Application for Employment Packet

1. Cover Sheet
2. Page 3 - Check the Counties and Positions Applying for on the Employment Position Listing Page. Sign and Date. This page must be completed, signed and dated in order for an application to be considered for any position.
3. Page 4-6 Agency Application—application must be completely filled out. Applicant may attach a resume—application still will need to be completed in detail.
4. Page 7 Notice to Applicants for Family Advocate Position and Classroom Aide—applicant should read, sign and date this form if interested in applying for the Classroom Aide and Family Advocate positions.
5. Page 8-9 Declaration Form and Applicant Statement—applicants applying for any Head Start position should read, sign and date the Declaration Form (signature required in the middle of this page). Page 9 is the Applicant Statement)—applicant should read, answer questions if applicable, sign and date the form.
6. Page 11 Equal Employment Opportunity/Affirmative Action Voluntary Information—applicant may voluntarily answer questions on this page. This is a survey and not a part of the official agency applications for employment. It is not used in the hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.
7. Page 13 Consent to Drug and Alcohol Testing—OAI is a drug free workplace; applicant would be subject to testing.
8. Background and/or Fingerprint Screening—OAI conducts background and/or background screen on applicants prior to an offer of employment.
9. The application must be turned into the central office by the closing date and time to be considered for any open position.

OAI is an Equal Opportunity Employer. OAI reserves the right to reject any and all applications.
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OZARK ACTION, INC. EMPLOYMENT POSITIONS LIST

Indicate which position(s) and county(ies) you are interested in applying for within our agency by initialing next to the position title and checking the county or counties that you would be interested in working.

Applications will only be considered for the positions indicated by the applicant’s initials and by the applicant’s signature at the bottom of this form.

Please indicate with a checkmark which counties you would consider as a worksite location:

- Douglas
- Howell
- Oregon
- Ozark
- Texas
- Wright

Please indicate below by initial next to each of the positions you are applying for under each of the department titles.

**Administration Department**
- Corporate Services Director/EEO Officer
- Customer & Support Service Clerk
- Executive Director
- Financial Technician/Housing
- Fiscal Director
- Fiscal Technician
- Payroll & Support Services Technician
- Receptionist
- Support Services Secretary
- Support Services Assistant
- Support Services & Safety Assistant
- Office Clerk
- Lead Floater
- Floater

**Head Start Department**
- Child Care Aide
- Classroom Aide I-III
- Head Start Center Mgr.
- Head Start Cook
- Head Start Director
- Head Start Education Director
- Head Start Family Advocate I-III
- Head Start Food Serv. Admin. Asst.
- Head Start Secretary

**Workforce Department/WIOA/NGCC Dept.**
- Workforce Development Case Manager
- Workforce Development Center Rep.
- Workforce Development Coordinator
- Workforce Development Director
- Workforce Development Program Mgr.
- Workforce Development Summer Coord.
- Workforce Development Functional
- Workforce Dev. Outreach & Referral

**Community Services Department**
- Community & Poverty Services Dir./LIHEAP
- Community Services Representative
- Community Services Rep. (LIHEAP/CSR)
- LIHEAP Coordinator/Cust. Serv. Rep
- Community Service Prog. Dev. Mgr.
- Certified Application Counselor
- CENI Coordinator
- CENI Assistant

**Weatherization/Housing Dept.**
- Construction Technician
- Crew Chief
- Field Service Technician
- Field Service Manager
- Housing Division Director
- Housing Inspector
- Rental Assistance Manager
- Weatherization Coordinator

**Ozark Properties (OCDC)**
- Compliance & Property Mgr.
- Maintenance
- Property Manager
- Site Manager

Applicant’s Signature __________________________       Date _________________

2017OZARKACTIONpositionlist: 8/18/2016; 11/5/2017
Ozark Action, Inc. Application for Employment
710 East Main St.
West Plains, MO 65775
Phone: (417) 256-6147; Fax: (417) 256-0333
MO Relay: 1-800-735-2966; (TDD) 1-800-735-2466 (Voice) or dial 711
Website: www.oaiwp.org


Ozark Action, Inc. (OAI) is an equal opportunity employer. OAI complies with all applicable Federal, State, and Local employment laws regarding discrimination in employment. No question in this application, or any information obtained in response to any question is intended to elicit information or be used in violation of any such law. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Corporate Services Department.

Applicant must indicate on the position list the county or counties of the position(s) applied for and sign and date the form for the application to be considered.

