



DSH 2177 – RELEASE OF PERSONAL INFORMATION

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

To: _____ Personnel Office,
(Candidate's Department/Current or Most Recent Employer)

I authorize _____ a representative from the Department of State Hospitals

to view and/or receive copies of any and all employment information requested, such as my Official Personnel File, Official Employment History (i.e., PIMS), my Personnel Action Requests (PAR), any information of a negative nature or adverse action, Attendance Records, pending or sustained investigations, and to contact the following references:

Name (Current Supervisor)	Dept./Company	Phone #
Name (Previous Supervisor)	Dept./Company	Phone #
Name (Previous Supervisor)	Dept./Company	Phone #

- I have reviewed Policy Directive 5106 - Nepotism and have disclosed as appropriate.
 I have reviewed the Benefits Summary using the link provided in the Interview Confirmation Email.
 I have reviewed Policy Directive 5102 - DSH Staff Interaction with DSH Patients.
Do you know or are you related to any patients within DSH? Yes No

This release is valid for thirty (30) days from signed authorization date. A photocopy of this authorization shall be as valid as the original. Any information obtained through this authorization shall be kept confidential by the department performing the reference.

Candidate's 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.

Reviewer's Signature

Printed Name & Department

Date

We have been informed that the person listed above was/is employed by you and that you have knowledge of the applicant's character and qualifications. In an effort to select personnel who will maintain the high standards of performance required of this position, we request your assistance in helping us determine the suitability of this person by completing this questionnaire. Thank you for your cooperation and prompt reply to this request.

Applicant Name: _____

Between what dates did the applicant work for you?	From:	To:		
Job Classification/Title:				
Type of appointment:	Permanent	Temporary		
Reason for Separation:				
Dependability:	Outstanding	Excellent	Satisfactory	Unsatisfactory
Quality of work:	Outstanding	Excellent	Satisfactory	Unsatisfactory
Following instructions, Policies, and procedures:	Outstanding	Excellent	Satisfactory	Unsatisfactory
Working relationships with people:	Outstanding	Excellent	Satisfactory	Unsatisfactory
Rate your organizations willingness to rehire:	Strong Candidate	10 _____	5 _____	1 _____ Weak Candidate
Has the applicant had any disciplinary/adverse actions taken and/or are any investigations in progress:	Yes		No	
If yes, please list the type and date of action:				
Disposition:				
General Comments:				
_____	_____	_____	_____	
Reference given by (Name)	Title	Phone Number	Date	
If reference is completed over the telephone:				
_____	_____	_____	_____	
Name of Person doing Reference Check	Title	Phone Number	Date	

DEPARTMENT OF STATE HOSPITALS— PATTON
HUMAN RESOURCES DEPARTMENT
3102 EAST HIGHLAND AVENUE
PATTON, CA 92369

State of California – Health and Human Services Agency
VERIFICATION OF PERSONAL RELATIONSHIPS AND HIRING OF RELATIVES

DSH 3215 (Rev 7/2020)

It is the policy of the Department of State Hospitals (DSH) and state service to prohibit two or more people with a personal relationship to be employed in situations where they may exercise favoritism or bias based on personal relationship such as when supervised by the same supervisor, where one is in the first line or second line chain of command of the other, or where one might be in a position to influence the promotion, work assignments, or granting of special privileges to the other, delegate, assign, or audit the work of, or exercised fiscal control over that person regardless of position in the organization. Personal relationship means any relationship so personal that other DSH employees may reasonably perceive that one of the employees may be motivated to treat the other one more favorably than other employees. That includes, but is not limited to, any familial relationship established by blood, adoption, marriage, registered domestic partnership or cohabitation. Policy Directive 5106 is established to reinforce management's commitment to merit-based employee selection, and fair and impartial supervision, and evaluation. It is the employee's responsibility to ensure all personal relationships as defined in the nepotism policy are disclosed. Failure to report personal relationships as defined in the policy may give rise to corrective/disciplinary action. This form shall be completed, signed, and returned to the employee's supervisor annually.

EMPLOYEE OR PROSPECTIVE HIRE NAME (<i>print</i>)	TELEPHONE NUMBER
CLASSIFICATION TITLE	POSITION NUMBER
DIVISION/PROGRAM/SECTION/UNIT/AREA	

DISCLOSURE

The information provided pursuant to this document will be used only to implement the DSH Nepotism Policy, and not for purposes of any other employment decision.

