Southern Nevada Health District - Human Resources
Acknowledgements-Interns NOT on Payroll

Receipt of the SNHD Policies & Procedures and Personnel Code
I have been informed that the District's Administrative Policies and Procedures and Personnel Code are located on the intranet. I understand that it is my responsibility to read the Policies and Procedures and Code, and that I will be given the opportunity to discuss Policy & Procedure and Code provisions with appropriate supervisory or administrative personnel upon request. I understand that I must follow the Policies & Procedures and Code provisions during the term of my internship.

Interns Initials _________________ Date ____________

Receipt of SNHD Zero Tolerance Harassment Policy and Handbook
I hereby acknowledge that I have received the CCHD Zero Tolerance Harassment Policy Handbook. I understand that I am required to read this handbook, follow the principles and guidelines established.

Interns Initials _________________ Date ____________

Required Use of Personal Vehicles
Interns in certain divisions must travel in order to visit facilities, make home visits, and/or conduct other business related to their duties. These Interns must provide their own appropriate transportation in the form of an automobile or similar vehicle. Acceptance of appointment as an Intern in a classification that requires use of a personal vehicle constitutes agreement with this policy. The State of Nevada, by Statute, requires that all vehicle owners maintain in full force and effect, a vehicle insurance policy with coverage for general liability, property damage and medical expenses. The SNHD requires that any Intern using a vehicle for official business be in compliance with all statutory requirements whether or not the Intern owns the vehicle. The failure of an Intern to conform to statutory requirements shall be adequate grounds for termination of internship.

Interns Initials _________________ Date ____________

Certification: My signature below certifies I have read and agreed to the above conditions of Internship.

Print Name: ____________________________
Sign Here: ____________________________ Date, ____________
Witnessed By: _________________________
Witness Signature: _____________________ Date ____________

Revised: 10/19/06
Southern Nevada Health District  
HUMAN RESOURCES  
Confidential Student/Intern Data

### Contact Information (please print or type)

<table>
<thead>
<tr>
<th>Name (Last name first)</th>
<th>Male / Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td>Driver’s License Number</td>
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<tr>
<td>Mailing Address</td>
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</tr>
<tr>
<td>City, State, ZIP</td>
<td></td>
</tr>
<tr>
<td>Home phone number</td>
<td>Alternate phone number</td>
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<tr>
<td>( )</td>
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<tr>
<td>If married, name of spouse (Last name first)</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City, State, ZIP</td>
<td></td>
</tr>
<tr>
<td>Spouse’s Work Phone</td>
<td>Alternate Phone number</td>
</tr>
<tr>
<td>( )</td>
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</tr>
</tbody>
</table>

**Emergency Notification** — In case of emergency whom SNHD should notify (Last name first)

| Address | |
| City, State, ZIP | |
| Emergency contact phone number | Alternate phone number |
| ( ) | ( ) |

I voluntarily and knowingly authorize for verification purposes only, any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, credit bureau, private business, military branch or the National Personnel Records Center, personal reference, and/or other persons, to give records or information they may have concerning my criminal history, motor vehicle history, and employment records, worker’s compensation claims (including from the state of MN), general reputation, character, or any other information requested to Southern Nevada Health District and/or its agents or representatives. I understand that my consent will apply throughout my tenure unless I revoke or cancel it by sending a signed letter to Southern Nevada Health District Human Resources office.

**Certification:** My signature below certifies the accuracy of the above.

PRINT NAME: ____________________________

SIGN HERE ____________________________ Date ______________

WITNESSED BY: _________________________ Print Name _________________________ Date ______________

*The information on this form is confidential and is restricted to Human Resources.*
Southern Nevada Health District
STUDENT/INTERN APPLICATION

Contact Information (please print or type)
Name

Signature

Mailing Address

City, State, ZIP

Home phone number

Alternate phone number

Please check one:

☐ Medical Student ☐ P.A. Student ☐ Mentor ☐ MS/MPH ☐ Resident ☐ Pharmacy Student

☐ Nursing Student ☐ EH Intern ☐ Leadership ☐ BA/BS ☐ Other ______

Sponsoring Institution: __________________________________________

Nature of work: ________________________________________________

________________________________________________________________

_______________________________
FOR SOUTHERN NEVADA HEALTH DISTRICT USE ONLY

Supervisor: __________________________ Division/Section: ______________

Assignment Start Date: ______________ Assignment End Date: ____________

Please check all that apply:

☐ Badge ☐ Parking Sticker ☐ Orientation

☐ Work Station: Work station access times: ____________________________

☐ IT Access: IT Access level/Entry access times: ________________________

☐ Information System Acceptable Use Policy

Work hours: __________________________________ Work Location: _________

Director Approval: __________________________ Date: _________________

Human Resources Approval: ______________________ Date: _______________

Administrative Services Approval: ______________________ Date: __________

☐ Affiliation agreement current

Created 4/06 Revised 10/28/2008
Southern Nevada Health District
Student-Intern Statement of Compliance
with Vaccinations

Contact Information (please print or type)

Name

Signature

Date

The student named above has been found to be in compliance with the following vaccinations:

☐ Two-step Tuberculin (PPD)  ☐ Varicella  ☐ Measles/Mumps/Rubella (MMR)

☐ Hepatitis B (series of 3)  ☐ Tetanus (Diphtheria (TD))  ☐ Hepatitis A

Sponsoring Institution: ____________________________________________

Print Name: _____________________________________________________

Signature: _______________________________________________________

The above named student agrees to release this information to the Southern Nevada Health District for
the purposes of clinical assignment, rotation, or internship as appropriate.

FOR SOUTHERN NEVADA HEALTH DISTRICT USE ONLY

Supervisor: ____________________ Division/Section: ____________________

Assignment Start Date: ______________ Assignment End Date: ______________

Date received by SNHD: ____________________

Created 4/06
Southern Nevada Health District- Human Resources
Information Systems Acceptable Use Policy-Interns

Southern Nevada Health district information systems include, but are not limited to, central computers, computer accounts, microcomputers, printers, networks, software, electronic mail, web pages, video, telephones, and telephone voicemail accounts. District information systems are to be used only for District approved purposes and programs. Use of such resources is subject to monitoring for security and/or network management. All information contained in such systems is considered to be District property.

Software
Approved software is District supplied. Personal software and/or any software not specifically licensed and approved by District computer staff must not be downloaded or installed on District computers. Any specialty software used by interns, whether purchased by the District or given to the District by an outside agency, grantor, consultant, or business partner, must first be reviewed and evaluated by District computer staff. District computer staff will assure compatibility and compliance with licensure requirements.

Electronic Mail
The electronic mail (E-mail) is to be used for work related purposes only. Interns with approved E-mail privileges are advised that E-mail is not private mail. The District has and will maintain unrestricted access to E-mail communications.

Internet Connection
The Internet connection is to be used for work related purposes only. Interns with Internet connection privileges are advised that unauthorized or improper use of the Districts Internet connection will not be tolerated.

Violation of any of these policies may be grounds for disciplinary action up to and including termination of Intern status.

Certification: My signature below certifies I have read and agreed to the above conditions with Southern Nevada Health District.

Print Name: ________________________________
Sign Here: ________________________________  Date__________
Witnessed By: ______________________________
Witness Signature: _________________________  Date__________
SOUTHERN NEVADA HEALTH DISTRICT

CONFIDENTIAL INFORMATION POLICY-INTERN

Interns of the Southern Nevada Health District will receive and have access to information that is confidential and proprietary in nature to the organization, its customers, clients, and vendors. Some Interns will also have access to confidential employee or District information in the areas of Human Resources, Finance, Medical Records and or Information Technology in the course of work. Interns are not to disclose any such confidential information to (a) any other person in the organization unless there is a legitimate business reason for doing so; or (b) any person outside the organization unless management has expressly stated that the information can be disclosed to that person. This obligation exists even after the Intern leaves the organization.

The Southern Nevada Health District has developed certain proprietary products and processes that are unique to the organization. The organization protects proprietary and confidential information by restricting nonemployees and visitors access to certain designated areas and by restricting access to confidential documents to only those who have business reasons to view them.

