



STUDENT EMPLOYMENT APPLICATION

APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Phone		E-mail Address				
Applied for Federal work study?		Yes	No			
POSITION APPLYING FOR:						
Available start date						
DISCLAIMER AND SIGNATURE						
I certify that my answers are true and complete to the best of my knowledge.						
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.						
Signature				Date		

HUMAN RESOURCES
450 30TH Street, Room 2800
Oakland, CA 94609
Tel. (510) 879-9260

Samuel Merritt University is an Equal Opportunity Employer observing all Federal and State laws governing Fair Employment Practices.



HUMAN RESOURCES NEW HIRE INFORMATION RECORD – STUDENT

Name: _____
Last First Middle Initial

Address: _____
Street
City State Zip Code

Date of Birth _____

Sex: _____ Martial Status: _____ Disability: _____

Veteran: ☐ Yes ☐ No

Emergency Contact Information:

Name: _____ Relationship: _____

Work Phone #: _____ Home Phone #: _____

Address: _____

I certify that the statements made by me on this form are complete and true. I understand that any misstatements or omissions of facts may be cause for my dismissal.

Name: _____ Date: _____

Human Resources
450 30th Street, Room 2800
Oakland, CA 94609
Te. (510) 879-9260 ♦ Fax (510) 457-2108

May 1998
 Origination Date
 November 2003
 May 2004
 June 2005
 April 2007
 Revision Date
 Next Review

- (ii) "Protected Health Information" ("PHI") means any information about a patient that has been received, created, or stored by Samuel Merritt University and which includes information that may be used to identify the patient. PHI includes any such information whether in oral or recorded form, both electronic and written.
- (iii) "Sanction" means a disciplinary penalty or measure taken by Samuel Merritt University.
- (iv) "Violation" occurs when an employee fails to comply with a federal or California law or regulation, or a policy of Samuel Merritt University regarding the protection of PHI.
- (v) "Workforce" means employees, volunteers, trainees and other persons under the direct control of Samuel Merritt University, whether or not paid by Samuel Merritt University. Workforce also means any independent contractors who interact with PHI and who have not signed a Business Associate Agreement

B. Workforce Confidentiality/Privacy Agreement

- (i) All Samuel Merritt University Workforce members shall be provided with a copy of this policy and required to sign a Workforce Confidentiality/Privacy Agreement when they are hired and annually thereafter. The form of this Agreement is attached hereto as Exhibit A.
- (ii) Samuel Merritt University shall assure that all members of its Workforce annually complete a "Workforce Confidentiality/Privacy Agreement," and shall maintain these agreements appropriately (e.g. for employees, in the employees' personnel file).
- (iii) Samuel Merritt University shall address violations of this policy and apply appropriate Sanctions to remedy the problem.
- (iv) Nothing in this policy is intended to, or shall be construed to, interfere with or otherwise limit any protected rights that Samuel Merritt University employees may have under applicable laws, including Section 7 of the National Labor Relations Act.

C. Access and Use of Patient and Business Information

- (i) Workforce members may only access files or programs, whether computerized or otherwise, that are necessary to perform their job functions. Unauthorized review, duplication, dissemination, removal, damage or alteration of files, passwords, computer systems, or programs, or other property of Samuel Merritt University or improper use of

information obtained by unauthorized means, may be grounds for disciplinary action, up to and including termination.

- (ii) If Samuel Merritt University has implemented a guest internet wireless service, such service is intended for the use of Samuel Merritt University patients or guests and their personal computer property only. When using the computer property of Samuel Merritt University, Workforce members may only connect to the Sutter Health network and may not connect to the guest internet wireless service.
- (iii) Workforce of Samuel Merritt University should not have an expectation of privacy in public areas. Samuel Merritt University reserves the right to conduct video surveillance for public safety and security purposes and for investigatory purposes if Samuel Merritt University has reason to believe that Workforce members or visitors are engaged in illegal conduct or conduct which violates Samuel Merritt University rules or regulations.
- (iv) Workforce members are expected to adhere to the following guidelines in order to maintain security and confidentiality:
 - Ensure recipients of confidential information are authorized to receive it. Verify identities of recipients before releasing any information.
 - Do not discuss confidential matters where others may overhear conversations.
 - Do not leave documents or paper records where unauthorized persons can access or view them. Secure documents in locked cabinets as appropriate to ensure security.
 - Follow established procedures when faxing confidential or sensitive information.
 - Shred or otherwise confidentially destroy documents that are no longer needed.
 - Protect computer screens from view by unauthorized persons, especially the general public.
 - Sign-off before leaving computer workstations.
 - Do not share computer user codes or passwords.
 - Understand and abide by Samuel Merritt University e-mail policy.
 - Report suspected or known breaches of confidentiality to a supervisor or manager.
 - If in doubt treat information as confidential and consult a supervisor regarding use and disclosure.

