

## 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.**



Register online at [www.health.mo.gov/safety/fcsr](http://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.

## WORKER REGISTRATION

**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
- ☐ Foster Parent/Family Member of Foster Parent (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.)

A one-time registration fee of **\$13.00** applies to all categories except Foster Parents. Foster Parents must list the Children's Division county office.

Register only once. If you believe you have already registered, check our website at [www.health.mo.gov/safety/fcsr](http://www.health.mo.gov/safety/fcsr) or call, toll free, 866-422-6872.

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

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### 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

**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)
MAIDEN NAME (If applicable)	PRIOR NAMES USED (If applicable, list first and last names.)	DATE OF BIRTH (mm-dd-yy)	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 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 <b>EAST MISSOURI ACTION AGENCY, INC.</b>	<input type="checkbox"/> Adoptive Parent
EMPLOYER ADDRESS <b>PO BOX 308</b>	<input type="checkbox"/> Foster Parent/Family Member
EMPLOYER CITY <b>PARK HILLS</b>	<input type="checkbox"/> Home Child Care Provider
STATE <b>MO</b>	<input type="checkbox"/> Private Pay/Private Duty
ZIP <b>63601</b>	<input type="checkbox"/> Student
EMPLOYER TELEPHONE <b>(573) 454 - 2200</b>	<input type="checkbox"/> Volunteer
EMPLOYER CONTACT NAME <b>COURTNEY</b>	<input type="checkbox"/> Other (Explain: _____)
EMPLOYER CONTACT TITLE <b>AA/FR/CS</b>	

### 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** (Must be signed in blue or black ink.)

**DATE OF SIGNATURE** (Must be within six months of submission.)



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## 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 a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, 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 updating 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 job, license, or other benefit based on information in the criminal history record.<sup>2</sup>

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.<sup>3</sup>

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 <http://www.fbi.gov/about-us/cjis/background-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.)

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See 28 CFR 50.12(b).

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

## 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



**The UPS Store #4343**  
**614 Wal Mart Drive**  
**Farmington, MO 63640**

Hours	<p><b>No appointments needed.</b></p> <p>You may visit the fingerprint site anytime during the hours listed below.</p> <p><b>Monday – Friday 8:00am to 6:00pm</b></p> <p><b>Saturday 9:00am to 5:00pm</b></p>
Directions	<p><u><a href="#">Click here for directions</a></u></p> <p>Shopping Center to the east of Wal Mart near Kentucky Fried Chicken. In the Shopping Center right behind White Castle.</p>
Phone Number	<p>(573) 747-1460 Steve Hayes</p>
Additional Information	<ul style="list-style-type: none"><li>• Please register prior to arriving at the fingerprinting site (<a href="https://www.machs.mo.gov">https://www.machs.mo.gov</a>)</li><li>• Bring your TCN # to the site.</li><li>• Bring a valid photo ID to the site.</li><li>• Your fingerprints and facial image will be captured.</li><li>• Your background check results will be sent directly to your employer, or requesting agency. 3M Cogent does not have access to your results.</li></ul>

**O.D.A.C.S, Inc**  
**1122 East Main St**  
**Park Hills, MO 63601**

Hours	<p><b>No appointments needed.</b></p> <p>You may visit the fingerprint site anytime during the hours listed below.</p> <p><b>Monday – Thursday 9:00am to 2:00pm</b></p>
Directions	<p><u><a href="#">Click here for directions</a></u></p> <p>67 North or South</p> <p>US-67 Business 1 MO 32 West – Park Hills Leadington</p> <p>Turn left/right onto US 67 Branch/MO 32</p> <p>Turn right onto Woodlawn Dr</p> <p>Keep right onto S St – Joe Dr</p> <p>Bear left onto Strauss Dr</p> <p>Turn right onto E Main St</p> <p>Arrive 1122 E Main St</p>
Phone Number	<p>(573) 431-6290 Dawn Pettus/Susan Martin</p>
Additional Information	<ul style="list-style-type: none"><li>• Please register prior to arriving at the fingerprinting site (<a href="https://www.machs.mo.gov">https://www.machs.mo.gov</a>)</li><li>• Bring your TCN # to the site.</li><li>• Bring a valid photo ID to the site.</li><li>• Your fingerprints and facial image will be captured.</li><li>• Your background check results will be sent directly to your employer, or requesting agency. 3M Cogent does not have access to your results.</li><li>• In cases of inclement weather, please be sure to contact the fingerprint location directly before traveling to ensure the site is open.</li></ul>

**O.D.A.C.S., Inc**  
**836 S Kingshighway**  
**Cape Girardeau, MO 63703**

Hours	<b>No appointments needed.</b> You may visit the fingerprint site anytime during the hours listed below. <b>Tuesday through Friday 8:30am to 2:00pm</b>
Directions	<u><a href="#">Click here for directions</a></u> North on I-55 take exit 93-B South on I-55 take exit 95 *In case of inclement weather, please be sure to contact the fingerprint location directly before traveling to ensure the site is open.
Phone Number	(573) 332-7711/(573) 431-6290
Additional Information	<ul style="list-style-type: none"><li>• Please register prior to arriving at the fingerprinting site (<a href="https://www.machs.mo.gov">https://www.machs.mo.gov</a>)</li><li>• Bring your TCN # to the site.</li><li>• Bring a valid photo ID to the site.</li><li>• Your fingerprints and facial image will be captured.</li><li>• Your background check results will be sent directly to your employer, or requesting agency. 3M Cogent does not have access to your results.</li></ul>

**SMTS, Inc**  
**700 East Hwy 72**  
**Fredericktown, MO 63645**

Hours	<b>No appointments needed.</b> <b>Monday – Friday 9:00am to 3:00pm</b>
Directions	<u><a href="#">Click here for directions</a></u> Hwy 72 East. Brick building diagonal to Fredericktown High School.
Phone Number	(573) 783-5505
Additional Information	<ul style="list-style-type: none"><li>• Please register prior to arriving at the fingerprinting site (<a href="https://www.machs.mo.gov">https://www.machs.mo.gov</a>)</li><li>• Bring your TCN # to the site.</li><li>• Bring a valid photo ID to the site.</li><li>• Your fingerprints and facial image will be captured.</li><li>• Your background check results will be sent directly to your employer, or requesting agency. 3M Cogent does not have access to your results.</li></ul>