Human Resources Checklist
Workforce Member On-Boarding Checklist - Component I

West County Employee ◯ Registry/Contract ◯ Resident/Fellow ◯ Student ◯ Volunteer ◯ Voluntary Attending Staff

Workforce Member Name: ___________________________ Employee/C#: ___________________________

Area/Unit: ___________________________ Position/Title: ___________________________

Assignment Start Date: ___________ End Date: ___________ Agency: ___________________________

<table>
<thead>
<tr>
<th>General Information</th>
<th>Date</th>
<th>Initials of HR Rep</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAR/NCPR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received Approved PAR or Non-County Personnel Requisition (NCPR)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identity Verifications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identity Verification (Picture identification) and make copy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contingent Offer of Employment (County employees)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Authorization for Minors (Do not process applicant under 18 w/o authorization)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHS Criminal Background Investigation Policy Statement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conviction Disclosure Instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information Sheet (full-time employment must be terminated prior to full-time County employment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Do Not Send” Status Verification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensure / Certification / Registration / Permit (Primary Source Verification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>California License/Registration/Certification/Permit (photocopy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type</td>
<td>Number</td>
<td>Expiration Date</td>
</tr>
<tr>
<td>CPR Certification, as required (photocopy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-line Exclusion List Verifications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office of the Inspector General/List of Excluded Individuals and Entities (OIG/LEIE) – printout</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Services Administration/Excluded Parties List System (GSA/EPLS) – printout</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Suspended and Ineligible Provider List (S&amp;I List) Clearance – printout</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> IN-PROCESSING STOPS HERE IF &quot;DO NOT SEND STATUS&quot;, PRIMARY SOURCE VERIFICATION(S) AND/OR EXCLUSION LISTS ARE NOT CLEARED.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal Background Check</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Clearance (Received Employee Health Services Clearance)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Primary Source Verification (If final check-in is more than 5 days from initial primary source)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I9 Verification (County employees and Independent Contractors only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outside Employment Policy (Collect completed form)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict of Interest Policy (Collect completed form)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Rules/Regulations/Policies (Comprehensive Policy Statement)-Non-County Staff Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acknowledgment of Conditions of Assignment (Non-County Staff Only) – collect signed doc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issue Badge</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Human Resources Checklist
Workforce Member On-Boarding Checklist - Component I

Workforce Member Name: ___________________________ Employee/ID#: ___________________
Area/Unit: ___________________________ Position/Title: ___________________________
Assignment Start Date: ___________ End Date: ___________ Agency: ___________________________

<table>
<thead>
<tr>
<th>General Information</th>
<th>Date</th>
<th>Initials of HR Rep</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS Handouts/Handbooks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Orientation/Re-orientation Handbook</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Patient Safety Handbook</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universal Precautions – What employees need to know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk Management Employee Handbook</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Policy of Equity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Violence Victims Handbook</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APR 09.02.01 (formerly APR 17)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code of Conduct Handbook &amp; Study Guide (collect acknowledgment)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*NCP only required if non-County individual was not on-boarded through Contractor/Agency link to EHS Database.

Signature: ___________________________ Human Resources Office: ___________________________ Date: ___________
Workforce Member Signature: ___________________________ Date: ___________

IDENTIFICATION BADGE WILL BE ISSUED UPON COMPLETION OF ON-BOARDING
REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (code assigned by DOJ)  
Non-County Employment  
Authorized Applicant Type

Type of License/Certification/Permit QR Working Title  
(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:
Department of Health Services  
Agency Authorized to Receive Criminal Record Information
5555 Ferguson Drive  
Street Address or P.O. Box
Commerce CA 90022  
City State ZIP Code

Applicant Information:

Last Name
Other Name (AKA or Alias) Last
First Name Middle Initial Suffix
Sex Male Female
Date of Birth
Driver's License Number
Height Weight Eye Color Hair Color
Billing Number (Agency Billing Number)
Place of Birth (State or Country) Social Security Number
Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box
City State ZIP Code