- I do not have** a personal relationship (*as defined in the Nepotism policy*) with anyone currently employed with the DSH.
- I do have** a personal relationship (*as defined in the Nepotism policy*) with the DSH employee(s) listed below: (*Note: For additional relationships please list on the back of this form.*)

1. NAME OF RELATED INDIVIDUAL	RELATIONSHIP	CLASSIFICATION/WORKSITE DIVISION, PROGRAM, UNIT AREA (IF KNOWN)
2. NAME OF RELATED INDIVIDUAL	RELATIONSHIP	CLASSIFICATION/WORKSITE DIVISION, PROGRAM, UNIT AREA (IF KNOWN)

- Check if entering additional relationships on page 3 of this form.

State of California – Health and Human Services Agency
VERIFICATION OF PERSONAL RELATIONSHIPS AND HIRING OF RELATIVES

DSH 3215 (Rev 7/2020)

SIGNATURES
EMPLOYEE AND POTENTIAL EMPLOYEE CERTIFICATION—IMPORTANT—PLEASE READ BEFORE SIGNING

I certify that I have read and fully understand the DSH Nepotism Policy (Policy Directive 5106). My signature denotes that the information I have entered on this form is true and accurate, to the best of my knowledge. I acknowledge that it is my responsibility to report all (current and potential) nepotism situation(s) immediately. I further understand that any false, incomplete, or incorrect statements may result in corrective action.

SIGNATURE OF EMPLOYEE OR PROSPECTIVE HIRE

DATE

NOTE: Please return this form to your supervisor. It will be forwarded to your Human Resources office, where it will be maintained in your Official Personnel File (OPF).

For Human Resources Use Only

Compliance Plan Required?

Yes

No

 Date Compliance
 Plan Received:

HR Representative:

Signature:

State of California – Health and Human Services Agency
VERIFICATION OF PERSONAL RELATIONSHIPS AND HIRING OF RELATIVES

DSH 3215 (Rev 7/2020)

Additional Relationships		
3. NAME OF RELATED INDIVIDUAL	RELATIONSHIP	CLASSIFICATION/WORKSITE DIVISION, PROGRAM, UNIT AREA (IF KNOWN)
4. NAME OF RELATED INDIVIDUAL	RELATIONSHIP	CLASSIFICATION/WORKSITE DIVISION, PROGRAM, UNIT AREA (IF KNOWN)
5. NAME OF RELATED INDIVIDUAL	RELATIONSHIP	CLASSIFICATION/WORKSITE DIVISION, PROGRAM, UNIT AREA (IF KNOWN)
6. NAME OF RELATED INDIVIDUAL	RELATIONSHIP	CLASSIFICATION/WORKSITE DIVISION, PROGRAM, UNIT AREA (IF KNOWN)
7. NAME OF RELATED INDIVIDUAL	RELATIONSHIP	CLASSIFICATION/WORKSITE DIVISION, PROGRAM, UNIT AREA (IF KNOWN)
8. NAME OF RELATED INDIVIDUAL	RELATIONSHIP	CLASSIFICATION/WORKSITE DIVISION, PROGRAM, UNIT AREA (IF KNOWN)
9. NAME OF RELATED INDIVIDUAL	RELATIONSHIP	CLASSIFICATION/WORKSITE DIVISION, PROGRAM, UNIT AREA (IF KNOWN)
10. NAME OF RELATED INDIVIDUAL	RELATIONSHIP	CLASSIFICATION/WORKSITE DIVISION, PROGRAM, UNIT AREA (IF KNOWN)
11. NAME OF RELATED INDIVIDUAL	RELATIONSHIP	CLASSIFICATION/WORKSITE DIVISION, PROGRAM, UNIT AREA (IF KNOWN)
12. NAME OF RELATED INDIVIDUAL	RELATIONSHIP	CLASSIFICATION/WORKSITE DIVISION, PROGRAM, UNIT AREA (IF KNOWN)
13. NAME OF RELATED INDIVIDUAL	RELATIONSHIP	CLASSIFICATION/WORKSITE DIVISION, PROGRAM, UNIT AREA (IF KNOWN)
14. NAME OF RELATED INDIVIDUAL	RELATIONSHIP	CLASSIFICATION/WORKSITE DIVISION, PROGRAM, UNIT AREA (IF KNOWN)
15. NAME OF RELATED INDIVIDUAL	RELATIONSHIP	CLASSIFICATION/WORKSITE DIVISION, PROGRAM, UNIT AREA (IF KNOWN)