

# United Hospice Volunteer Application

We are an equal opportunity employer and do not discriminate against otherwise qualified applicants on the basis of age, ancestry, color, creed, disability, gender, handicap, marital status, national origin, race, religion, or veteran status. Please print all information requested except your signature. The acronym "NA" represents the words "Not Applicable" and should only be used to signify a question cannot be applied. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR ANY PURPOSE.**

Date:	Full Name (Last, First, MI):	Email:
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Social Security Number:	Date of Birth:
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Street Address (Street, City, State, & Zip):

Mailing Address (Street, City, State, & Zip):

Phone numbers and type:	Ok to call?	Best time of day?
Home:		
Work:		
Cell:		

Have you ever been employed by the location or an affiliated company? **YES NO**  
If yes, what was your reason for leaving?

Are you over the age of 18? <b>YES NO</b>	Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodations? <b>YES NO</b>	Are you lawfully employable in the United States either by virtue of citizenship or by having authorization from the Bureau of Citizenship and Immigration Services and the United States Labor Department? <b>YES NO</b>
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Do you require any reasonable accommodation to assist you in completing the application process?  
**YES NO** (If yes, please describe the reasonable accommodation request.)

Have you ever been discharged from employment or been asked to resign? **YES NO**  
If yes, please explain.

Have you ever been known by or worked by another name? **YES NO**  
If yes, please list your other names for employment reference checks.

Do you have personal responsibilities that will interfere with your ability to meet volunteer requirements, including regular attendance or notification if chosen as a volunteer? **YES NO**  
If yes, please explain.

Have you ever been convicted of a crime other than a minor traffic infraction? **YES NO**  
\*Please note a DUI is a criminal offense and a plea bargain or a plea of *no lo contender* to any crime is considered a guilty disposition. Any "first offender" or "youth" court conviction, plea bargain or a plea of *no lo contender* to any crime is considered a guilty disposition. If you have been convicted of a crime, please include what, when, where, and the disposition of the case. Every criminal conviction must be accurately and completely disclosed below. Please request an additional sheet if necessary. Failure to disclose all criminal convictions on this form could determine an employment decision.

Please list ALL languages you are able to speak, read, write, and/or sign.

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Do you have diplomas, degrees, certificates, or professional licenses in a particular field of study? <b>YES NO</b> (If yes, what are they?)				What schools have you received them from? <b>NA</b>			
Do you have military education, training, or experience? <b>YES NO</b>				If so, what branch of the Uniformed Service of the United States did you serve? <b>NA</b>			
Were you honorably discharged? <b>YES NO NA</b>				What was your rank at the time of discharge? <b>NA</b>			
<b>Please list three references.</b>							
Name:			Phone Number:			Time Known:	
Please list your available hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
What date will you be able to begin volunteering?							
<b>Work History</b>							
Are you currently employed? <b>YES NO</b>				Who is/was your current/most recent employer?			
What is/was the name of your supervisor?				What is/was your job title?			
What do/did you like best about your job?				May we contact your current/most recent employer? <b>YES NO</b> (If yes, please provide contact information such as name, phone number, and length of employment.)			
What are/were your job duties?				Describe your most significant accomplishment.			
Do you have previous volunteer experience? <b>YES NO</b> What about it was rewarding?				What is your hope that hospice volunteering will offer you?			
Do you have any special talents or gifts (i.e., art therapy, music therapy, pet therapy, etc.) that you would like to share with a hospice patient?							

# United Hospice Volunteer Application

I hereby authorize the location to investigate all information given in this application and specifically to obtain information concerning me from prior employers and from any person listed as a reference. I certify the information given on this application is correct. I understand any misrepresentation or omission of facts called for in this or any other location document completed either prior to or during the employment relationship, will be cause for immediate dismissal without notice. I release the location and all representatives, employees, and agents thereof from any and all liability or damages in connection with efforts to verify or investigate such information. I release all third parties and all persons providing information to the location in connection with this application from any and all liability or damage on account of having obtained or furnished the same.

The location may require applicants to undergo testing for the presence of illegal drugs as a condition of employment. Any applicant with a confirmed positive test will be not be considered as a volunteer. Applicants who refuse to submit to the location's substance abuse testing procedures will not be considered for volunteering. By signing this application form, the applicant hereby consents to the administration of any drug tests and hereby releases the location from any and all liability and damage related thereto.

I understand acceptance as a volunteer can be rescinded if it is determined I cannot perform the essential functions or requirements with or without reasonable accommodation, or that I pose a direct threat to the health or safety of others or myself in the workplace. I further understand the location will make reasonable efforts to accommodate a covered disability to the full extent of the law. I also understand all medical or disability related information supplied by or concerning me will be held in strict confidence by the location, subject to certain disclosures permitted by applicable law.