If someone asks you for information and you are concerned about the appropriateness of giving them certain information, you are not required to answer. Instead, as politely as possible, refer the request to your supervisor.

No one is permitted to remove from SNHD premises, or make copies of any SNHD records, reports or electronic media documents without prior management approval.

Violation of any of these policies may be grounds for termination of Internship.

Certification: My signature below certifies I have read and agreed to the above conditions.

PRINT NAME: _____________________________
SIGN HERE: _____________________________ Date ___________________
WITNESSED BY: _____________________________
WITNESS SIGNATURE: _____________________________ Date ___________________
Southern Nevada Health District

ZERO TOLERANCE FOR HARASSMENT POLICY

AP - 018

SOUTHERN NEVADA HEALTH DISTRICT
ZERO TOLERANCE FOR HARASSMENT POLICY
Effective Date: 3/17/05
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ZERO TOLERANCE FOR HARASSMENT POLICY

I. Purpose

The purpose of this policy is to clearly and emphatically state the Southern Nevada Health District's position prohibiting harassment and harassing conduct in the workplace. Further, its purpose is to establish the steps for implementing and enforcing this policy.

II. Policy Statement

It is the policy of the Southern Nevada Health District that each and every employee has the right to work in an environment free from all forms of discrimination.

The District has zero tolerance for harassment. It is this agency’s policy to maintain a work environment that is free from harassment based on race, color, religion, sex (whether or not of a sexual nature), national origin, age, disability, marital status, sexual orientation, and from retaliatory harassment based on opposition to discrimination or participation in discrimination complaint proceedings.

The District will not tolerate such conduct and will take disciplinary action, including dismissal, if necessary, to prevent or remedy harassment. As an employer, the District recognizes the detrimental effects that unlawful harassment can have on employees and the public. When there is an allegation and/or evidence that such harassment has occurred, an immediate and thorough investigation of the incident will be undertaken by Health District Administration.

In addition, it is the policy of the District that no retaliation will be tolerated against any employee for reporting harassment under this or any other policy or procedure, or for assisting in any investigation about such a report.

III. The Law

Harassment is a violation of federal and state law. Title VII of the 1964 Civil Rights Act specifically prohibits employment discrimination based on religion, color, national origin, race, and sex. The Nevada Revised Statute 613.330 prohibits employment discrimination based on race, color, religion, sex, sexual orientation, age, disability or national origin; interference with aid or appliance for disability; refusal to permit service animal at place of employment.

The Equal Employment Opportunity Commission (EEOC), a federal agency, enforces harassment provisions through the State’s Nevada Equal Rights Commission (NERC), which oversees the state's equal rights program, handling discrimination complaints relating to race, national origin, color, religion, sex (gender and/or orientation), age (over 40) and disability.
IV. Definition of Harassment

For the purpose of this Policy, harassment is defined as any unwelcome verbal or physical conduct based on race, color, religion, sex (whether or not of a sexual nature), national origin, age, disability, sexual orientation, or retaliation when:

- The conduct can reasonably be considered to adversely affect the work environment, or
- The conduct can reasonably be considered to undermine the professional basis of an employment relationship, or
- An employment decision affecting the employee is based on the employee’s acceptance or rejection of such conduct.

Examples of harassment include, but are not limited to:

- Pressure for dates;
- Making offensive remarks about appearance, clothing, or body parts, including weight;
- Touching in a way that may make an employee feel uncomfortable;
- Telling sexual jokes, hanging sexually suggestive posters, etc;
- The use of racially derogatory words, phrases or epithets
- Demonstrations of a racial or ethnic nature such as the use of gestures, pictures or drawings which would offend a particular racial or ethnic group;
- Comments about an individual’s skin color or other racial/ethnic characteristics;
- Negative comments about an employee’s religious beliefs;
- Negative remarks regarding an employee’s birthplace or ancestry;
- Negative comments regarding an employee’s age; and
- Derogatory or intimidating references to an employee’s mental or physical impairment.

V. Enforcement of this policy

All District staff are responsible for implementing the District’s anti-harassment policy and for cooperating fully in its enforcement.