D. Work Areas and Equipment

- (i) Desks, storage areas, work areas, lockers, file cabinets, credenzas, computer systems, office telephones, modems, facsimile machines, duplicating machines and vehicles purchased or leased by Samuel Merritt

University are the property of Samuel Merritt University and must be used only for work purposes, except as provided in this policy.

- (ii) Unless specifically authorized, Workforce members may not use their personal locks on storage or work areas owned by Samuel Merritt University. Keys and locks will be issued to employees at the discretion of Samuel Merritt University, based upon position held and business need.
- (iii) Samuel Merritt University reserves the right, at all times, and without prior notice, to inspect and search any and all Samuel Merritt University property for the purpose of determining whether this policy or any other Samuel Merritt University policy has been violated, or whether such inspection and investigation is necessary for purposes of promoting safety in the workplace or compliance with State and Federal laws. Such inspections may be conducted during or after business hours and in the presence or absence of the Workforce member.

E. Use of Technical Resources

- (i) Samuel Merritt University computer systems and other technical resources, including voice-mail and e-mail accounts and systems, are provided for use in the pursuit of Samuel Merritt University's business. Accordingly, Samuel Merritt University computer systems or other technical resources may be subject to investigation, search and review by Samuel Merritt University in accordance with this policy. In addition, any electronically stored communications that are sent or received may be retrieved and reviewed by Samuel Merritt University.
- (ii) Samuel Merritt University recognizes that Workforce members may occasionally find it necessary to use Samuel Merritt University telephones and computer systems for personal business. Such use must be kept to a minimum, must not interfere with work, and must not violate any other Samuel Merritt University policy or procedure applicable to the Workforce members. Workforce members wishing to make personal, long distance telephone calls must use personal cell phones, personal calling cards or public pay telephones. Nevertheless, the Workforce member has no right of privacy as to any information or file maintained in or on Samuel Merritt University property or transmitted or stored through Samuel Merritt University computer systems, voice-mail, e-mail accounts and systems, or other technical resources.
- (iii) For purposes of inspecting, investigating, or searching Workforce members' computerized files or transmissions, voice-mail, or e-mail accounts and systems, Samuel Merritt University may override any applicable passwords or codes in accordance with the best interests of Samuel Merritt University, its employees, or its clients, customers or visitors.
- (iv) All documents related to the use of Samuel Merritt University equipment or property are the property of Samuel Merritt University and may be reviewed and used for purposes that Samuel Merritt University consider appropriate.

EXHIBIT A

Samuel Merritt University

WORKFORCE CONFIDENTIALITY AGREEMENT

I understand that I may have access to information that is confidential and may not be disclosed except as permitted or required by law and by Samuel Merritt University policies and procedures. This information includes, but is not limited to, protected health information, personnel information and proprietary business operations information. I understand that I am committed to protect and safeguard from disclosure all confidential information regardless of the type of media on which it is stored (e.g. paper, micro-fiche, voice tape, computer systems). I agree that I will not disclose any confidential information from any record or information system to any unauthorized person.

I understand that:

- I am obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner that is inconsistent with applicable law or the policies and procedures of Samuel Merritt University.
- I acknowledge that I may not use or disclose any confidential records of a friend, relative, staff member, volunteer or any other person, unless I am authorized to do so and am required to do so as part of my official duties. Such use and disclosure must be restricted to that required for essential business purpose(s).
- I will not discuss or allow confidential information of any type to be displayed or overheard in the proximity of any individual who does not have the right or need to know. This includes conversations in public places or private spaces where they may be easily overheard, allowing computer screens to be inappropriately visible, and leaving printed material where it may be openly viewed.
- In order to access certain information, a unique User ID, Security Code, Password, Access Device or Biometric ID may be established that identifies me to Samuel Merritt University Information Systems. My authentication codes and devices are for my use only when accessing facilities, systems and information appropriate to my work. To use anyone else's authentication code or device in order to access any Samuel Merritt University system is considered a violation of Samuel Merritt University confidentiality and security standards.
- All information obtained from Samuel Merritt University systems remains the property of Samuel Merritt University regardless of physical location or method of storage, unless otherwise specified by Samuel Merritt University in writing.
- If I believe that information confidentiality or security may be compromised in any way, either through the possible disclosure of sign-on information or the direct unauthorized access of information, either intentional or accidental, I shall contact my direct supervisor and/or the Sutter Health Compliance Department as soon as possible.

