



## Background Check 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 as well as a check through the Family Care Safety Registry.**

The attached papers must be filled out and a copy of the potential employee's or volunteer's driver license/photo ID **and** social security card attached.

**The attached forms, as well as the photo id and social security card, must be returned to Hadlee Woods at [hwoods@eastmoaa.org](mailto:hwoods@eastmoaa.org) or faxed to 573-431-2129. Please complete this process as soon as possible.**

Once this paperwork is received, the potential employee or volunteer will be registered through the fingerprinting system. The registration confirmation will be sent to the email address provided below. If you are registered to get fingerprinted in St. Francois County, you will receive an authorization letter for the provider to charge EMEA for the service. If you are registered in another county, the Head Start Administrative Assistant will call ahead to pay for the service.

### **THE SECTION BELOW MUST BE FILLED OUT BY POTENTIAL EMPLOYEE OR VOLUNTEER**

Days/Times Available for Fingerprinting Appointment:

- Any Day/Time
- Specific Days M T W TH F (circle all that apply)
- Specific Times 8 A.M. – Noon 1 P.M. – 4 P.M. (circle all that apply)

Email address to send registration instructions to: \_\_\_\_\_

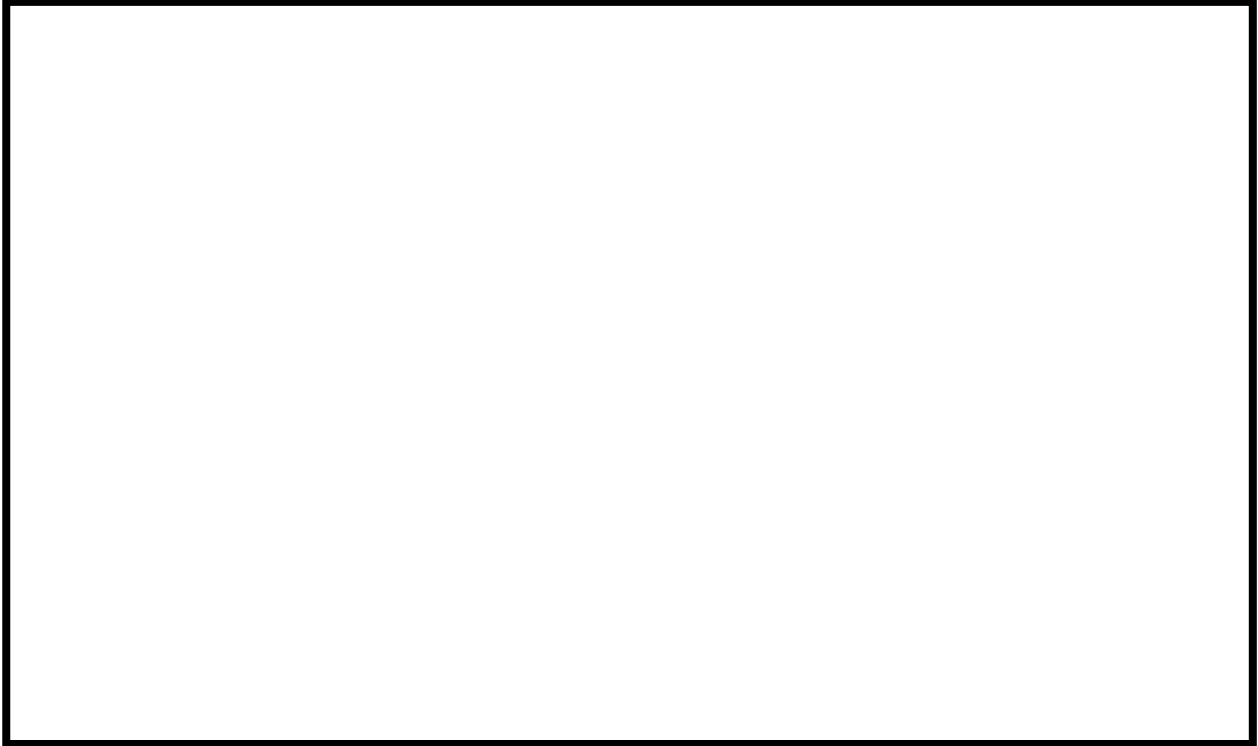
#### **Additional Information Required for MACHS Fingerprint Registration:**