I understand and agree if the location accepts me as a volunteer, investigative background inquiries will be conducted. The background inquires may include but are not limited to the following: background checks, Social Security Number trace reports, and OIG/GSA sanctioned searches. I understand acceptance can be rescinded based upon the results of the investigative background inquires. I understand the location or its authorized agent requests information from various federal, state, and other agencies that maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences.

I agree to comply with all the rules and regulations of the location in effect now and any others that may be instituted at a later date.

I understand if accepted as a volunteer that my status may be terminated for any reason or no reason at the option of the location or myself. I understand no management representative or other person had any authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing, or to enter into any oral contracts or any other term or condition of participation as a volunteer in the volunteer program. I further understand no written policy statements, handbooks, memoranda or any other materials provided to me by the location are intended to serve as written or implied acceptance into the volunteer program.

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Date

Signature of Applicant

The potential volunteer has been informed that volunteer acceptance is conditional upon completion of screenings and trainings. All questions on the application form have been Completed: **Yes No**

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Date

Signature of Volunteer Coordinator/Designee

Data Entry Fax Number: 888.454.7679  
 Client Name: UHS - CHARLESTON  
 Client Contact: ADMINISTRATOR  
 Client Email: mphomas@uhs-pruitt.com

Data Entry Email: orders@es2.com  
 Client Account Number: 859041  
 Client Phone Number: 843-573-8623

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**DISCLOSURE AND ACKNOWLEDGMENT [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]**

United Hospice may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may include employment history and reference checks, criminal and civil litigation history information, motor vehicle records ("driving records"), sex offender status, credit reports, education verification, professional licensure, drug testing, Social Security Verification, and information concerning workers' compensation claims (only once a conditional offer of employment has been made). Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request whether a consumer report has been run about you, and the nature and scope of any investigative consumer report, and request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Employment Screening Services, 2500 Southlake Park, Birmingham, AL 35244, toll-free 866.859.0143, [www.es2.com](http://www.es2.com) or another outside organization. The scope of this notice and authorization is all-encompassing; however, allowing United Hospice to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York and Maine applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by United Hospice by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

**New York applicants or employees only:** Upon request, you will be informed whether or not a consumer report was requested by United Hospice, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

**Oregon applicants or employees only:** Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

**Washington State applicants or employees only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by ESS, 2500 Southlake Park, Birmingham, AL 35244, toll free 866.859.0143, [www.es2.com](http://www.es2.com), or another outside organization acting on behalf of United Hospice, I agree to a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

**Minnesota and Oklahoma applicants or employees only:** Check this box if you would like to receive a free copy of a consumer report if one is obtained by the Company.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

\_\_\_\_\_  
 Signature of Employee or Prospective Employee \_\_\_\_\_  
Date

**APPLICANT INFORMATION: TO BE COMPLETED BY APPLICANT: PLEASE USE BLACK INK**

**The following is for identification purposes only to perform the background check and will not be used for any other purpose.**

Print: Last Name	First Name	Middle Initial
Date of Birth	Social Security Number	Driver's License Number
Current Address:	City	State
Previous Address (Past 10 Years):	City	State
Previous Address (Past 10 Years):	City	State
Alias Names (Other names I have been known by):		
Degree Obtained	Year Graduated	Name of School
		City and State of School
Last Name Used at Time of Graduation		

**COMPANY INFORMATION: TO BE COMPLETED BY COMPANY**

REPORT	REPORT	OTHER REPORTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed

or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

**TYPE OF BUSINESS:**

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list. In addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

**CONTACT:**

a. Consumer Financial Protection Bureau  
1700 G Street NW  
Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357

a. Office of the Comptroller of the Currency  
Customer Assistance Group  
1301 McKinney Street, Suite 3450  
Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center  
P.O. Box 1200  
Minneapolis, MN 55480

c. FDIC Consumer Response Center  
1100 Walnut Street, Box #1  
Kansas City, MO 64106

d. National Credit Union Administration  
Office of Consumer Protection (OCP)  
Division of Consumer Compliance and Outreach (DCCO)  
1775 Duke Street  
Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings  
Aviation Consumer Protection Division  
Department of Transportation  
1200 New Jersey Avenue, SE  
Washington, DC 20590  
Office of Proceedings, Surface Transportation Board  
Department of Transportation  
395 E Street S.W.  
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access  
United States Small Business Administration  
409 Third Street, SW, 8th Floor  
Washington, DC 20416

Securities and Exchange Commission  
100 F St NE  
Washington, DC 20549

Farm Credit Administration  
1501 Farm Credit Drive  
McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or  
Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357

**NOTICE REGARDING BACKGROUND INVESTIGATION  
PURSUANT TO CALIFORNIA LAW**

Employer (the "Company") intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Employment Screening Services, 2500 Southlake Park, Birmingham, AL 35244, toll-free 866.859.0143, [www.es2.com](http://www.es2.com). The source of any credit report will be Transunion, 2 Baldwin Place, P.O. Box 1000, Chester, PA 19022, toll-free 800.888.4213, [www.transunion.com](http://www.transunion.com).

