



EMPLOYMENT APPLICATION

Good Shepherd Children and Family Services provides and promotes equal employment opportunities for all persons without regard to race, color, sex, age, national origin or citizenship as provided by federal law.

PERSONAL INFORMATION

(Please Print—All sections must be typewritten or completed in ink)

NAME _____
Last First Middle

Have you ever used any other name(s) in the past? [] Yes [] No

If yes, please list all other names that you have used and the dates during which you used these names:

ADDRESS _____
Street City State Zip Code

TELEPHONE _____ SOCIAL SECURITY NUMBER _____

POSITION(S) APPLIED FOR _____

In the past 5 years, have you lived or worked in a different state? [] Yes [] No

If yes, give states and dates:

(If you are hired and you are under the age of 16, you will be required to furnish the necessary work permits before being allowed to work.)

Have you filed an application here before? [] Yes [] No If yes, give dates: _____

Have you ever been employed here before? [] Yes [] No If yes, give dates: _____

Are you employed now? [] Yes [] No

Are you prevented from lawfully becoming employed in this country because of your visa or immigration status?

[] Yes [] No (You will be required to verify your employment eligibility and identity within 3 business days in accordance with the Immigration Reform and Control Act of 1986.)

On what date would you be available to work? _____

When are you available to work? [] Full Time [] Part Time [] On-Call [] Temporary

Are you laid off and subject to recall? [] Yes [] No

Have you ever been convicted of or pleaded guilty to a misdemeanor or felony (other than a parking violation)?

Yes No

If yes, please state the nature of the offense for which you were convicted or pleaded guilty, the date of the conviction or the entering of the plea, the judgment imposed, the court imposing the judgment and its location and the docket number of the proceeding.

Has any surety company ever refused to issue or continue any bond on your behalf?

Yes No

If yes, please provide in detail the date, the reasons for and the circumstances surrounding the surety company's refusal.

A "yes" response to either of the two preceding questions will not disqualify you from consideration for employment. A record of a conviction, or a refusal by a surety company to issue or continue a bond on your behalf, does not mean that you cannot be hired. The nature and circumstances of any conviction or bond refusal, how long ago either occurred, and other factors including the relationship of the conviction or bond refusal to the position for which you are applying, are all important in the employment consideration. Thus, please provide a complete response to these questions so that an appropriate decision may be made.

In connection with your application for employment, and at any time during your employment if you are hired, you may be required to submit to Good Shepherd Children and Family Services a copy of any and all records regarding your conviction(s) that have been maintained by either the police or sheriff departments, or both, for the locality in which you reside, the City of St. Louis, Missouri, the City of East St. Louis, Illinois, or St. Louis County, Missouri or any one or more of them. If you have not been convicted of or pleaded guilty to a misdemeanor or felony, you may be required to submit written confirmation of that which is signed by an authorized official of the police and sheriff departments listed above.

As a means of conducting regular criminal background checks, fingerprinting is required of all employees upon hire.

Have you at any time been accused of child abuse?

Yes No

(You are required to answer this inquiry whether or not a criminal conviction arose out of the allegation.)

If yes, please complete the following questions:

1. Provide in detail the date, the place and an account of the circumstances surrounding each allegation of child abuse.

2. Did any administrative or judicial proceedings arise out of allegations of child abuse?

Yes No

If yes, please identify the agency or court in which the proceeding was brought and its location, the parties to the proceeding, the docket number of the proceeding and any judgment or resolution that was entered or reached.

3. Are you under the supervision of any federal, state or local agency as a result of any allegations of child abuse?

Yes No

A "yes" response to any of the three preceding questions will not disqualify you from consideration for employment. The nature and circumstances of the matters reported as well as their disposition are all important in the employment consideration.

Training in the prevention of abuse is required of all employees through completion of the Protecting God's Children program within 180 days of hire.

HEALTH REQUIREMENTS

Are you able to perform the activities involved in the position for which you are applying either with or without reasonable accommodation?

Yes No

Documentation of a physical examination and TB test are required of all employees within 30 days of hire and every two years thereafter.

