

## Background Guidelines

**Before any person can begin working for our program, or become a regular volunteer, they must have a background check done (with fingerprinting) through the Missouri Highway Patrol and Federal Bureau of Investigation.**

The attached papers must be filled out and a copy of the potential employee's driver's license/photo id copied and social security card. **These forms AND the photo id AND social security card must be emailed to Courtney Laramore at [claramore@eastmoaa.org](mailto:claramore@eastmoaa.org) or faxed to 573-431-2129 ASAP.**

Once this paperwork is received, the potential employee will be registered through the fingerprinting system. This information, with the confirmation number, will be sent to the potential employee. They will take this paper to their local fingerprinting location (see attached). This paper tells the company who they are and who will pay for the service (they will not be responsible for payment).

All forms (1-4) must be returned. If they are not, the background check cannot be done.

***Recap (what we need as soon as a person is offered the job):***

1. MOCECHS Waiver Agreement and Statement (filled out in **FULL**)
2. Family Care Registry Worker Registration Form (filled out in **FULL**)
3. Copy of their Driver's License
4. Copy of their Social Security Card
5. **Give potential employee copy:** of Non-Criminal Justice Applicant's Privacy Rights
6. **Give potential employee copy:** Privacy Act Statement

COPY OF PHOTO ID

STATE ~~of~~ BIRTH \_\_\_\_\_ ~~\*~~

Must be filled out!!!!

COPY OF SOCIAL SECURITY CARD



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 East Missouri Action Agency  
*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.

**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: East Missouri Action Agency

Address: 403 Parkway Dr. Park Hills MO 63601

Telephone: (573) 454-2200

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