Your Number: OCA Number (Agency Identifying Number)

Level of Service: X DOJ X FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name
Mail Code (five digit code assigned by DOJ)
Street Address or P.O. Box
City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator Date
Transmitting Agency LSID

ATI Number Amount Collected/Billed

ORIGINAL - Live Scan Operator  SECOND COPY - Applicant  THIRD COPY (if needed) - Requesting Agency
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

ec

c: Personnel File
# LOS ANGELES COUNTY
## DEPARTMENT OF HEALTH SERVICES

### ATTACHMENT III
#### INFORMATION SHEET

<table>
<thead>
<tr>
<th>1. LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2a. Social Security Number</th>
<th>/</th>
<th>/</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3. Other Name(s) Used</th>
<th>4. Circle Marital Status:</th>
<th>5. Circle Gender</th>
<th>6. Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single</td>
<td>Married</td>
<td>Male</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5a. RESIDENCE-Street and Number</th>
<th>5c. City and Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>7. Residence Since (date)</th>
<th>8. Telephone</th>
<th>9. Email Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>10. Date of Birth</th>
<th>11. Date Residency established in California</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. Date Residency established in Los Angeles County</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>13a. In case of emergency, notify:</th>
<th>13b. Telephone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>13c. Street and Number</th>
<th>13d. City, State, Zip Code</th>
</tr>
</thead>
</table>

### 14. EMPLOYMENT HISTORY:

<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: (Do not provide criminal conviction information)

### 15. Education (Name and Location of School)

<table>
<thead>
<tr>
<th>Grammar/High School/College/University</th>
<th>Last Grade Completed</th>
<th>Date Completed</th>
<th>College Major</th>
<th>Degrees or Diploma</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 16. 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

REVISED 6/19/14 ec

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

PLEASE PRINT IN INK
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 __________________________
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 __________________
COUNTY OF LOS ANGELES  
Candidate Conviction History Questionnaire

<table>
<thead>
<tr>
<th>Position Applying for: (Exact Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>Other Name(s) Used:</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>E-mail Address</td>
</tr>
</tbody>
</table>

Social Security Number: | Driver's License Number: |

IMPORTANT: You will be asked to submit a copy of this form each time you are being considered for a position. Please retain a copy for your records.

CONVICTIONS

Have you ever been convicted of any crime by any court, including a military court, except as provided in the box below? □YES  □NO

If you responded NO, please sign and date the Certification of Applicant below.
If you responded YES, please read the following information, complete page 2, then sign and date the Certification of Applicant below.

The following convictions need not be disclosed:

Judicially Dismissed & Diversion
A. Any conviction that was judicially dismissed under Penal Code Section 1203.4
B. Any record regarding a referral to, or participation in, any pre-trial or post-trial diversion program
C. Any conviction where you have successfully completed a "deferred entry of judgment" program; if you are currently participating in a "deferred entry of judgment" program, you must disclose that conviction
D. A conviction where the Court has ordered the record sealed or dismissed

Juvenile Offenses
Any conviction while a juvenile (under 18 years old), unless the job announcement identifies particular convictions that must be disclosed for that particular classification or position, regardless of age when convicted. However, you must disclose convictions while a juvenile if tried or convicted as an adult.

Traffic Offenses
A conviction for a traffic offense that was less than $390.

Miscellaneous Offenses
Any conviction that is more than two years old and is for one of the following violations:
A. Health & Safety Code Section 11357(b) or (c) (possession of marijuana), or any statutory predecessor to that section
B. Health & Safety Code Section 11360(c) (transportation of marijuana), or any statutory predecessor to that section
C. Health & Safety Code Section 11364 (possession of drug paraphernalia), Section 11365 (presence in a place where a controlled substance is being used), and Section 11550 (use of a controlled substance) as they relate to marijuana prior to January 1, 1976, or any statutory predecessors to those sections

CERTIFICATION OF APPLICANT (please read carefully): I hereby certify that all statements made in this Candidate Conviction History Questionnaire are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statement, regardless of when discovered, may result in my disqualification or dismissal from employment with the County of Los Angeles.

