

New Photo



**TRI-CENTRAL SERVICE AREA  
SECURITY SUPPORT SERVICES  
Identification Badge & Vehicle Registration**

**IDENTIFICATION BADGE (Please Print)**

|  |   |  |  |   |                   |
|--|---|--|--|---|-------------------|
| <b>First Name</b>                                    |   | <b>Last Name</b>   |  | <b>Middle Name</b>  | <b>Employee #</b> |
|  |   |  |  |   |                   |
| <b>Job Title</b>                                     |   | <b>Practitioners License Status and/or Vocational Classification</b> |  | <b>Department</b>   | <b>Location</b>   |
|  |   |  |  |   |                   |
| <b>Transfer</b>                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | <b>Previous Facility:</b>  |  |   |                   |
| <b>New Hire:</b>                                     | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | <b>Re-Hire:</b>  |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                   |
| <b>Department Administrator/DA (Please Print)</b>    |   |  |  | <b>DA's Ext.</b>  |                   |
|  |   |  |  |   |                   |
| <b>Status</b> (ie: Staff, Associate, Per-Diem, etc.) |   |  |  | <b>School:</b> _____  |                   |

**VEHICLE (S) INFORMATION**

| Year   | Make | Model   | Color  | License Plate |
|--|------|---|--|---------------|
|  |      |   |  |               |
|  |      |   |  |               |
|  |      |   |  |               |
| <b>Do you require a parking stall or space designated for disabled persons or disabled veterans?</b> |      | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | <b>Are any of the vehicles listed above taller than 6' 10"??</b> |               |
|  |      |   | Yes <input type="checkbox"/><br>No <input type="checkbox"/>      |               |

|  |  |
|--|--|
| <b>Have you been issued any Medical Center or MOB door keys</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>If Yes, in the spaces provided list the individual key number stamped on each key in your possession (ex. 1AMD4, 4OBG27, 1ORT16, etc)</b> |  |

**For Dept. Manager or Supervisor use only:**

Bilingual Required Position -- Language \_\_\_\_\_

**Dept. Manager Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**I hear by acknowledge that I have read and understood the Kaiser Permanente (KP) ID Badge and Parking policies.**

- I must comply with **Title 22** regulations, which state: *All employees of the hospital having patient contact, including students, interns and residents, shall wear an identification tag bearing their name and vocational classification.*
- I must comply with Kaiser Permanente Identification Badge Policies, by wearing my I.D. card at all times while on duty. The card is to be worn on the front upper half of the body with the name clearly visible. I also understand that this card is Medical Center property and must be turned in to personnel office upon termination of employment or upon request of management.
- I must comply with the Parking Policy, by parking in the appropriate designated area and by updating vehicle information as necessary. I also must turn in my parking hang-tag upon termination of employment and or at the request of Security, Human Resources and or KP Administrative staff.
- I understand that Kaiser Permanente does not assume responsibility for lost, stolen or damaged vehicles or personal property left in parking areas.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Employee  Contractor  Consultant  Volunteer/Student  Perinatal

Issued By: \_\_\_\_\_ Date Issued: Temporary  Replacement

**Key Card #:** \_\_\_\_\_ **ID Badge #:** \_\_\_\_\_ **Parking Permit #:** \_\_\_\_\_