Date of application: __________________________

Referral Source: □ Advertisement □ Private Employment Agency □ Employee □ Relative
□ Government Employment Agency □ Walk-in □ Other____________________

Last Name: ___________________________ First Name: ___________________________ Middle: ___________________________

Social Security Number #: ___________________________ E-mail Address: ___________________________

Address:
Street ___________________________ City ___________________________ State ___________________________ Zip ___________________________

Home Phone #: ( ) ___________ Mobile/Other #: ( ) ___________ Message Phone #: ( ) ___________

If necessary, what is the best time to call you: Phone #: ( ) ___________________________ ___________ am/pm

May we contact you at work? Phone #: ( ) ___________________________ ___________ am/pm □ Yes □ No

If yes, work number and best time to call: Phone #: ( ) ___________________________ ___________ am/pm

If you are under 18 and it is required, can you furnish a work permit? □ Yes □ No

If no, please explain: ___________________________

Have you submitted an application here before? □ Yes □ No

If yes, give date(s) and position(s): ___________________________

Have you ever been employed here before? □ Yes □ No If yes, list dates: From: ___________ To: ___________

Are you legally eligible for employment in this country? □ Yes □ No

Date available for work: ___________________________ Desired salary range: $ ___________

Type of employment desired: □ Full-Time □ Part-Time □ Temporary □ Seasonal □ Other

Type of Drivers License: □ CDL Class □ CDL w/bus permit □ If other, specify type ___________

Driver’s license number if driving is an essential job function: ___________________________ State: ___________

If required, do you have independent means of transportation? □ Yes □ No

Will you work overtime if required? □ Yes □ No If no, please explain: ___________________________

Have you ever been bonded? □ Yes □ No

Have you ever been convicted of a felony, or have you ever pled “guilty” or “no contest” to a felony criminal charge? □ Yes □ No

If yes, please provide date(s) and details: ___________________________

Answering yes to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into account. Applicant must be able to pass specific background checks for applied positions.
Educational Background (If Job Related)
A. List the last three schools attended, starting with the most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or class rank. E. Major field of study. F. Minor field of study.

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<th>A. School</th>
<th>B. Yrs. Complete</th>
<th>C. Degree/Diploma</th>
<th>D. GPA/Rank</th>
<th>E. Major</th>
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References
List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

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<th>Name</th>
<th>Telephone</th>
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Additional Information
List professional, trade, business or civic associations and any offices held. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, Veteran/Reserve, National Guard or any other similarly protected status.

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List special accomplishments, publications, awards, etc: Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, Veteran/Reserve, National Guard or any other similarly protected status.

List any additional information you would like us to consider:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**Employment History**

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain gaps in employment in comments section below.

<table>
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<tr>
<th>Employer Name</th>
<th>Telephone Number</th>
<th>Dates Employed</th>
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**Skills and Qualifications**

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: ________________________________
Notice to Applicants for Position of Family Advocate or Classroom Aide

If an applicant is interested in applying for the Family Advocate or Classroom Aide positions, they are hereby being advised that the applicant must be able to obtain a Missouri Commercial Driver’s License (CDL) and a School Bus Operator’s Permit within 60 days of hire. Part of this process includes a nationwide criminal background check, fingerprinting and a medical/physical examination.

You will be denied a School Bus Operator’s Permit if:

- You fail any medical/physical examination or test required to obtain a bus operator permit or CDL.
- You fail the driving exam three times.
- Your driving record shows your license is, or has recently been, suspended or revoked or you have a history of moving traffic violations.
- You have a history of any of the criminal violations specified in Chapter 302, RSMo. – a list of these violations is available upon request.
- You are under twenty-one years of age

I have read and understand the above information and believe that I will be able to obtain a CDL and School Bus Operator Permit.

____________________________________________  ___________________
Signature of Applicant                                      Date

This is not to be considered an offer of employment; this is information for interested applicants concerning the Family Advocate or Classroom Aide positions. OAI reserves the right to reject any and all applications.
Declaration Form and Applicant Statement

Declaration Form for Prospective Employees – (Interested Applicants for Head Start Positions must read and sign this statement)

For use by Head Start Agencies to comply with 45CFR Part 1301, Subpart D, Head Start Grants Administration, Personnel Policies Section 1301.31(c) and (d).

Name of Prospective Employee: ________________________________

Federal policies now require that Head Start agencies require all prospective employees to sign a declaration prior to employment which list:

(1) All pending and prior criminal arrests and charges related to child sexual abuse and their dispositions.
(2) Convictions related to other forms of child abuse and/or neglect; and
(3) All convictions of violent felonies.

The Declaration May Exclude:

Any offence, other than any offence related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employee’s 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law.

Any conviction for which the record has been expunged under Federal or State law; and

Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

Note that individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from being hired. Head Start agencies must review each case to assess the relevance of an arrest, charge or conviction to a hiring decision.