Date: ________________________________ Signature of Candidate: ________________________________

Page 1 of 2
Please attach additional pages if necessary:

<table>
<thead>
<tr>
<th>OFFENSE OR CASE NAME</th>
<th>CONVICTION DATE</th>
<th>WHERE VIOLATION OCCURRED</th>
<th>SENTENCE &amp; STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Provide Penal Code or other code section if known)</td>
<td>(on or about)</td>
<td>(City, County, State)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

c: Official Personnel File
ACKNOWLEDGMENT OF CONDITIONS OF ASSIGNMENT
(Volunteers, Students)

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

- 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 Benefits:
  Check one
  □ I am a student, and I understand that any Liability Insurance and Workers Compensation Benefits afforded to me are the responsibility of my sponsoring academic institution, agency or employer, unless otherwise contractually provided. The County of Los Angeles shall be held harmless and will not defend or insure me against any liability resulting from any act or omission whether arising within, or outside of, the course and scope of my assignment.
  □ I am an officially enrolled Volunteer of the Los Angeles County Department of Health Services, and I understand that the County will defend and insure me against any liability resulting from an act or omission occurring during the course and scope of my volunteer work assignment. I also understand, however, that the County will not defend or insure me from liability resulting from my actual fraud, corruption or actual malice.

- 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 or as required by the Occupational/Employee Health Services.

- I must 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). Failure to adhere to the identification badge policy will result in release from assignment.

- 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 volunteer/student assignment 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 sources other than my employer/sponsoring agency/academic institution for performing my County assignment, if applicable.

Name (printed) and Signature
I provided the non-County workforce member above with a copy of the Comprehensive Policy Statement and this signed Acknowledgment of Conditions of Assignment.

Staff ID # Date

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

08/21/09
COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
Notice and Acknowledgment of Code of Conduct

I understand it is the policy of Los Angeles County that all Workforce Members (defined as County employees and/or Non-County contractors, students, agency personnel, volunteers, whether they are permanent, temporary, part-time, or other) are personally responsible for compliance with the Department of Health Services Code of Conduct.

ACKNOWLEDGMENT

By my signature below, I acknowledge and affirm each of the following:

1. I have received a copy of the County of Los Angeles Department of Health Services Code of Conduct publication.

2. I shall be held personally responsible and accountable for complying with the standards as set forth in the Code.

3. If I violate any provisions of the Code, I will be subject to disciplinary action, which may include discharge from County service, and/or agency.

4. I will complete the Compliance Awareness Training (which includes the Code of Conduct) within 30 days of signing this acknowledgment. I understand that the training is available via the computer-based training on the DHS Home Page, Rancho Intranet or by using the Self-Study Guide.

5. I will submit my Code of Conduct/Compliance Awareness Acknowledgment and Certificate upon completion of the Training to my supervisor who will forward to:
   a. Human Resources (County employees) for filing in my Official Personnel File, or
   b. Area Contract Monitor (Non-County Workforce) for my Division Area File.

<table>
<thead>
<tr>
<th>Name (Print)</th>
<th>Employee # or Name of Agency/Affiliation</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>Job Title (Print)</td>
<td>Pay Location:</td>
</tr>
<tr>
<td>Human Resources Rep. (Print):</td>
<td>Human Resources Rep. Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Distribution: Original – Human Resources Official Personnel File (County employees)
Duplicate – Retained in Departmental Area File – County and Non-County Workforce Members, contractors, students, volunteers and agency personnel.