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status. Include FAX numbers, if known.

Employer	Telephone	FAX	Work Performed	
Street Address		City	State	Zip Code
Job Title		Supervisor		
Employment Dates From _____ to _____		Hourly Wage / Salary		
Reason For Leaving		May We Contact? Yes – Email: _____		

Employer	Telephone	FAX	Work Performed	
Street Address		City	State	Zip Code
Job Title		Supervisor		
Employment Dates From _____ to _____		Hourly Wage / Salary		
Reason For Leaving		May We Contact? Yes – Email: _____		

Employer	Telephone	FAX	Work Performed	
Street Address		City	State	Zip Code
Job Title		Supervisor		
Employment Dates From _____ to _____		Hourly Wage / Salary		
Reason For Leaving		May We Contact? Yes – Email: _____		

Employer	Telephone	FAX	Work Performed	
Street Address		City	State	Zip Code
Job Title		Supervisor		
Employment Dates From _____ to _____		Hourly Wage / Salary		
Reason For Leaving		May We Contact? Yes – Email: _____		

PERSONAL REFERENCES

Give the name, address, phone number (including FAX, if known), and email address of three persons who are not related to you and who are not previous employers.

Name	Address	Phone	FAX	Email
1.				
2.				
3.				

EDUCATION

	Elementary	High School	College / University	Graduate / Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Graduation Date				
Diploma / Degree				
Course of Study				
Describe specialized training, skills, qualifications, internships and/or extra-curricular activities				

I grant permission to Good Shepherd and Family Services (the Agency) to investigate thoroughly my complete personal, educational and work histories, and to verify all information that may be given in connection with my seeking of employment with the Agency. I also grant permission to the Agency to contact, in connection with my application and periodically thereafter, if I am employed, the Missouri Division of Family Services and any other governmental agencies, organizations, corporations, entities or individuals that the Agency deems necessary in order to verify the continued accuracy of any information given in connection with this application, and I agree to complete, in connection with my application and periodically thereafter, if I am employed, any and all forms required by the Agency (including, but not limited to, an application for child abuse/neglect screening to be submitted to the Missouri Department of Social Services). In addition, I release the Agency and all of its agents, as well as any individual or organization and all of their agents who supply written or oral information regarding myself to the Agency, from any and all liabilities resulting from such investigation or verification. I understand and agree that I may be denied employment or, if I am already employed, that my employment may be terminated based on information obtained during that investigation or verification. Upon termination of my employment with the Agency, regardless of when, how or why my employment is terminated, and whether such termination is affected by me or the Agency, I authorize the release of reference information on all aspects of my employment history with the Agency and release the Agency and all its agents from any and all liability resulting from disclosure of information on my employment history.

In addition, I understand and agree that this application will be considered valid for a period of forty-five (45) days. I recognize that, if I wish to be considered after forty-five (45) days, I must complete a new application for employment.

I understand and agree that, if I am offered employment by the Agency, my employment will be based upon mutual agreement and that either I or the Agency may terminate the employment relationship at any time and for any reason. I further understand that no supervisor, agent or representative of the Agency has any authority to enter into any oral employment agreement with me for any period of time or to make any oral agreement contrary to the foregoing.

Finally, I certify that I have given true and accurate information and that I have read and agreed to the conditions of employment stated in this application and authorize the release as set forth above. If any information contained in this application is found, in the opinion of the Agency to be false in any respect, my application for employment may be rejected. Similarly, if I am already employed, I will be subject to discharge without notice at any time.

Applicant's Signature _____ Date _____



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 FAMILY CARE SAFETY REGISTRY
WORKER REGISTRATION

FCSR USE ONLY

Register online at www.health.mo.gov/safety/fcsr OR mail this form, copy of Social Security card, and payment to Missouri Dept. of Health and Senior Services, Fee Receipts, PO Box 570, Jefferson City, MO 65102. Register only once!

REGISTRATION TYPE (Check all that apply. Complete column on right only if Long Term Care/Personal Care selected from left.)