Please provide your signature on the appropriate category below:

(1) I HAVE NOT been arrested, charged and/or convicted on one or more of the three types of offenses listed above.

_________________________________________  _______________________________
Signature of Applicant  Date

(2) I HAVE been arrested, charged, and/or convicted on or more of the three types of offences listed above. If so, please attach information listing the offence(s), the date(s) of the arrest, charge, and/or convictions, and other relevant information.

_________________________________________  _______________________________
Signature of Applicant  Date
Applicant Statement—(ALL Applicants must Read and Sign)
I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer’s service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state of federal laws.

I understand that this application remains current for only 6 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand that any applicant offered a position of employment must take and pass a drug test as a condition of being employed by OAI. Any applicant that fails a drug test will not be employed.

I understand that any applicant considered for a position will be required to complete a Missouri Department of Health and Senior Services family care registry form and/or Missouri Highway Patrol/fingerprinting form. A finding on a background screening could disqualify an applicant from certain OAI positions of employment. Screenings are reviewed for job related issues; time since offence and what type of offense whether it was violent or non-violent.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or defined duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer’s executive director or board president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

If you are applying for a Head Start position, have you ever been a child in Head Start or a parent of a child enrolled in a Head Start program?  
☐ Yes  ☐ No  If so, specify date and whether you were a child or a parent in the program: ____________________________

Are any of your friends or relatives employed by OAI or serve on the OAI Board of Directors, Head Start Policy Council, Workforce Investment Board, or Housing Board of Commissioners?  ☐ Yes  ☐ No  If yes, state name, board served on or relationship: ____________________________

Application Statement per OAI Personnel Policies, Section II, Subsection B-3-b, Page 2:  
By signing this application, I am authorizing investigation of all statements contained in this application, including criminal background checks and checks of salaries, references and employers. I understand that all information will be considered in determining eligibility for employment and that a false or dishonest answer to any question on this application will be grounds for an ineligible rating for employment with this agency, or for dismissal after employment.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.
I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: ___________________________________  Date: __________________
Equal Employment Opportunity/Affirmative Action Voluntary Information

COMPLETION OF THE INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any lawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations, which may apply, we invite you to complete this application data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT:
Position(s) applied for: ___________________________ Date of application: ___________________________

Referral Source: □ Advertisement □ Private Employment Agency □ Employee □ Relative
□ Government Employment Agency □ Walk-in □ Other ___________________________

Name of person who referred you (if applicable): ________________________________________________

Applicant Information

Name:________________________________________ Telephone #: (____)____________________
Last First Middle

Address:________________________________________
Street City State Zip

□ Male □ Female

Please check one of the following Equal Employment Opportunity Identification Groups:
□ White (not of Hispanic origin) □ Black or African American (not of Hispanic origin) □ Hispanic
□ American Indian/Alaskan Native □ Native Hawaiian or Asian/Pacific Islander □ Two or more races

For Administrative Use Only

Position(s) applied for: □ Available □ Not Available
Other positions considered for: ___________________________

Hired: □ Yes □ No
Position hired for: ___________________________

From the EEO job classifications listed below, which one best describes the position filled?
□ Executive/Senior level Officials and Managers □ First/Mid-Level Official and Managers □ Professionals
□ Technicians □ Sales Workers □ Admin Support Worker □ Craft Worker
□ Operatives □ Laborer and Helpers □ Service Workers □ Other not listed

Notes:____________________________________________________________________________________

Employee Completing Form/Date: ___________________________
Missouri Automated Criminal History System (MACHS) Verification of Records. Needed information to complete background screen.

**Applicant Information**

Full Name: ________________________________

Last         First         M.I.

Any other names known by: ________________________________

Address:

Street Address: __________________________________________

Apartment/Unit #: ________________________________________

City: __________________ State: __________________ ZIP Code: __________________

Home Phone: (____) __________________ Social Security Number: __________________

Position Applied/Currently working as: ________________________________

**Voluntary Information**

*This information is being requested in accordance with to comply with funding source requirements for staff employed by Ozark Action, Inc. under certain federal, state or local contracts. The information is voluntary and will not be used when considering you for employment with our company.*

- ☐ American Indian/Alaskan
- ☐ Asian/Pacific Islander
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ White/Caucasian
- ☐ Other
- ☐ Female
- ☐ Male

**Place of Birth (State)**

____________________________________________________________

**Country of Citizenship:**

____________________________________________________________

Hair Color: _____________     Eye Color: _____________

- ☐ Volunteer
- ☐ Substitute
- ☐ Applicant
- ☐ Current Employee/Reverification required by funding source
Pursuant to the National Child Protection Act, as amended by the Volunteers for Children Act (NCPA/VCA), this form must be completed and signed by every current or prospective applicant for whom fingerprint-based criminal history records are requested by an Authorized Recipient (AR).

