

AGREEMENT OF UNDERSTANDING (continued)

VERIFICATION OF LICENSE, CERTIFICATE, REGISTRATION OR PERMIT

Any employee whose position requires a valid license/certification/registration/permit to perform the duties of his/her position is responsible for ensuring that the license/certificate/registration/permit is kept current and in good standing with the issuing agency. Failure by an employee to maintain the required license/certificate/registration/permit may result in demotion or discharge from County service. The employee must provide the original documentation for verification. If there is a change in status of the license/certificate/registration/permit (e.g. revocation, suspension and/or other related activities) where employer notification is required, employee shall immediately notify the supervisor. If applicable, complete the following and attach copy(ies) of the license/certificate/registration/permit and the primary source verification printout from the website of issuing agency.

Type of License/Certificate		License/Certificate Number		Expiration Date		Supervisor Verification				Date Verified				
CA Driver License*		-----												
Vehicle Insurance*		-----												
CPR	ACLS	Exp. Date	ATLS	Exp. Date	BLS	Exp. Date	NRP	Exp. Date	PALS	Exp. Date	HrtSvr	Exp. Date	Other	Exp. Date

*no copy required

EMPLOYEE ATTESTATION – VERIFICATION OF LICENSE, CERTIFICATE, REGISTRATION OR PERMIT

I acknowledge, as a condition of continued employment, that I am responsible and required to keep my license/certificate/registration/permit current and in good standing with the issuing agency and to immediately report any change in status to my supervisor/manager.

Initial _____

VERIFICATION OF ANNUAL HEALTH EVALUATION

In order to be in compliance with Title 22, the California Health and Safety Code, an annual physical evaluation is required of all employees in the DHS hospitals and health facilities. You must certify that the employee has had his/her annual health evaluation.

VERIFIED BY _____ DATE VERIFIED _____ EXPIRATION DATE _____

CURRENT HOME ADDRESS/TELEPHONE NUMBER

It is the employee's responsibility to keep his/her personnel office and supervisor informed of their current home address and phone number. Please provide the following:

HOME ADDRESS AND TELEPHONE NUMBER			
Name:		Telephone Nos. (Home, Cell, Alternate)	
Address:	Number	Street	
City	State	Zip Code	
MAILING ADDRESS (if different from HOME ADDRESS)			
Address:	Number	Street	
City	State	Zip Code	

EMERGENCY CONTACT INFORMATION

Please complete the following information about someone to contact in case of an emergency:

Person to Notify (Full Name)		Relationship	
Address		Telephone No. (Home/Business/Cell)	
Person to Notify (Full Name)		Relationship	
Address		Telephone No. (Home/Business/Cell)	

I attest that the information I provided above is true and accurate.

EMPLOYEE'S SIGNATURE	EMPLOYEE NUMBER	DATE
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SUPERVISOR'S SIGNATURE	DATE
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