- Adoptive Parent
Agency Name: _____
- Child Care
- Missouri Foster Parent/Family Member of Foster Parent
Children's Division County Office: _____
- Hospital
- Long Term Care/Personal Care (Please choose subcategory at right ▶ .)
- Mental Health/Psychiatric Hospital
- Voluntary (Select voluntary if no other registration type applies.)

Long Term Care / Personal Care Subcategories (Complete if LTC/PC selected at left.)

- Adult Day Care
- Assisted Living Facility
- Hospice
- Hospital LTAC/Swing Bed
- Mental Health – Residential Facility/ICF
- Nursing Facility/Skilled Nursing
- Personal Care – Home Health
- Personal Care – In-Home Services
- Personal Care – Consumer Directed
Services/Center for Independent Living
- Personal Care – HCY/PDW/DDD/Other

A one-time registration fee of **\$14.00** applies to all categories except Missouri Foster Parents, who must list the Missouri Children's Division county office.

Have you or an immediate family member ever served in the U.S. Armed Forces? Yes No
 If Yes, would you like information about military-related services in Missouri? Yes No

SOCIAL SECURITY NUMBER (Mail copy of card with form.)

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PERSONAL INFORMATION (Provide all names you have used, starting with most recent. Include legal names and nicknames.)

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX (JR., SR., II, III)
BIRTH NAME (LIST FULL NAME)	PRIOR NAMES USED (IF APPLICABLE, LIST FIRST AND LAST NAMES.)	DATE OF BIRTH (MM-DD-YYYY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F

CONTACT INFORMATION

MAILING ADDRESS (ENTER YOUR STREET ADDRESS OR POST OFFICE BOX. THIS ADDRESS MUST BE DIFFERENT FROM EMPLOYER ADDRESS.)

CITY	STATE	ZIP CODE	COUNTY
TELEPHONE	EMAIL ADDRESS (REQUIRED)	COUNTRY (COMPLETE ONLY IF OUTSIDE U.S.)	

EMPLOYER ASSOCIATED WITH THIS REGISTRATION (Complete either left or right column, not both.)

<input checked="" type="checkbox"/> My current/potential child care, long term care or mental health care employer is:	<input type="checkbox"/> No Employer, because I am a(n):		
EMPLOYER NAME Good Shepherd Children & Family Services	<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent/Family Member <input type="checkbox"/> Home Child Care Provider <input type="checkbox"/> Private Pay/Private Duty <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (Explain: _____)		
EMPLOYER ADDRESS 1340 Partridge Avenue			
EMPLOYER CITY St. Louis		STATE MO	ZIP 63130
EMPLOYER TELEPHONE (314) 854-5700		EMPLOYER CONTACT NAME Jessica Rowland	EMPLOYER CONTACT TITLE HR Generalist

REGISTRATION AGREEMENT

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the DHSS to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requester of the FCSR for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy of the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening.

NOTICE: The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to my designated bank account. I understand that my signature below authorizes my financial institution to deduct this payment from my account. In the event that DHSS or its subcontractor is unable to secure funds from my account or I provide insufficient or inaccurate information regarding my account, my obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

SIGNATURE OF APPLICANT	DATE OF SIGNATURE (MUST BE WITHIN SIX MONTHS OF SUBMISSION.)
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WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, long term care and mental health workers:

- State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The Employee Disqualification List maintained by the Missouri Department of Health and Senior Services
- The Employee Disqualification Registry maintained by the Missouri Department of Mental Health
- Child care facility licensing records maintained by the Missouri Department of Elementary and Secondary Education
- Foster parent records maintained by the Missouri Department of Social Services

WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, hired on or after January 1, 2002, as a personal care worker, or hired on or after January 1, 2009, as a mental health worker, as provided in §210.906, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. **Such person who fails to submit a completed registration form to the DHSS without good cause, as determined by the department, is guilty of a class B misdemeanor.** Employees and volunteers from non-state and/or federally regulated entities are NOT REQUIRED to register with the FCSR.

HOW DO I COMPLETE THE REGISTRATION FORM?