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have 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 you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

**Notice Regarding Credit Checks:**

Pursuant to Section 1024.5 of the California Labor Code, the Company informs you that it may obtain a credit report about you from the above named entity, because you are seeking to work in the following position:

- An employee covered by the executive exemption set forth in subparagraph (1) of paragraph (A) of Section 1 of Wage Order 4 of the Industrial Welfare Commission;
- A position in the state Department of Justice;
- A sworn peace officer or other law enforcement;
- A position for which the information contained in the report is required by law to be disclosed or obtained;
- A position that involves regular access to specified personal information for any purpose other than the routine solicitation and processing of credit card applications in a retail establishment, such as bank or credit card account information, social security number, or date of birth;
- A position which the person can enter into financial transactions on behalf of the company;
- A position that involves access to confidential or proprietary information;
- A position that involves regular access to \$10,000 or more of cash; or
- The Company will not obtain a consumer credit report on you.



New York Correction Law  
Article 23 – A

Licensure and Employment of Persons Previously Convicted of One or More Criminal Offenses

**Section**

750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

**750. Definitions.** For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, of any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purpose of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purpose of this article, include membership in any law enforcement agency.

**751. Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

**752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) The issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public

**753. Factors to be considered concerning a previous criminal conviction; presumption.**

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:
  - (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of person previously convicted of one or more criminal offenses.
  - (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
  - (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
  - (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
  - (e) The age of the person at the time of occurrence of the criminal offense or offenses.
  - (f) The seriousness of the offense or offenses.
  - (g) Any information produced by the person, or produced on his behalf, in regard to this rehabilitation and good conduct.
  - (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals of the general public.
2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**754. Written statement upon denial of license or employment.** At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

**755. Enforcement.**

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

NOTICE REGARDING CREDIT CHECKS PER VERMONT LAW

Pursuant to Vermont Act No. 154 (S. 95), the Company informs you that it may obtain a credit report about you, for the following reason(s):

- The information is required by state or federal law or regulation;
- You seek to be/are employed in a position that involves access to "confidential financial information" ( defined as "sensitive financial information of commercial value that a customer or client of the employer gives explicit authorization for the employer to obtain, process, and store and that the employer entrusts only to managers or employees as a necessary function of their job duties");
- The Company is a financial institution as defined in 8 V.S.A. §11101(32) or a credit union as defined in 8 V.S.A. §30101(5);
- You seek to be/are employed in a position as a law enforcement officer, emergency medical personnel or firefighter as these terms are respectively defines in 20 V.S.A. §2358, 24 V.S.A. §2651(6) and 20 V.S.A. §3151(3)
- You seek to be/are employed in a position that requires a financial fiduciary responsibility to the Company or a Company's clients, including the authority to issue payments, collect debts, transfer money or enter into contracts;
- You seek to be/are employed in a position that involves access to the Company's payroll information;
- The Company can demonstrate that credit information is a valid and reliable predictor of employee performance in the your specific position of employment;
- The Company will not obtain a consumer credit report on you.

Issue Date: December 2003  
Revised:

## APPENDIX A

## APPLICANT SANCTION CHECK CONSENT AND AUTHORIZATION

Applicant hereby certifies that he/she:

1. Has never been excluded, suspended, debarred or otherwise deemed ineligible to participate in Federal and/or State healthcare programs.
2. Has never been convicted of a criminal offense related to the provision of healthcare items or services and has not been reinstated in the healthcare programs after a period of exclusion, suspension, debarment, or ineligibility.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant further acknowledges that he/she:

1. Has never been excluded, suspended, debarred or otherwise deemed ineligible to participate in any and all Federal procurement programs.
2. Authorizes United Hospice  
(Name of company) to review, on an ongoing basis while an employee of United Hospice  
(Name of company), pertinent government databases to ensure the eligibility status of the employee as required by relevant Federal and State Mandates.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Issue Date: January, 2002  
Revised:

FORM C

RESIDENT/PATIENT AUTHORIZATION OF RELEASE  
FOR DRUG AND/OR ALCOHOL TEST

I, the undersigned \_\_\_\_\_, do hereby give my consent to  
(Resident/Patient Name)  
United Hospice, its doctors, employees, or agents, together with  
(Pruitt Corporation Company)  
any clinic, hospital or laboratory designated by Pruitt Corporation to perform appropriate tests or  
examinations on me for drugs and/or alcohol.

I further given my permission to United Hospice, its doctors,  
(Pruitt Corporation Company)  
employees or agents to release the results of these tests to the Pruitt Corporation company or its  
representative.

I am taking the following prescription drugs:

Name of Drug	Condition for Which Taken	Prescribing MD	Date Prescribed

I am taking the following non-prescription drugs:

Name of Drug	Condition for Which Taken	Prescribing MD	Date Began

\_\_\_\_\_  
Signature of Resident/Patient

Witness \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm