



ST. LUKE'S HOSPITAL & HEALTH NETWORK
CRIMINAL HISTORY BACKGROUND INVESTIGATION

St. Luke's Hospital & Health Network (St. Luke's) now requires a Federal Bureau of Investigation (FBI) fingerprint-based criminal history background check for all students requesting an internship at St. Luke's Hospital & Health Network. In the event a record is revealed, with or without a conviction, the following form must be completed in its entirety which will be reviewed by St. Luke's Human Resources Department. The Human Resources Department will investigate the record and obtain as much information relating to it as possible, which may include obtaining further information from government sources. You will be contacted if further information is needed. The safety of St. Luke's patients, employees and visitors is the primary goal. After all pertinent information is reviewed, you will be notified as soon as practicable as to the decision whether it has been determined that any conviction(s) adversely impacts your suitability for the student internship in question.

Please answer all of the following:

- 1. Date of conviction(s)
2. Exact Location(s)
3. Offense(s)
4. How did you plead?
5. What was the outcome/sentencing?
6. Are you still on probation?
7. Provide details surrounding the offense(s) with your version of what happened.

In addition, please submit with your written statement any and all documentation you may possess that relates to the above record. If you have none, please confirm that in writing. All documents which you received from the FBI fingerprint-based criminal history background check, including the original copies of both the results of the check and all the attached documents along with the rap sheet must be submitted.

I hereby affirm and represent that the information I have provided on or in response to this form and/or otherwise in connection with the student internship, is true and complete to the best of my knowledge, information and belief. I understand that any false or misleading information, or material omission, may disqualify me from further consideration for this student internship at St. Luke's or may result in up to and including immediate termination of the student internship, if subsequently discovered during the student internship at St. Luke's. In addition I authorize representatives of St. Luke's to conduct a criminal history background check, investigate and review any and all information relating to my criminal history, whether supplied by me, my school(s) and/or law enforcement or government sources. Intending to be legally bound, I release from all liability or responsibility all persons, organizations, institutions or agencies requesting, reviewing and supplying such criminal history information.

NAME
(PRINT)
NAME OF SCHOOL

NAME
(SIGNATURE)
NAME OF PROGRAM