

<b>HAWAII HEALTH SYSTEMS CORPORATION HUMAN RESOURCES 3675 KILAUEA AVENUE HONOLULU, HI 96816</b>	<b>CONFIDENTIAL</b> <b>REQUEST FOR STATE AND FEDERAL CRIMINAL HISTORY RECORD CHECKS</b>
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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

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

Address: \_\_\_\_\_  
Street City State Zip Code

\_\_\_\_\_  
- - / / \_\_\_\_\_ \_\_\_\_\_  
Social Security No. Date of Birth Place of Birth Sex  
Month/Day/Year

Facility/Dept: \_\_\_\_\_ / \_\_\_\_\_ 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.

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

**FOR HUMAN RESOURCES USE ONLY:**

**REMINDER:**

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

1<sup>st</sup> search: Enter social security number, date of birth and sex.

2<sup>nd</sup> 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 HR Director/Designee

Date: \_\_\_\_\_