State of Birth: \_\_\_\_\_ Hair Color: \_\_\_\_\_

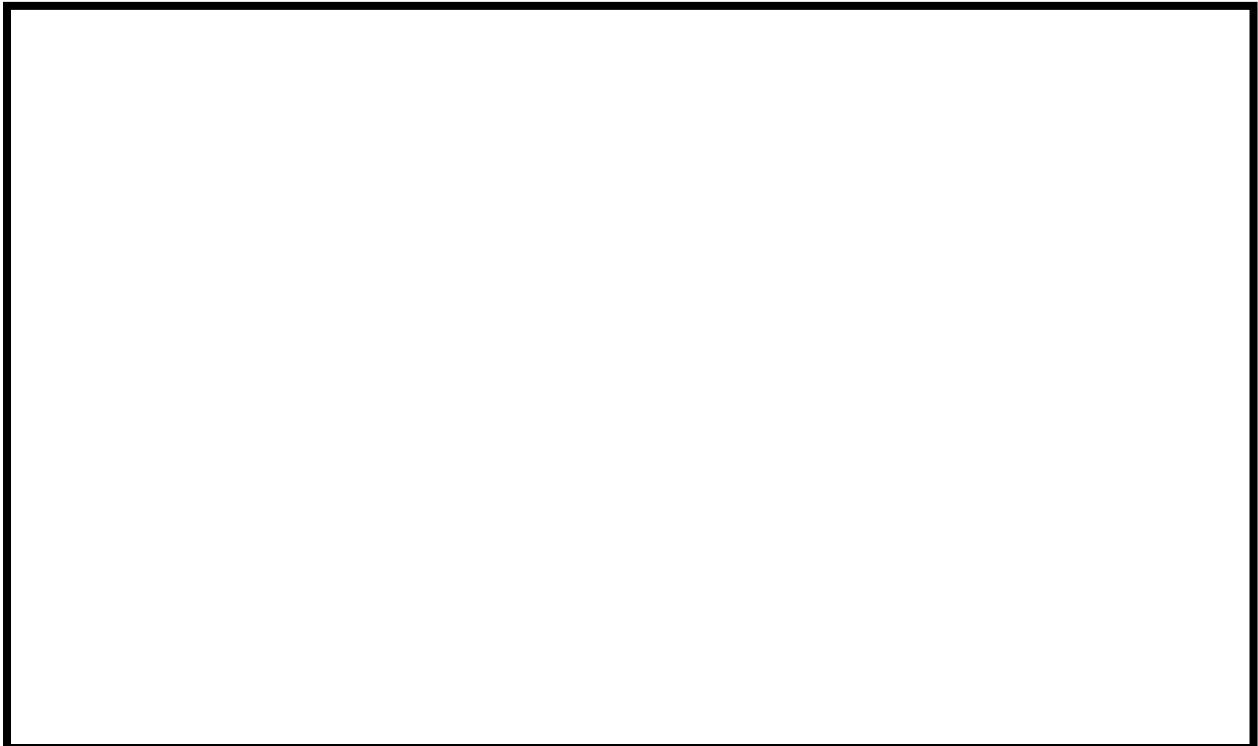
Race (Circle One): American Indian Alaskan Native Asian Pacific Islander

Black White Unknown

**COPY OF PHOTO ID**



**COPY OF SOCIAL SECURITY CARD**





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](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.** Register only once!

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

<input type="checkbox"/> Adoptive Parent Agency Name: _____ <input checked="" type="checkbox"/> Child Care <input type="checkbox"/> Missouri Foster Parent/Family Member of Foster Parent Children's Division County Office: _____ <input type="checkbox"/> Hospital <input type="checkbox"/> Long Term Care/Personal Care (Please choose subcategory at right ▶.) <input type="checkbox"/> Mental Health/Psychiatric Hospital <input type="checkbox"/> Voluntary (Select voluntary if no other registration type applies.)	<b>Long Term Care / Personal Care Subcategories</b> (Complete if LTC/PC selected at left.) <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Hospice <input type="checkbox"/> Hospital LTAC/Swing Bed <input type="checkbox"/> Mental Health – Residential Facility/ICF <input type="checkbox"/> Nursing Facility/Skilled Nursing <input type="checkbox"/> Personal Care – Home Health <input type="checkbox"/> Personal Care – In-Home Services <input type="checkbox"/> Personal Care – Consumer Directed Services/Center for Independent Living <input type="checkbox"/> Personal Care – HCY/PDW/DDD/Other
A one-time registration fee of <b>\$15.00</b> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, would you like information about military-related services in Missouri? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SOCIAL SECURITY NUMBER (Mail copy of card with form.)</b> _____	

**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 type="checkbox"/> My current/potential child care, long term care or mental health care employer is: EMPLOYER NAME <b>EAST MISSOURI ACTION AGENCY, INC.</b> EMPLOYER ADDRESS <b>PO BOX 308</b> EMPLOYER CITY <b>PARK HILLS</b> STATE <b>MO</b> ZIP <b>63601</b> EMPLOYER TELEPHONE <b>(573) 431-5191</b> EMPLOYER CONTACT NAME <b>Ashley Bischoff</b> EMPLOYER CONTACT TITLE <b>HR Coordinator</b>	<input type="checkbox"/> No Employer, because I am a(n): <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: _____)
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**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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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 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: EAST MISSOURI ACTION AGENCY

Address: 403 PARKWAY DRIVE, PARK HILLS, MO 63601

Telephone: (573) 431-5191

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) parts:

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.

NAME (Please Print): \_\_\_\_\_

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. All notices must be provided to you in writing.<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.<sup>2</sup>
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- 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 FBI criminal history record.
- 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> and <https://www.edo.cjis.gov>.
- 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 by submitting a request via <https://www.edo.cjis.gov>. 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.)
- 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>

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

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 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); 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

*See Page 2 for Spanish translation.*