



RELEASE OF PERSONAL INFORMATION

DSH 2177 (05/20)

By authority of the Information Practices Act of 1977, Civil Code Section 1798.34, an individual may allow another, of his/her choosing, to inspect and/or obtain copies of his/her personal information.

To: _____ Personnel Office,
(Candidate's Department)

I authorize _____ California State Hospitals
(Dept. Representative's Name) (Department) (Phone)

to view and/or receive copies of my Official Personnel File, Official Employment History, and Attendance Records; to contact all my references submitted with my Standard State Application (STD 678) package, and persons listed below:

Name (Current Supervisor)	Dept.	Phone #
Name	Dept.	Phone #
Name	Dept.	Phone #

I have reviewed Policy Directive 5106 – Nepotism and have disclosed as appropriate.

This release is valid for thirty (30) days from signed authorization date.

Candidate Signature Printed Name Date

FOR DEPARTMENT USE:

Section 1798.56 of the Civil Code provides that any person who willfully requests or obtains any record containing personal or confidential information from a state agency under false pretenses shall be guilty of a misdemeanor and fined \$5,000 or imprisoned not more than one year, or both.

I have read and understand the penalties for willfully obtaining personal information under false pretenses.

Hiring Manager Reviewer signature / Printed Name Department Date

EHU Analyst Reviewer signature / Printed Name Department Date

DEPARTMENT OF STATE HOSPITALS - NAPA

2100 Napa Vallejo Highway
Napa, CA 94558-6293
(707) 253-5445



CANDIDATE REFERENCE CHECK

TO: _____ **DATE:** _____

ADDRESS: _____

TELEPHONE: _____ **FAX:** _____ **EMAIL:** _____

_____, who is currently employed or has been employed by your agency, has applied for employment at Department of State Hospitals- Napa for the position _____. Thank you in advance for your time and consideration. Your input will assist us in evaluating this candidate's competitiveness for the position.

Please complete and return by _____.

REFERENCE SUBMITTED BY:

REFERENCE REGARDING:

Name/Title: _____

Applicant Name (Print): _____

Department: _____

Soc. Sec. No.: _____

Telephone: () _____

Telephone: () _____

Fax: () _____

Email Address: _____

Employed from _____ To _____ Title: _____

Reason for separation: _____

Was applicant punctual / dependable? Yes ___ No ___

Were there disciplinary problems? Yes ___ No ___

If yes, please explain _____

Did s/he accept direction/supervision? Yes ___ No ___

Did employee have positive working relationships? Yes ___ No ___

Quality of Work: Outstanding _____ Satisfactory _____ Unsatisfactory _____

Rate your organizations willingness to rehire: 10 9 8 7 6 5 4 3 2 1

Strong Candidate Weak Candidate

Are there any substantiated incidents of neglect, abuse, or mistreatment of clients? Yes ___ No ___

If yes, please explain: _____

COMMENTS: _____

SIGNATURE: _____ DATE: _____

TITLE: _____ TELEPHONE _____

Was this reference conducted by telephone? Yes ___ No ___