Registration Type – Check at least one box from the left column for type of registration that best describes your worker category. If no other type applies, select “Voluntary.” (A “voluntary registrant” is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 et seq., RSMo.) If you checked Long Term Care / Personal Care, please also make one or more selections from the column on the right for subcategory.

Social Security Number – You must provide your Social Security number pursuant to 19CSR 30-80.030(1). This identifying information, including Social Security number, will be used for internal identification purposes and to conduct background screenings for the resource information listed in paragraph one above.

Personal Information – List your current Last Name, First Name, Middle Name, and any suffix associated with your last name. List any other names by which you may have been known, including maiden names, past married names, and nicknames (attach additional sheets if needed). For identification purposes, list your gender and date of birth.

Contact Information – List your address, city, state, ZIP code, and county. Include your telephone number and email address. We will use this information to notify you of registration results and any background screenings conducted. Email notifications will be encrypted for improved security. To reduce postage costs, the Registry may contact you to request a personal email address if one is not provided.

Employer Associated with this Registration - If you are currently employed by or are seeking employment with a child care or long term care provider, please list the facility name, address, telephone number, and contact person. If registration is not for employment purposes, make a selection from column on right. The employer entered in this section will not receive a copy of the registration notification. **Employers eligible to use the Registry for caregiver screenings must make a separate request for your background information.**

Registration Agreement – Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requesters for employment purposes, as provided in §210.921.1, RSMo.

WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form and photocopy of Social Security card and required fee to the **Missouri Department of Health and Senior Services, ATTN: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102**. If you have questions, please call the Registry using the toll-free telephone number, **866-422-6872**.

WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND SCREENING?

After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that information will be released for employment purposes only, pursuant to §210.921.1, RSMo. Any person using Registry information for any other purpose is guilty of a class B misdemeanor. In addition, state agencies can request information for licensure or regulatory purposes. Prior to disclosing information, the Registry obtains the name and address of the requester, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry when you have a change in your contact information. Notify the Family Care Safety Registry of changes in personal or contact information using the toll-free telephone number, 866-422-6872, by email to fcsr@health.mo.gov, or by mail to FCSR, PO Box 570, Jefferson City, MO 65102.

WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND SCREENING?

As provided in §210.912, RSMo, you have the right to appeal the information transferred to the Family Care Safety Registry. Your right to appeal is limited to the accuracy of the transfer of information from the state agency that maintains the background information and does not include a right to appeal the accuracy of the substance of the information transferred. An appeal must be filed in writing to the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO, 65102, within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within 30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law.

WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. If the person is registered, the Registry worker will disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one(s). Specific information will be disclosed by the Registry pursuant to §210.921, subsection 1, subdivision (2).

PART I - AGENCY INFORMATION

NAME AND ADDRESS OF AGENCY WHERE YOU ARE CURRENTLY EMPLOYED OR HAVE BEEN OFFERED EMPLOYMENT

Good Shepherd Children & Family Services, 1340 Partridge Avenue, St. Louis, MO 63130

Licensed Residential Care Facility License-Exempt Residential Care Facility Child Placing Agency

PART II - IDENTIFYING INFORMATION

Are you a new or current employee, volunteer, contractor? NEW CURRENT N/A (see question below)

Are you a youth age 18+ living at a license-exempt facility? YES NO

FULL LEGAL NAME (Last, First, MI, Jr., Sr., III)

MAIDEN NAME	DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	SEX	RACE
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ALIAS OR NAMES USED WITHIN PAST 5 YEARS	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE
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CURRENT PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER (MOBILE)	PHONE NUMBER (HOME)	EMAIL ADDRESS
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OTHER ADDRESSES, PHONE NUMBER, OR EMAIL ADDRESSES USED WITHIN PAST 5 YEARS (Includes residence, mailing, or business addresses)

PART III - BACKGROUND INFORMATION

Have you ever served on active duty in the Armed Forces of the United States and been discharged or released under conditions other than dishonorable (i.e., honorable, or general discharge/release)? YES NO

If yes, would you like information about veteran services? YES NO

Have you ever been found guilty, pled guilty, or nolo contendere of any criminal act in any state as listed in Appendix A? YES (Complete section below) NO

DATE OF OFFENSE	ADDRESS, CITY, STATE	COUNTY	OFFENSE DETAILS (Use extra page if needed)
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Have you ever been listed as a perpetrator in any child abuse or neglect report in this state or any state?