I, the undersigned, hereby authorize _____________________________

Name of Authorized Recipient (AR)

to submit a set of my fingerprints to the MSHP-CJISD and Federal Bureau of Investigation (FBI) 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 record from the MSHP-CJISD, and any national criminal history record from the FBI pursuant to 28 CFR Sections 16.30-34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement and Statement, it is my intent to authorize the dissemination of any Missouri and national criminal history record that may pertain to me to the AR.

I understand that, until the criminal history background check is completed, the AR may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the AR may 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:

__________________________________________________________

__________________________________________________________

__________________________________________________________

Applicant Signature: _____________________________

Date: _____________________________

Applicant Printed Name: _____________________________

The AR may share/disseminate my criminal history record information with other authorized recipients only after confirming that the recipient has a signed user agreement on file with the MSHP-CJISD and the dissemination is in accordance with state and federal law.

☐ Yes ☐ No

ORI/OCA or MACHS Number: MOVECHS0Z Y04600006 7252

This document must be retained by the AR and is subject to audit by the MSHP-CJISD and FBI.
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 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 16.33.
- 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.

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.²

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.)

¹ Written notification includes electronic notification, but excludes oral notification.
² See 28 CFR 50.12(b).
³ 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).
# Worker Registration

**Missouri Department of Health and Senior Services**  
**Family Care Safety Registry**

**Central Office Internal Use Only:**  
1. **Date Application Received:**  
2. **Application Number:**

**WORKER REGISTRATION**

- **REGISTRATION TYPE:** Check all that apply...
  - Adoptive Parent (Agency Name: )
  - 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 or call, toll free, 866-422-6872.

**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)*

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<th>LAST NAME</th>
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<table>
<thead>
<tr>
<th>MAIDEN NAME (If applicable)</th>
<th>PRIOR NAMES USED (If applicable, list first and last names.)</th>
<th>DATE OF BIRTH (mm-dd-yyyy)</th>
<th>GENDER</th>
</tr>
</thead>
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</tbody>
</table>

**CONTACT INFORMATION** *(Enter your street address or post office box. This address must be different from Employer Address)*

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTRY (Complete only if outside U.S.)</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>EMPLOYER ASSOCIATED WITH THIS REGISTRATION: <em>(Complete either left or right column, not both)</em></th>
</tr>
</thead>
</table>

- My current/potential child care, long term care or mental health care employer is: [ ] No Employer, because I am &lcr; |

**EMPLOYER NAME**

- **OZARK ACTION, INC.**

**EMPLOYER ADDRESS**

- **710 E MAIN ST**

**EMPLOYER CITY**

- **WEST PLAINS**

**EMPLOYER TELEPHONE**

- **(417) 256 - 6147**

**EMPLOYER CONTACT NAME**

- **SHERYL ROBERTS**

**EMPLOYER CONTACT TITLE**

- **DIRECTOR**

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**REGISTRATION AGREEMENT** *(Read carefully.)*

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 requestor of the FCSR for employment purposes only, as provided in §210.821, 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)*
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 Health and Senior Services
- 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 §210.908, 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 19 CSR 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 fees to the Missouri Department of Health and Senior Services, ATT: Fee Receipt, 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 requestor, 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 decision 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 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).
CONSENT TO DRUG AND ALCOHOL TESTING

Ozark Action, Inc.’s Drug and Alcohol Testing Policy. I understand that I am subject to drug and alcohol testing under this policy as an applicant for employment; when Ozark Action has reasonable suspicion to believe that I am in violation of the Policy; following certain accidents; on a random basis; on a follow up/return to duty basis and when I transfer to a position requiring a commercial driver’s license (CDL). The circumstances when testing will be performed are described in the Policy.

I hereby consent to the drug and alcohol testing as described in the Policy. I release and discharge Ozark Action, and its officers and employees, from any claims or liabilities in connection with the collection of samples, testing and disciplinary action based on the test results, and from any search or investigation arising from a suspected violation of this Policy.

I understand that if I test positive for drugs or alcohol in violation of the Policy, I will be subject to disciplinary action, and if I am an applicant that I will be disqualified from employment with Ozark Action.

I understand that I am employed at will. I have the right to leave employment with Ozark Action at any time and for any reason, and Ozark Action has the right to terminate my employment at any time and for any reason. Neither this Consent, nor the Policy, alters my status as an at will employee.

____________________________________  ____________________
Employee/Applicant                      Date