



Kahu Malama Nurses, Inc.

**EMPLOYEE RELEASE AND INQUIRY
AGENCY POLICY RELATING TO ABUSE/CRIMINAL HISTORY**

I understand that investigative background inquiries may be made on me in connection with my application for employment, and as a condition of continuing employment. I understand that you may be requesting information from various Federal, State, or other agencies concerning my past history relating to criminal convictions, motor vehicle violations, termination of employment, civil lawsuits and other experiences as well as claims involving me in the files of insurance companies.

I also understand that **Kahu Malama Nurses, Inc.** is obligated under certain State and Federal service contracts, which require them to determine if I have ever been convicted of any crimes involving theft, abuse or assault. If I accept assignments from Kahu Malama Nurses, Inc. to these contract agencies or any person or persons they represent I am required to give the following consent and release:

- I authorize without reservation any party of agency contacted by Kahu Malama Nurses to furnish the above-mentioned information. I release all parties involved from any liability and responsibility for doing so. This authorization and consent shall be valid in original, facsimile or copy form.***

Signature Date

Please provide the following information

Last Name	First	M.I.	S.S.#:
Other Names Used	Place of Birth		Date of Birth
Current Address	City	State	Zip Code
U.S. States resided in during previous 5 years: _____			

For Office Use Only: CHBC Required: _____ Yes _____ No

Date: _____ Completed By: _____

- NOF
- RTF



Kahu Malama Nurses, Inc.

Employee Disclosure Statement and Declaration

Please review the list of criminal offenses, and indicate by a check mark whether you have been convicted of any of them.

✓	CRIMINAL OFFENSE	✓	CRIMINAL OFFENSE
	Criminal Homicide		Theft by Property Lost
	Murder I		Receiving Stolen Property
	Murder II		Theft of Services
	Murder III		Theft by Failure to Deposit
	Voluntary Manslaughter		Unauthorized Use of a Motor vehicle
	Involuntary Manslaughter		Retail Theft
	Causing or Aiding Suicide		Theft of Trade Secrets
	Drug Delivery Resulting in Death		Theft of Leased Properties
	Aggravated Assault		Unlawful Use of a Computer
	Kidnapping		Forgery
	Unlawful Restraint		Securing Execution of Documents by deception
	Rape		Incest
	Statutory Sexual Assault		Concealing Death of a Child
	Involuntary Deviate Sexual Intercourse		Endangering Welfare of a Child
	Sexual Assault		Intimidation of Witnesses or Victims
	Aggravated Indecent Assault		Retaliation Against Witness or Victim
	Indecent Assault		Promoting Prostitution
	Indecent Exposure		Obscene and other Sexual Materials to minors
	Arson and Related Offenses		Obscene and other Sexual Materials
	Burglary		Corruption of Minors
	Robbery		Sexual Abuse of Children
	Theft		Acquisition of Controlled Substance by fraud
	Theft by Unlawful Taking		Possession with Intent to Deliver
	Theft by Deception		Illegal Sale of Non-controlled Substance
	Theft by Extortion		Possession, use or Distribution of designer drugs

I swear/affirm to the following: I have never been convicted of any of the crimes listed above, except as checked, or any Federal or Out of State crimes similar in nature to the above, except as checked. This information is true and correct. I also understand that this Declaration is made subject to the penalties of the State of Hawaii relating to unsworn falsification to authorities.

Print Name

Signature

Date

Print Witness

Signature

Date