



Please read carefully before signing.

### **Acknowledgment of Drug Free Hiring Policy & Vaccination Program**

The MetroHealth System (collectively referred to as "MHS") protects its patients, visitors, and workforce members from risks associated with drug use and preventable infectious disease exposure. Copies of MHS's Drug-Free Workplace Policy HR- 07, Smoke Free Workplace Policy (Policy GEN-17), and the Vaccination Program for Employees Policy (Policy HR-66) through MHS's intranet and website, and can be available for reference pre-hire upon request from MHS. I have read, understand, and agree to the policy related requirements and procedures detailed below. As an applicant for employment (or other provision of services) at MHS, I verify that I do not use illegal substances. I also agree to the following:

- **I understand that compliance with these policies is a condition of employment (or other provision of services) at MHS, and a failure to comply will result in termination of employment.**
- I have been advised not to consume poppy seeds, CBD products and other products that may contain marijuana derivatives, or other non-prescribed products that may impact drug screening results. CBD and other marijuana products or other illegal substance products should not be used even with prescription.
- I understand that the use of tobacco/nicotine products or electronic cigarettes is not permitted anywhere on MHS owned or controlled properties or grounds, including parking areas, in personal vehicles, and adjacent properties and/or sidewalks.
- **I understand that I must receive an annual influenza vaccination and I must be fully vaccinated against COVID-19 as conditions of employment.** I understand that I am responsible for providing, during my pre-employment appointment, valid documentation that verifies my vaccination status prior to starting employment. After hire, I understand that MHS will require that I provide proof of my ongoing vaccination status. I can authorize MHS in its role as my healthcare provider to disclose my vaccination status to MHS in its role as my employer.
- **If I cannot receive one or more required vaccinations, I must submit an exemption request in advance of my start date.** Exemptions may be provided for medical or religious reasons, and in accordance with applicable laws. It is my responsibility to provide the required exemption request form and supporting documentation so that enough time is allowed for MHS to review my submission and communicate its determination. I must provide all information requested by the deadlines given and to the identified recipient. Failure to seek exemption in a timely manner, or to provide all requested documentation, may result in the denial of later exemption requests. I will not be permitted to start employment until this process is completed. The exemption process may delay my start date until an approval or denial determination is made.
- **If I have requested exemption(s) for COVID-19 and/or flu vaccination(s) and it is denied, I must receive the vaccination(s) as required by MHS as a condition of employment. If I do not receive the vaccination(s) upon denial of my exemption request, I understand that my conditional offer will be rescinded, or my employment will be terminated.**
- I recognize that MHS may modify these policies at any time. Questions about these policies can be directed to Human Resources.



### **Request for Employment and Education Verification**

During the onboarding process, MHS, or other entities retained by MHS, will seek verification and references regarding my education and employment history. By signing below, I authorize my former and current employers and educational institutions to release any and all information relating to my employment and education to MHS. I further release and hold harmless my former and current employers and educational institutions and MHS from any and all liability that may potentially result from the release and/or use of such information. I understand that MHS is a public employer, and that any information released by my former and current employers and educational institutions may be disclosed in accordance with MHS's public records or other disclosure obligations.

### **Acknowledgment of Direct Patient Care Position Regarding Artificial Nails**

I understand, if I am in a direct patient care position, I will not be permitted to wear artificial nails at work to ensure I am providing best possible care to MHS patients.

### **Confidentiality**

Through the course of the new-hire selection process, I may have opportunities to shadow and visit patient care areas. I acknowledge that I have an obligation to protect the privacy of MHS patients and employees. I understand that the care of patients at MHS is confidential in nature. I understand the importance of maintaining confidentiality. I will not discuss with any individual any patient information, diagnosis, name, location of treatment or outcome I observe or come in contact with during my experience at MHS. I will not request, access, photocopy, fax or use any confidential information.

**I shall refrain from using any MHS information systems, including any electronic medical record in any system that I may be granted access to, for any reason except to the extent necessary and appropriate for the purpose(s) of my association with MHS. I shall follow MHS medical records requests procedures when it is necessary to access records of my own or those of my family members. I will not directly access my own records, and I will not directly access those of my family or other acquaintances without a legitimate business purpose.**

I understand that maintaining the confidentiality of sensitive material continues after my experience at MHS has ended and that disclosure of confidential information after my experience may be grounds for legal action. I understand if I violate this confidentiality statement my participation in the experience will be terminated immediately and I may not be eligible to participate in future experiences or work within MHS. I further understand that violation of the terms of this agreement could result in substantial penalties, including but not limited to, termination of my association with MHS, civil liability and/or criminal penalties.

### **Authorization of Image, Voice, Name or Likeness (Optional)**

As an employee of MHS, I authorize MHS and its employees, agents and representatives who are acting on behalf of MHS, to use my image, voice, name, likeness and/or performance (collectively referred to as my "Likeness") in any photograph, image, video, audio or other type of media for purposes related to MHS's health care mission. This includes advertising, publicizing or marketing its facilities and programs, or for any other commercial or lawful purpose.



I agree that these materials will become the property of MHS. I hereby irrevocably authorize MHS to edit, alter, copy, exhibit, publish or broadcast my Likeness by means of any print, electronic or other type of media, without compensation to me.

In addition, I waive any right of privacy associated with my Likeness, as well as the right to inspect or approve the finished product. I waive any right to royalties or other compensation related to the use of my Likeness. I hereby hold harmless and release and forever discharge MHS from all claims, demands and causes of action that I, my heirs, representatives, executors, administrators or any other person acting on my behalf or on behalf of my estate may have.

### **Ohio Public Employee Retirement System (OPERS) Retiree Required Notification**

The Ohio Public Employees Retirement System requires that you notify MHS that you are receiving benefits from OPERS, STRS, SERS, OP & F, HPRS and CRS. MHS must report your employment to OPERS on form SR-6 Notice of Re-Employment of a Retiree by the end of the first month of employment.

If you are a retiree who is re-employed within the last 10 days of a month, we are required to notify OPERS immediately to prevent an overpayment of pension.

Your failure to give OPERS or MHS timely notice of re-employment may result in liability for overpaid benefits.

You can indicate whether or not you are currently receiving benefits from OPERS, STRS, SERS, OP & F, HPRS, and CRS in the General Questions within this application, or within your Candidate profile.

Ask a Benefits Representative for a SR-6 Notice of Re-Employment of a OPERS Retiree during the new hire orientation process.

**Vacation** - An employee who has retired in accordance with the provisions of any retirement plan offered by the state and who is employed by the state or any political subdivision of the state on or after June 24, 1987, shall not have prior service with the state, any political subdivision of the state, or a regional council of government established in accordance with Chapter 167 of the Revised Code counted for the purpose of computing vacation leave.

### **Social Security Acknowledgement**

**Windfall Elimination Provision** - Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication (linked below), "Windfall Elimination Provision."

I certify that I have received, via the link just below this text, Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.



[Windfall Elimination Provision](#)

**Government Pension Offset Provision** - Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400 = \$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

**For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778 or contact your local Social Security office.

By placing my signature in the space provided, I agree to the following:

- I am the person whose name appears on this acknowledgment.
- Falsifying a signature or identity, or using someone else's identity are violations of MHS policies.
- By signing this document, I am consenting to this acknowledgement and its content.

Full Name (print): \_\_\_\_\_

ID#: \_\_\_\_\_

Signature: \_\_\_\_\_