YES (Complete section below) NO

NAME/ADDRESS OF REGISTRY	DATE REGISTERED	DATE OF INCIDENT	INCIDENT DETAILS (Use extra page is needed)
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Are you registered or required to register on any State Sex Registry or the National Sex Offender Registry?

YES (Complete section below) NO

NAME OF REGISTRY	OFFENSE (Attach details: Date of offense, statute number, name/address of court)	DATE OF PLEA, FINDING, JUDGEMENT, SENTENCE
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I hereby certify under oath subject to the penalties of perjury that all of the information I have submitted is true, accurate and complete to the best of my knowledge; I understand that a violation of §210.493 RSMo may constitute a criminal offense and knowingly making a materially false statement in connection with a background check shall render me ineligible. I request and authorize the Department of Social Services perform a background check as provided in Section 210.493 RSMo and 13. C.S.R. 35-71.015.

SIGNATURE OF APPLICANT	DATE
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Department of Social Services

Authorization to Disclose Eligibility for Employment

Please indicate below if you give the Department of Social Services permission to share your eligibility results with the requesting agency.

- Pursuant to 13 C.S.R. Section 35-71, I hereby request that the Missouri Department of Social Services send a copy of its eligibility upon completion of my background screening to the requesting agency notifying them of its decision on whether or not I am eligible or ineligible as provided by law.
- I do not give permission to the Missouri Department of Social Services to send a copy of the findings of my background screening to the requested agency notifying them of its decisions on whether or not I am eligible or ineligible as provided by law.

I understand and agree that the Missouri Department of Social Services will not reveal any disqualifying offense or other related information regarding the applicant to the requesting agency. Section 210.493.9 RSMo.

Name and address of requesting agency:

Good Shepherd Children & Family Services
CCovington@GSSTL.org

The Department of Social Services will also send you a copy of the eligibility or ineligibility results. Please check which way you would like to get your results and provide that information:

Email:

Mail:

Signature:

Date:

[Submit/Upload](#)

Appendix A

Check “yes” and fill out the information in Part III of the *Application for Background Screening* for the question “Have you ever been found guilty, pled guilty, or nolo contendere of any criminal act in this state or any state,” if you have pled guilty or nolo contendere to or been found guilty of:

- Any felony for an offense against the person as defined in [Chapter 565](#) of the Revised Statutes of Missouri;
- Any other offense against the person involving the endangerment of a child as prescribed by law
- Any misdemeanor or felony for a sexual offense as defined in Chapter [566](#) of the Revised Statutes of Missouri;
- Any misdemeanor or felony for an offense against the family as defined in Chapter [568](#) of the Revised Statutes of Missouri;
- Burglary in the first degree as defined in section [569.160](#) of the Revised Statutes of Missouri;
- Any misdemeanor or felony for robbery as defined in Chapter [570](#) of the Revised Statutes of Missouri;
- Any misdemeanor or felony for pornography or related offense as defined in Chapter [573](#) of the Revised Statutes of Missouri;
- Any felony for arson as defined in Chapter [569](#) of the Revised Statutes of Missouri;
- Any felony for armed criminal action as defined in section [571.015](#) of the Revised Statutes of Missouri, unlawful use of a weapon as defined in section [571.030](#) of the Revised Statutes of Missouri, unlawful possession of a firearm as defined in section [571.070](#) of the Revised Statutes of Missouri, or the unlawful possession of an explosive as defined in section [571.072](#) of the Revised Statutes of Missouri;
- Any felony for making a terrorist threat as defined in sections [574.115](#), [574.120](#), or [574.125](#) of the Revised Statutes of Missouri
- A felony drug-related offense committed during the preceding five years

Any similar offense in any federal, state, or other court of similar jurisdiction of which you have knowledge.