06/21/10
ACKNOWLEDGMENT OF RECEIPT

PRIVACY AND SECURITY SURVIVAL TRAINING: PROTECTING PATIENT INFORMATION HANDBOOK

My signature on this form below confirms my receipt of this handbook, the DHS Notice of Privacy Practices (NPP) and the following DHS policies:

- 361.10, “Disciplinary Actions for Failure to Comply with Privacy Policies and Procedures;
- 361.23, “Safeguards for Protected Health Information (PHI);” and
- 935.20, “Acceptable Use Policy for County Information Technology Resources”

I acknowledge that I have read and been informed about the content, requirements and expectations of me as a DHS workforce member regarding confidential information.

I understand that if I have questions, at any time, regarding the access, use and/or disclosure of confidential information, I may consult with my immediate supervisor, the facility Privacy (or Information Security) Coordinator or DHS Privacy Officer or the DHS Information Security Officer.

I also acknowledge that I will complete the following online trainings: “Compliance Awareness Training” and “Privacy and Security Survival Training: Protecting Patient Information” within 60 days of my hire or assignment.

Workforce Member Name (Print) ........................................ Workforce Member ID/Emp# ........................................ Date

Workforce Member Signature __________________________
COUNTY OF LOS ANGELES
AGREEMENT FOR ACCEPTABLE USE AND
CONFIDENTIALITY OF
COUNTY'S INFORMATION TECHNOLOGY ASSETS,
COMPUTERS, NETWORKS, SYSTEMS AND DATA

As a Los Angeles County, employee, contractor, vendor, or other authorized employee of County Information Technology (IT) assets including computers, networks, systems and data, I understand that I occupy a position of trust. I will use County IT assets for County management approved business purposes only and maintain the confidentiality of County’s business and Citizen’s private data. As an user of County’s IT assets, I agree to the following:

1. **Computer Crimes**: I am aware of California Penal Code 502(c) – Comprehensive Computer Data Access and Fraud Act (attached). I will immediately report any suspected computer misuse or crimes to my Management.

2. **Security Access Controls**: I will not subvert or bypass any security measure or system which has been implemented to control or restrict access to computers, networks, systems or data. I will not share my computer identification codes (log-in ID, computer access codes, account codes, ID’s, etc.) or passwords.

3. **Approved Business Purposes**: I will use the County’s Information Technology (IT) assets including computers, networks, systems and data for County management approved business purposes only.

4. **Online Web-based Document Sharing Services**
I will not use Online Web-based Document Sharing Services to collaborate with workforce members; to store and/or share DHS owned data.

5. **Unauthorized Application or Software**
I will not download, install, or use any non-DHS approved application or software, such as Instant Messaging, Streaming Media, and Remote Access Services (e.g., LogMeIn, GoToMyPC).

6. **Confidentiality**: I will not view, access, use or disclose any County program code, data, information or documentation to any individual or organization unless specifically authorized to do so by the recognized information owner.

7. **Computer virus and malicious code**: I will not intentionally introduce any computer virus, worms or malicious code into any County computer, network, system or data. I will not disable or delete computer virus detection and eradication software on County computers, servers and other computing devices I am responsible for.

8. **Offensive materials**: I will not access or send any offensive materials, e.g., sexually explicit, racial, harmful or insensitive text or images, over County owned, leased or managed local or wide area networks, including the public Internet and other electronic mail systems, unless it is in the performance of my assigned job duties, e.g., law enforcement. I will report to my supervisor any offensive materials observed by me or sent to me on County systems.

Page 1 of 3

Initial __________
9. **Public Internet:** I understand that the Public Internet is uncensored and contains many sites that may be considered offensive in both text and images. I will use County Internet services for approved County business purposes only, e.g., as a research tool or for electronic communication. I understand that the County's Internet services may be filtered but in my use of them I may be exposed to offensive materials. I agree to hold the County harmless should I be exposed to such offensive materials. I understand that my Internet activities may be logged, are a public record, and are subject to audit and review by authorized individuals.

10. **Electronic mail and other electronic data:** I understand that County electronic mail (e-mail), and data, in either electronic or other forms, are a public record and subject to audit and review by authorized individuals. I will comply with County and DHS e-mail use policy and use proper business etiquette when communicating over e-mail systems.

