

January 9, 2008

To: All Charles Drew Health Center Employment Applicants
From: Human Resources Department
Subject: Prohibition of Smoking

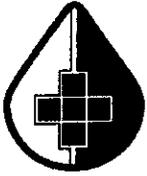
On June 20, 2006, the Omaha City Council passed the Prohibition on Smoking in the Workplaces and Public Gathering Places Ordinance.

The specific prohibition reads as follows:

"Smoking shall be prohibited in all enclosed facilities within Places of Employment from and after October 2, 2006. This includes common work areas, auditoriums, classrooms, conference and meeting rooms, reception areas, private offices, elevators, hallways, medical facilities, cafeterias, employee lounges, stairs, restrooms, and all other enclosed facilities."

As a community health center, and in compliance with this ordinance, Charles Drew Health Center, Inc. acknowledges that it is a non-smoking facility and we are dedicated to providing quality comprehensive health care in a manner that acknowledges the dignity of the individual, strength of the family, and supportive network of the community. It is important to us that we maintain a healthy workforce. In keeping with this philosophy, we maintain a smoke free environment and prohibit smoking anywhere within 500 feet of the premises (including all land, buildings, structures, parking lots and means of transportation owned by or leased to Charles Drew Health Center) and any area, including customer property, where a staff member is engaged in Charles Drew Health Center business, outside the premises.

Smoking is prohibited on any Charles Drew Health Center, Inc. property, by employees, visitors, and patients. It is our preference to hire non-smokers.



In accordance with our policy, **you must initial** one of the statements below.

_____ I have never utilized tobacco products (to include pipes, cigarettes, cigars, chewing tobacco, snuff, or any other type of smoking or smokeless tobacco).

_____ I have previously used tobacco products, but no longer utilize tobacco products (to include pipes, cigarettes, cigars, chewing tobacco, snuff, or any other type of smoking or smokeless tobacco). I have been smoke free for _____ (indicate time period).

_____ I currently utilize tobacco products (to include pipes, cigarettes, cigars, chewing tobacco, snuff, or any other type of smoking or smokeless tobacco).

I understand the execution of this admission is required by Charles Drew Health Center and that I may be dismissed from employment with the Charles Drew Health Center should any information herein be found to be incorrect.

Signature: _____ Date: _____

Witnessed By: _____ Date: _____

ONE SOURCE

THE BACKGROUND CHECK COMPANY

P.O. Box 24148 Omaha, NE 68124
(P) 800.808.3845 • (F) 402.933.9999 • (F) 402.333.3280

APPLICANT RELEASE AUTHORIZATION

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reason for termination and employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, credentials and references.

Medical and worker's compensation information will only be requested with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information. I acknowledge that facsimile (FAX), photographic copy or email shall be as valid as the original.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by One Source, The Background Check Company or its agent, to furnish the information described above. I understand that in the event a negative hiring decision is made based upon the results of my background check, a report will be furnished to me upon my request.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

PERSONAL INFORMATION (PLEASE PRINT)

(Please Print) LAST NAME: FIRST NAME: MIDDLE INITIAL (REQUIRED)

OTHER LEGAL NAMES YOU HAVE USED, INCLUDING MAIDEN NAME(S):

HOME ADDRESS: CITY: STATE: ZIP CODE

SOCIAL SECURITY NUMBER DATE OF BIRTH (REQUIRED)

DRIVER'S LICENSE # STATE OF ISSUE NAME AS IT APPEARS ON LICENSE

OTHER ADDRESSES IF LESS THAN 7 YEARS AT HOME ADDRESS:
(USE BACK OF SHEET FOR ADDITIONAL ADDRESSES)

ADDRESS: CITY: STATE: ZIP CODE:

ADDRESS: CITY: STATE: ZIP CODE:

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE

SIGNATURE OF APPLICANT: NAME OF APPLICANT (PLEASE PRINT): DATE:

RELEASE OF INFORMATION

I understand that as a condition of my employment, my name will be checked against the Nebraska Department of Health and Human Services Adult/Child Protective Services Central Registers. A check of these registers is necessary to ensure that I meet provider standards.

The purpose of this check will be to determine if my name is being maintained on either register as a result of previous abuse/neglect allegations which have been investigated and have not been determined to be unfounded.

To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment. Neither have I been convicted of a crime involving moral turpitude.

I hereby authorize the Nebraska Department of Health and Human Services to release specific and detailed information contained on the Adult or Child Protective Services Central Register including the information that a record has been found to:

One Source, The Background Check Company Fax: 1-800-929-8117 Attn: Laura Belyea
(Agency/Facility Requesting Check)

P.O. Box 24148, Omaha, NE 68124 Attn: Laura Belyea Email: lbelyea@onesourcebackground.com
(Address - Street, City)

(Signature of Applicant/Employee)

(Date Signed)

(Print or Typed Name of Applicant/Employee)

(Social Security Number)

Other Names Used in Past Twenty (20) Years.
(Please Print or Type Legibly.)
(Use back of sheet if necessary.)

Other Addresses in Past Twenty (20) Years.
(Please Print or Type Legibly.)
(Use back of sheet if necessary.)

Complete Addresses **REQUIRED** (City/State/Zip).

Names of Children Who Have Lived With You.
(Please Print or Type Legibly.)
(Use back of sheet if necessary.)

(Date of Applicant's Birth)

(Home Address of Applicant/City/State/Zip)

(Witness Signature)

(Date Witnessed)