidays, after business hours).

- Research activities are confined to the specific requirements of the Institutional Review Board (IRB)-approved project assigned, as applicable.

- I may not enter into any patient care or work area except as defined in my job description, applicable assignment and/or IRB-approved research project. Exceptions must be approved in writing by the Chief Medical Officer, appropriate Executive staff member, and/or Associate Dean, Graduate Medical Education.

- Patient records are confidential documents that shall be kept confidential and never removed from the County facility providing the patient’s care. Patient records will not be photocopied without the consent of the patient and the Director of Health Information Management. Access to patient records for research is limited to records required for the specific IRB-approved research project assigned and must be under the direction of the supervisor.

- Use of County resources (telephones, facsimile machines, computers, e-mail, Internet, copiers, medical equipment, etc.) is restricted to activities required in my job description and/or appropriately required by the identified assignment.

- I declare that I am not currently and will not, for the duration of my tenure as an independent contractor with the County, engage in any paid/unpaid outside activity that is incompatible to or inconsistent with my County assignment.

- I will not receive compensation from Los Angeles County for performing my County assignment.

____________________________________  ______________________________  _______
Name (printed) and Signature  Staff ID #  Date

I provided the non-County workforce member above with a copy of the Consolidated Policy Statement and this signed Acknowledgment of Conditions of Assignment.

____________________________________  ______________________________  _______
HR Representative Name (printed) and Signature  Dept. #  Date

H://non-county staff/acknowledgment form (12/17/08)
BACKGROUND INVESTIGATION POLICY

As part of its background review, the County of Los Angeles live scans all new hires, current County employees who transfer or promote to sensitive positions, and non-County personnel who work in sensitive positions. We receive criminal history information from the State of California Department of Justice Bureau of Criminal Identification and Information (DOJ). Any such information received from the DOJ that has not been disclosed by the applicant/employee on the employment application and/or Information Sheet may constitute grounds for discipline, up to and including discharge. Non-County personnel who fail to disclose criminal history information may be disqualified from the assignment and deemed unacceptable for service.

Applicant/Employee Signature _____________________________________________

Print Name ____________________________________________________________

Date __________________________

6/10/09
CONVICTION DISCLOSURE INSTRUCTIONS

1. Traffic misdemeanor/felony convictions include the following: D.U.I., Reckless Driving, Driving Without License, Driving While License Suspended, etc.

2. Convictions are PERMANENT and they will show up on your criminal background report even after 10 years.

3. Having convictions does not automatically disqualify you as a candidate, but failure to disclose ANY conviction WILL result in automatic disqualification.

4. If you have any doubt about your criminal history, do not complete any forms until you have obtained your own criminal background results from the California Department of Justice (DOJ). Instructions on requesting your own criminal records can be found at http://ag.ca.gov/fingerprints/security.php.

I have read these instructions and I understand them completely.

Signature ____________________________ Date ________________

6/10/09
EMPLOYEE ACKNOWLEDGEMENT AND RECEIPT OF
COUNTY POLICY OF EQUITY

I, ___________________________________________, _______________________________

Employee Name Payroll Title

acknowledge that I am expected to read, understand and adhere to the
County Policy of Equity and have received a copy.

DATE: ________________________________________________

DEPT: ________________________________________________

EMPLOYEE SIGNATURE: ________________________________

EMPLOYEE NUMBER: _________________________________

Distribution:

1.) Original to Official Personnel File
2.) Record in Countywide Learning Management System (LMS)
DATE: __________________________

TO: __________________________

FROM: __________________________

NON-COUNTY ASSIGNMENT - BACKGROUND INVESTIGATION AND MEDICAL EXAMINATION

This is to advise you that your assignment with the Department of Health Services is contingent upon you passing a Live Scan criminal background investigation and clearance of a health screening.

Once these clearances are obtained, a start date for your assignment will be established.

Acknowledgment:

My signature below certifies that I was advised of and understand the above requirements.

_________________________  __________________
Signature       Date

GK

c: Personnel File
TO: Workforce Members (County/Non-county)

FROM: Human Resources Manager

SUBJECT: ValleyCare Photo Identification (ID) Badge

Please read the following procedures carefully, as specified in DHS Policy 940:

1. Your ID badge must be prominently displayed at all times while on duty on County premises. Personnel failing to display their ID badge shall identify themselves upon request to any employee.

2. It is your responsibility to report a lost/stolen ID badge within five (5) business days to the law enforcement agency having jurisdiction where the loss/theft occurred. You must sign an affidavit attesting to the fact that the ID badge was lost/stolen, and provide Human Resources with a copy of the police report along with the replacement cost of the ID badge. Copies of all documents will be filed in your official personnel file.

3. You are required to pay for the replacement of your ID badge if it is not returned, lost, damaged, or destroyed due to personal negligence. Replacement fees for ID badge are as follows:

   - First identification badge replacement: $25.00
   - Second identification badge replacement: $50.00
   - Third identification badge replacement: $100.00

4. Your ID badge must be returned to your supervisor upon termination of employment/assignment. If it is not returned because it is lost/stolen, you must submit a copy of the police report and affidavit. If you do not submit either of the above, the payment of your accrued benefits may be withheld up to three (3) months.

   If you state that you have the ID badge but refuse to return it, the payment of your accrued benefits will not be issued until such time as the ID badge is returned.

5. Unauthorized use of your ID badge will be cause for severe disciplinary action which could include discharge from County service.

I have read the above procedures and agree to comply with them.

Print name: _______________________________ Title: _______________________________

Signature: _______________________________ Emp# (if applicable): ____________________

Division/Agency/School: _______________________________

Photographer’s initials: _____ Date: ________________

Orig: Employee Personnel File
H:/non-county staff/photo ID badge/ (12/17/08)