11. **Copyrighted materials:** I will not copy any licensed software or documentation except as permitted by the license agreement.

12. **Passwords:** I understand that I am responsible for safeguarding my passwords for access to County information technology resources and am responsible for all transactions made using my password. I will not share my passwords or provide access to another individual using my password.

12. **Disciplinary action for non-compliance:** I understand that my non-compliance with any portion of this Agreement may result in disciplinary action including my suspension, discharge, denial of service, and cancellation of contracts or both civil and criminal penalties.

**CALIFORNIA PENAL CODE 502(c)**

"COMPREHENSIVE COMPUTER DATA ACCESS AND FRAUD ACT"

Below is a section of the "Comprehensive Computer Data Access and Fraud Act" as it pertains specifically to this Agreement. California Penal Code 502(c) is incorporated in its entirety into this Agreement by reference and all provisions of Penal Code 502(c) apply. For a complete copy, consult the Code directly at website [www.leginfo.ca.gov](http://www.leginfo.ca.gov).

502. (c) Any person who commits any of the following acts is guilty of a public offense:

1. Knowingly accesses and without permission alters, damages, deletes, destroys, or otherwise uses any data, computer, computer system, or computer network in order to either (A) devise or execute any scheme or artifice to defraud, deceive, or extort, or (B) wrongfully control or obtain money, property, or data.

2. Knowingly accesses and without permission takes, copies, or makes use of any data from a computer, computer system, or computer network, or takes or copies supporting documentation, whether existing or residing internal or external to a computer, computer system, or computer network.

3. Knowingly and without permission uses or causes to be used computer services.
(4) Knowingly accesses and without permission adds, alters, damages, deletes, or destroys any data, computer software, or computer programs which reside or exist internal or external to a computer, computer system, or computer network.

(5) Knowingly and without permission disrupts or causes the disruption of computer services or denies or causes the denial of computer services to an authorized user of a computer, computer system, or computer network.

(6) Knowingly and without permission provides or assists in providing a means of accessing a computer, computer system, or computer network in violation of this section.

(7) Knowingly and without permission accesses or causes to be accessed any computer, computer system, or computer network.

(8) Knowingly introduces any computer contaminant into any computer, computer system, or computer network.

(9) Knowingly and without permission uses the Internet domain name of another individual, corporation, or entity in connection with the sending of one or more electronic mail messages, and thereby damages or causes damage to a computer, computer system or computer network.

ACKNOWLEDGMENT:

I acknowledge that I have received and read the Department of Health Services’ Policy No. 935.20, DHS Acceptable Use Policy for County Information Technology Resources and the County of Los Angeles Agreement of Acceptable Use and Confidentiality of County’s Information Technology Assets, Computers, Networks, Systems and Data. I agree to abide by the provisions of the policy and the agreement. If I fail to comply with the policy and agreement, I will be subject to disciplinary action, up to and including discharge or release from assignment.

If I have any questions concerning the policy or agreement, I will discuss them with my supervisor.

<table>
<thead>
<tr>
<th>Name (print):</th>
<th>Employee/Contractor ID No.:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Job Title:</th>
<th>Department No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor Name (print)</th>
<th>Supervisor Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DHS Policy No. 935.20 Rev 7/8/12
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)
NEPOTISM POLICY ACKNOWLEDGMENT

THE DEPARTMENT OF HEALTH SERVICES' (DHS') POLICY NO. 708, NEPOTISM, REQUIRES ALL WORKFORCE MEMBERS TO KEEP THE DEPARTMENT APPRISED OF ANY PERSON WHO IS AN IMMEDIATE RELATIVE OR IN WHICH THE EMPLOYEE HAS A PERSONAL RELATIONSHIP THAT IS EMPLOYED BY THE COUNTY AND ASSIGNED TO DHS OR OTHERWISE HAS A CONTRACTUAL RELATIONSHIP WITH DHS. A WORKFORCE MEMBER MAY NOT SUPERVISE AN IMMEDIATE RELATIVE OR INDIVIDUAL WHO HAS A PERSONAL RELATIONSHIP WITH THE SUPERVISOR EITHER AS AN IMMEDIATE SUPERVISOR OR AS A HIGHER-LEVEL SUPERVISOR, EXCEPT AS OTHERWISE PROVIDED IN THIS POLICY.

THE WORKFORCE MEMBER COMPLETING THIS FORM ACKNOWLEDGES RECEIPT OF DHS POLICY NO. 708 AND HAS READ AND UNDERSTANDS THE DEFINITIONS OF IMMEDIATE RELATIVE AND PERSONAL RELATIONSHIPS AS SET FORTH THEREIN.

DO YOU HAVE IMMEDIATE RELATIVE(S) WORKING FOR THE DEPARTMENT OF HEALTH SERVICES? (Please √ one box).

☐ No If no, sign and date below.

☐ Yes If yes, complete the following information, sign and date below. (List all immediate relatives employed by/assigned to DHS).

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>FACILITY AND UNIT/AREA</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please Print – Last Name, First Name)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: If more than two (2) relatives are employed/assigned to DHS, continue listing the information on the back of the form.

I acknowledge that I have read the above policy and have provided the information to the best of my knowledge.

Print Your Name ___________________________ Employee Number _______ Department Number _______

Signature ___________________________ Date _______ Work Telephone Number _______

Manager/Supervisor Signature ___________________________ Date _______

Distribution: Original-Human Resources, Copies: Employee and Area Files
TO: Workforce Members (County/Non-County)

FROM: Human Resources Manager

SUBJECT: 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 badges 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 or is 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
As a workforce member of Harbor-UCLA Medical Center


Your signature below acknowledges receipt of the foregoing information and agreement to adhere to the policies and procedures discussed in the Self-Study Guides provided.

(Print) Workforce Member Name

Employee/ID Number

__________________________  _______________________
Workforce Member Signature  Date

__________________________  _______________________
Supervisor/Manager Signature  Date

Please forward the completed form to:
Harbor-UCLA Medical Center
Human Resources
1000 W. Carson St.
Torrance, CA  90059
1. Q: Why am I being asked to report my conviction history?
   A: Los Angeles County asks about a candidate's conviction history to decide whether it is compatible with the duties of the desired position and it helps the County determine each candidate's qualifications for employment.

2. Q: What is considered a conviction?
   A: A conviction includes a plea, verdict or other finding of guilt by a court, including a military court, even if no sentence was imposed.

3. Q: If I have a past conviction, does that automatically prevent County employment?
   A: In most circumstances, a conviction history does not automatically prevent County employment. Whether a conviction will prevent employment in a specific job depends on both the type of conviction and the job for which you applied. For some County jobs, depending on the type of work and the duties of the position, candidates with certain convictions may be prevented from working in those jobs. For example, if you have a DUI conviction you may be disqualified for a position that requires you to drive as part of the job, but that would not prevent you from qualifying for a position that does not require you to drive. However, please note that any candidate for County employment who has been convicted of workers' compensation fraud is barred from employment with the County of Los Angeles (County Code Section 5.12.110).

4. Q: How does the County determine whether my conviction disqualifies me from the job?
   A: Los Angeles County looks at conviction history on a case-by-case basis and evaluates several factors related to the conviction in determining whether the conviction would prevent someone from being hired. Those factors include, but are not limited to:
   - The nature and seriousness of the offense
   - The degree to which the conviction is related to the duties and responsibilities of the job
   - Age when convicted
   - How long ago was the conviction
   - Evidence of rehabilitation
   - Any other mitigating circumstances
CRIMINAL HISTORY DISCLOSURE
FREQUENTLY Asked QUESTIONS

5. Q. What convictions must I disclose?
   A. You must disclose all convictions by any criminal or military court, even if pardoned under California Penal Code Section 4852.16. However, there are certain exceptions listed in Question 6 below.