- First and foremost, employees must not engage in harassing conduct.
• Employees who are subjected to harassment should promptly utilize the procedures in this Policy to bring the matter to the attention of management. All employees must fully cooperate in any investigation. Failure to cooperate may be a separate disciplinary offense.

• Supervisors and other management officials must act promptly and effectively to prevent harassment from occurring in the workplace and to correct any harassment that does occur.

The Chief Health Officer of the District, or designee, is responsible for the overall administration of this policy. The Human Resources Manager is responsible for the direct administration of this policy, and will:

• Disseminate this Policy to all employees and be responsible for the development and delivery of a training program to assure that all District employees know what conduct is prohibited, understand their rights and responsibilities, and are familiar with the proper procedures to follow in connection with reports of harassment;

• Receive reports of harassment and be responsible for further investigations into such reports when necessary;

• Provide oversight, technical assistance and support to District staff to assure compliance with this Policy;

• Maintain a written record of all reports of harassment, as well as of the findings and actions taken;

• Annually prepare and distribute to all employees a report detailing the activities taken pursuant to this Policy, including an aggregate analysis of the reports of harassment received and their resolution.

VI. Complaint Report and Investigation Procedure

1. Any employee who believes that he or she has been the subject of harassment in violation of this policy is to report the matter to his or her Supervisor or Division Director, the District Human Resources Manager, the Director of Administrative Services, or the Chief Health Officer. Complaints may be filed verbally or in writing. All Information will be maintained on a confidential basis among involved parties.

2. Employees who know of harassing conduct directed at others may also report the harassment to any of the officials listed above.

3. A Supervisor or Manager who receives a report of harassment shall immediately notify the Human Resources Manager. The Human Resources Manager will:
   a. conduct a preliminary investigation into whether harassment has occurred
   b. take action to stop any harassing conduct; and
c. notify the Division Director of the report

4. A Supervisor or Manager who witnesses harassment of an employee who is not subordinate in the chain of command to that Supervisor or Manager should immediately notify the Human Resources Manager, who will ensure that the above preliminary steps are taken.

5. If warranted, an investigation will be completed within thirty (30) days and referred to the Chief Health Officer, or designee, with conclusions and proposed solutions.

6. If, based on the investigation, it is determined that harassment, as defined in this Policy, has occurred, the Human Resources Manager and District administration will consult to determine appropriate corrective action, as well as whether any disciplinary action is warranted. A written report will be made by the Human Resources Manager outlining the findings and any actions taken as a result of the investigation.

7. Results of the investigation will be reported to the complainant and/or affected parties in within ten (10) working days of the written report.

8. Division Directors, section Managers and Supervisors will be responsible for assuring that their sections are in full compliance with requirements of this Policy. In addition, following a report of harassment they are responsible for monitoring the situation to assure there are no further incidents of harassment or of retaliation against individual(s) who have reported harassment or participated in investigations.

VII. Statutory and Collective Bargaining Claims

Though all District employees are encouraged to avail themselves of this procedure, it is understood that they may at any time during the process or at its completion, seek relief in accordance with provisions of applicable federal or state statutes, as well as with provisions of the Collective Bargaining Agreement.

This policy is in addition to statutory and collective bargaining prohibitions against harassment and the procedures and remedies they provide for addressing unlawful harassment. Filing a report under this policy does not satisfy the requirements to initiate those procedures and obtain remedies pursuant to them, nor does it delay the time limits for initiating those procedures. An employee who chooses to pursue statutory or collective bargaining remedies for unlawful harassment must:

- For a NERC/EEO complaint pursuant to the regulations (available for all claims of harassment other than those based on sexual orientation), contact a NERC/EEO counselor within 180 days from the date of the alleged harassment (or personnel action if one is involved), or

- For a collective bargaining claim, file a written grievance in accordance with the provisions of the Collective Bargaining Agreement.
VIII. Inquiries

Any person wanting further information concerning this Policy may contact the Human Resources Manager at (702) 759-1101.

IX. Distribution

This Policy shall be distributed to all employees upon issuance and revision, and upon request. It shall also be distributed to all new employees as part of their orientation on their first day of work.