

APPLICATION FOR INTERNSHIP PROGRAM

ALL POTENTIAL INTERNS ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED DISABILITY OR ANY OTHER LEGALLY PROTECTED STATUS.

GENERAL INFORMATION

Name:

Street Address:

City:

ST:

Zip:

Email:

Phone:

What HHHRC program(s) are you interested in?

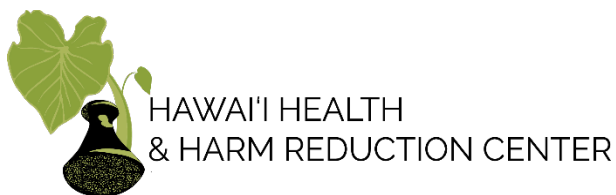
Does your program of study require your internship supervisor to hold specific credentials, licenses, or degrees?
If yes, please specify:

EDUCATION

School Name	Years Attended	Expected Graduation MM/YY	Major(s)	Amount of Hours Needed

Statement

Why do you want to intern at Hawai'i Health & Harm Reduction Center?



ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

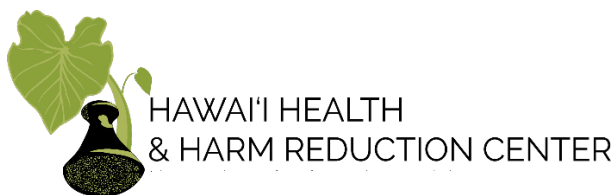
I authorize investigation of all statements contained in this application as may be necessary in arriving at decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any relationship with this organization is of an "at will" nature, which means that the intern may resign at any time and the Employer may discharge the intern at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of Applicant

Date

*Attachment-Intern Attestation (Application cannot be processed without signed attestation)



677 Ala Moana Blvd. Suite #226 Honolulu, HI 96813

Ph. (808) 521-2437

AUTHORIZATION TO RELEASE INFORMATION

REGARDING:

Applicant's name:	
Applicant's current address:	
Applicant's social security number:	
Applicant's date of birth:	

I, the undersigned, authorized and consent to any person, firm, organization, or corporation provided a copy (including photocopy or facsimile copy) of this **Authorization to Release Information** by the Hawai'i Health & Harm Reduction Center to release and disclose to the Hawai'i Health & Harm Reduction Center any and all information or records requested regarding me, including, but not necessarily limited to, my internship, employment records, education, volunteer experience, military records, criminal information records (if any), and background. I have authorized this information to be released, either in writing or via telephone, in connection with my application for internship at the Hawai'i Health & Harm Reduction Center.

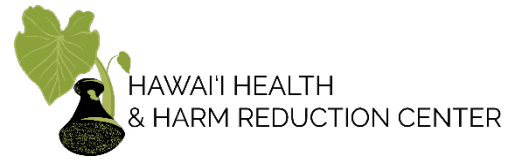
Any person, firm, organization, or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance Hawai'i Health & Harm Reduction Center guidelines.

Signature of Prospective Intern

Date

CERTIFICATION & ATTESTATION

Suspension, Debarment, Revocation & Drug Free Workplace Requirements Internship Program



- A. I certify that I have not been debarred, suspended, or otherwise excluded from participation in any state or federally funded programs. I understand that debarment, suspension, or exclusion from participating in state or federally funded programs will result in immediate termination of internship, employment contracts or independent contracts without penalty to or claim of damages against the Hawai'i Health & Harm Reduction Center or the State of Hawaii, Adult Mental Health Division.
- B. If selected for an internship, employed, or contracted for services, I agree to conform to the guidelines and policies of the Hawai'i Health & Harm Reduction Center and the State of Hawaii, Adult Mental Health Division. I understand that my internship, employment, and/or contract is at-will and can be terminated at any time with or without advance notice or cause.
- C. I understand and agree that the Hawai'i Health & Harm Reduction Center may make a full and complete investigation of my personal, employment history and credentialing verification (with primary sources) and authorize any former employer, persons, firms, corporation, school, government agency, licensing boards, criminal background agencies, or other entities to provide the company with any other information (including fact or opinion) they may have regarding me. In consideration of the company's review of my potential internship, employment and/or contracting status. I release the Hawai'i Health & Harm Reduction Center and all providers of any information from any liability which may arise as a result of furnishing any receiving this information, with the exception of any liability arising from a violation of the Fair Credit Reporting Act ("FCRA"). I understand and agree that if offered internship, employment or a contract offered by the Hawai'i Health & Harm Reduction Center, any such internship, employment or contract offer shall be dependent upon the receipt of satisfactory references, licensure, and background checks as determined by the company. If selected for internship, employed or contracted I further authorize the company to provide truthful information (including fact or opinion) regarding my internship, employment, or contract to any potential or future employer and release and waive any claims against the Hawai'i Health & Harm Reduction Center or the State of Hawaii, AMHD for truthfully communicating any such information to a potential or future employer or contractor.
- D. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination as part of my internship, employment, or contract. I also understand and agree that I may be required to submit to a complete medical examination during my internship, employment, or contract with the company, provided that such examination is job-related and consistent with business necessity. The cost of such examinations will be paid by the Hawai'i Health & Harm Reduction Center. I authorize the physician conducting the examination and any laboratory testing and any specimen obtained by the physician or collection site to disclose the results of the examination and laboratory tests to the Hawai'i Health & Harm Reduction Center in accordance with state and/or federal laws. The Hawai'i Health & Harm Reduction Center will keep such results confidential and disclose the results only to persons who need to know or where required by Law. Also, I agree to fully cooperate and provide the company with any additional consent(s) and/or release(s) as required by the Hawai'i Health & Harm Reduction Center to investigate my internship, employment, or contract application.
- E. I also agree to obtain a TB test prior to having direct contact with the Hawai'i Health & Harm Reduction Center consumers if not already collected by my university.
- F. The Hawai'i Health & Harm Reduction Center may inquire into and consider any criminal conviction record that you may have. The company may withdraw internship, employment offers and contract agreements if you have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position/contract for which you are carrying out for the company.
- G. I understand and will conform to the Hawai'i Health & Harm Reduction Center and State of Hawaii's Drug Free Workplace Act.
- H. I understand and will report throughout the course of my contract, internship, or employment with the Hawai'i Health & Harm Reduction Center any restrictions, suspensions, debarment of my licensure and my ability to participate with state and federal Medicaid and Medicare programs. I further agree and will report any disciplinary action taken against me by any licensing agency or boards.

Signature of Intern

Date