   Please Note: Candidates for positions as peace officers or for positions with a criminal justice agency (as defined in Penal Code Section 13101) are subject to different disclosure requirements. If you are a candidate for one of those positions, please consult with the designated Human Resources office.

6. Q. Are there any convictions that I do not need to disclose?
   A. It is not necessary to disclose the following information related to convictions:

      Expunged records
      It is not necessary to disclose any convictions that was expunged by a valid court order or that was judicially dismissed.

      An expungement of records occurs when a court orders the destruction/removal of arrest records or other court proceedings. A Penal Code, 1203.4 / 1203.4 (a) dismissal withdraws a previous verdict or plea of guilt or nolo contendere. The court then dismisses the charges against the person, and the person “shall thereafter be released from all penalties and disabilities resulting from the offense of which he or she was convicted.”

      Diversion Programs
      It is not necessary to disclose information concerning a referral to and/or participation in any pretrial or post-trial diversion program.

      A diversion program is a program offered to certain offenders who qualify for participation as an alternative to prosecution. Participants receive coordinated assistance in personal and group counseling, drug and alcohol rehabilitation and other community agencies appropriate to their needs. Examples of this would be alcohol or drug counseling programs, or some other rehabilitative program like anger management counseling for domestic abuse situations.

      Juvenile Offenses
      It is not necessary to disclose any conviction while a juvenile (under 18 years old), unless the job announcement identifies particular convictions that must be disclosed for that particular classification or position, regardless of age when convicted.
Traffic Offenses
It is not necessary to disclose a conviction for a traffic offense that was less than $390.

Miscellaneous Offenses
It is not necessary to disclose any conviction for one of the following violations that is more than two years old:

A. Health & Safety Code Section 11357(b) or (c) (possession of marijuana), or any statutory predecessor to that section;
B. Health & Safety Code Section 11360(c) (transportation of marijuana), or any statutory predecessor to that section;
C. Health & Safety Code Section 11364 (possession of drug paraphernalia), Section 11365 (presence in a place where a controlled substance is being used), and Section 11550 (use of a controlled substance) as they relate to marijuana prior to January 1, 1976, or any statutory predecessors to those sections.

7. Q. Does the County do a background check?
A. All candidates placed in sensitive positions are fingerprinted and their prints submitted to the California Department of Justice and the Federal Bureau of Investigation. For some County jobs, a more extensive background check may be conducted.

8. Q. How will the County use my conviction information?
A. If you are made a contingent job offer, you will be asked to complete the Candidate Conviction History Questionnaire. As part of the background process, you will also be fingerprinted and your fingerprints will be submitted to the California Department of Justice and the Federal Bureau of Investigation who will provide information about your conviction history.

Once the County receives information about your conviction history, it is reviewed to determine whether the information you provided is consistent with what was obtained from the California Department of Justice and the Federal Bureau of Investigation. The County will also evaluate the information to determine whether there is a connection between any conviction and the job for which you are being considered. Each situation is evaluated on a case-by-case basis to determine if your conviction disqualifies you for the position sought. The factors considered in this evaluation are listed in the response to question 4 above.
CRIMINAL HISTORY DISCLOSURE
FREQUENTLY ASKED QUESTIONS

9. Q. What is a Live Scan?
A. Live Scan is the digitally-scanned fingerprinting process the County uses to obtain your fingerprints. Live Scan allows digitally scanned fingerprints and related information to be submitted electronically to the California Department of Justice and the Federal Bureau of Investigation.

10. Q. What if I don't disclose a conviction that I am required to report?
A. Failure to include convictions on the Candidate Conviction History Questionnaire that you are required to disclose may be considered falsification and may cause the County not to select you for the job. If you are already appointed, failure to disclose convictions may lead to termination of your employment. Depending on the circumstances, it may also result in restrictions on future employment with the County.