For Your Reference



**Missouri State Highway Patrol
Criminal Justice Information Services Division**

MOVECHS WAIVER AGREEMENT AND STATEMENT

Missouri Volunteer and Employee Criminal History Service (MOVECHS)
For criminal history record information pursuant to the *National Child Protection Act of 1993 (NCPA)*, as amended by the *Volunteers for Children Act (VCA)*,
And the *Adam Walsh Child Protection and Safety Act of 2006*

Pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA), this form must be completed and signed by every current or prospective applicant, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize _____ DSS Children's Division Background Screening
Name of Qualified Entity

to submit a set of my fingerprints to the Missouri State Highway Patrol (MSHP) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I understand that I would be able to receive any Missouri records pursuant to Chapter 43 RSMo from the MSHP, and any national criminal history record directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28 Code of Federal Regulations (CFR) Sections 16.30–16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Missouri and national criminal history record that may pertain to me to the qualified entity.

I understand that, until the criminal history background check is completed, the qualified entity may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the qualified entity will provide me a copy of the criminal history background report, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

Yes, I have (OR) **No, I have not** been convicted of or plead guilty to a crime.

If yes, please describe the crime(s) and the particulars:

I am a current or prospective (check one): Applicant Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____ SSN (last 4 digits - Optional) _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: DSS Children's Division Background Screening

Address: 205 Jefferson Street, Jefferson City, MO 65101

Telephone: (573) 522-8024

NOTE: This document must be retained by the agency/qualified entity for audit purposes.



**Missouri State Highway Patrol
Criminal Justice Information Services Division**

MOVECHS WAIVER AGREEMENT AND STATEMENT

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I hereby authorize _____ Good Shepherd Children & Family Services
Name of Qualified Entity

to submit a set of my fingerprints to the Missouri State Highway Patrol (MSHP) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I understand that I would be able to receive any Missouri records pursuant to 43.540 RSMo from the MSHP, and any national criminal history record directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28 Code of Federal Regulations (CFR) Sections 16.30–16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Missouri and national criminal history record that may pertain to me to the qualified entity.

I understand that, until the criminal history background check is completed, the qualified entity may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the qualified entity will provide me a copy of the criminal history background report, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

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If yes, please describe the crime(s) and the particulars:

I am a current or prospective (check one): Applicant Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____ SSN (last 4 digits - Optional) _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: Good Shepherd Children & Family Services

Address: 1340 Partridge Avenue, St. Louis, MO 63130

Telephone: (314) 854-5700

NOTE: This document must be retained by the agency/qualified entity for audit purposes.

Missouri Applicant Fingerprint Privacy Notice

The Missouri Applicant Fingerprint Privacy Notice includes three (3) sections.

1. The State and National Rap Back Privacy Notice
2. The Noncriminal Justice Applicant Privacy Rights
3. The Privacy Act Statement

State and Federal Rap Back Privacy Notice

Applicants submitting their fingerprint images to the Central Repository for a fingerprint based criminal record check are advised that their fingerprint images will be retained in state and federal biometrics databases, pursuant to Section 43.540 RSMo. If the submitting agency participates in the State or State and National Rap Back Programs, fingerprint images will be submitted, searched and retained for the purpose of being searched against future submissions to the State and National Rap Back programs; fingerprint searches will also include latent print searches.

The "Missouri Rap Back Program" and "National Rap Back Program" shall include any type of automatic notification made by the State Missouri and/or the Federal Bureau of Investigation through the Missouri State Highway Patrol to a qualified entity indicating that an applicant who is employed, licensed, or otherwise under the purview of the qualified entity has been arrested for a reported criminal offense and the fingerprints for that arrest were forwarded to the Central Repository or the Federal Bureau of Investigation by the arresting agency.

By signing the Missouri Applicant Fingerprint Privacy Notice you are acknowledging the receipt of and agreeing to the terms of the State and National Rap Back Privacy Notice, the Noncriminal Justice Applicant Privacy Rights, and the Privacy Act Statement.

Signature: _____

Date: _____

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹Written notification includes electronic notification, but excludes oral notification. ²

<https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement> ³See 28 CFR 50.12(b). ⁴See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018