- User accounts or access to electronic information may be disabled without prior notice by the Chief Data Security Officer, Chief Information Officer or their designee when, in their opinion, they hold a reasonable belief that a user's account may be compromised or is being used for inappropriate access to information.
- I understand that my privileges are subject to periodic review, revision, and if appropriate, renewal. I understand that all access to Samuel Merritt University systems is subject to monitoring and review as deemed appropriate by Samuel Merritt University.
- If Samuel Merritt University has implemented a guest internet wireless service, I understand that such service is intended for the use of Samuel Merritt University patients or guests and their personal computer property only. When using the computer property of Samuel Merritt University, I agree that I shall only connect to the Sutter Health network and shall not connect to the guest internet wireless service.
- If at any time I feel that the confidentiality of my password(s), sign-on(s) or identification device(s) has been compromised, I will notify the Samuel Merritt University Help Desk immediately so that my old code(s)/device(s) can be cancelled and new ones issued.
- My confidentiality obligation continues indefinitely.
- This Agreement does not supercede any other rules or expectations regarding the use or disclosure of confidential information that may be contained in other Samuel Merritt University documents. Such documents include, but are not limited to, job descriptions, policies, employee handbooks and department procedures.
- This Agreement is not intended to, and does not, interfere with any protected rights that I may have under applicable laws, including Section 7 of the National Labor Relations Act.

I understand that any access, attempted access, or disclosure of information in violation of law or Samuel Merritt University policies will be considered a breach of confidentiality. I understand that if I breach such confidentiality, I may be subject to immediate disciplinary action, up to and including termination.

My signature below acknowledges that I agree to abide by the terms of this agreement.

Printed Name: _____ Date: _____

Signature: _____

FERPA Basics

What is FERPA?

The *Family Educational Rights and Privacy Act of 1974* helps protect the privacy of student education records. The intent of the legislation is to protect the rights of students and to ensure the privacy and accuracy of education records. The Act applies to all institutions that are the recipients of federal aid administered by the Secretary of Education.

Basic rights of students under the Act:

1. Be notified of their FERPA rights at least annually.
2. Inspect and review their records.
3. Amend an incorrect record.
4. Consent to disclosure (with exceptions).

When do FERPA rights begin?

A FERPA-related college education record begins for a student when he or she enrolls in a higher education institution (the first day of their first term).

What is an education record?

“Education Records” include any record maintained by the institution that contains information that is personally identifiable to a student.

Directory information:

The following information is considered “directory information” at SMU and can be given out to the general public:

Student name
Program
Dates of attendance
Degree/s awarded

The following are NOT considered “directory information at SMU and CANNOT be given out:

Address
Telephone number
Email address

The following information can NEVER be given out:

Social security number
Grades
Grade point average
Student’s class schedule

IF IN DOUBT ABOUT ANY OF THE ABOVE, PLEASE CONSULT THE REGISTRAR’S OFFICE.



ENROLLMENT and STUDENT SERVICES

CONFIDENTIALITY OF RECORDS AGREEMENT

I recognize that functional requirements assigned to students in Enrollment and Student Services require access and use of personally identifiable sensitive student data and information, as well as faculty and academic information and data.

I am aware that the data, materials, and conversations to which I may have access are to be treated in a professional and confidential manner. Any intentional release of information that might violate the privacy of another student may constitute dismissal from the work-study position and possible disciplinary action on the part of the Assistant Vice President of Enrollment and Student Services.

I recognize my responsibility to not disclose or cause to be disclosed any information which I may have knowledge of at any time. Such information includes, but is not limited to: files, letters, reports, telephone or other conversations, grades, petitions, academic status and financial aid status to which I may have access.

I understand and recognize my responsibility to follow the rules and regulations regarding the confidentiality of student and academic records and data.

My signature on this document certifies that I have received a briefing on FERPA, and I will read and follow Samuel Merritt University's confidentiality of records policy, FERPA policy, and any other documents that will expand my education of the confidentiality and privacy of information that I may access.

Printed Name

Signature

Date

Witnessed by

Title

Date

APPLICANT DATA RECORD:

As an equal opportunity employer, Samuel Merritt University does not discriminate against any employee or qualified applicant for employment based on race, color, religion, sex, national origin, citizenship, age, physical or mental disabilities, or any other characteristic protected by local, state, or federal law.

In order to help us assess our hiring process and comply with government record keeping, reporting and other legal requirements, please complete the following information. Completion of the Applicant Data Record is voluntary. The form will be kept in a confidential file separate from the Employment Application. Please print.

Date: _____

Position Applied For: _____

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Other _____

Name _____ Telephone () _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

AFFIRMATIVE ACTION SURVEY:

Check one:

☐ Male ☐ Female

Check one of the following:

Race/Ethnic group: ☐ White ☐ Black or African American ☐ Hispanic or Latino

☐ Native Hawaiian or other Pacific Islander ☐ American Indian/Alaskan Native ☐ Asian

☐ Two or more races ☐ DCL-Decline to Provide



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. U.S. Military card or draft record 5. Military dependent's ID card 6. U.S. Coast Guard Merchant Mariner Card 7. Native American tribal document 8. Driver's license issued by a Canadian government authority 9. For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

