



APPLICATION FOR EMPLOYMENT

InterServ is an equal opportunity employer. All applicants will be considered without regard to race, color, religion, gender, genetic information, national origin, age, disability, marital status, veteran status, or any other legally protected status.

APPLICANT INFORMATION

DATE: _____

Last Name	First Name	Middle Name
Other Legal Name Used		

Street Address	City	State	Zip

Home Phone Number	Cell or Other Phone Number	Best Time to Call

Email Address	Position(s) or Type of Employment Desired

Have you ever filed an application with us before? YES NO *If Yes, give date* _____

Have you ever been employed with us before? YES NO *If Yes, give date* _____

Are any of your relatives employed with us? YES NO *If Yes, give name(s)* _____

Do you have a valid driver's license? YES NO *If Yes, give exp. Date* _____

Do you have Insurance for your vehicle? YES NO *If Yes, give amount* _____

On what date would you be available for work? _____

Are you available to work (circle all that apply): Full Time Part Time Shift Work Temporary

Days and hours available to work: _____ **Compensation Requested:**
 \$ _____

Can you travel if a job requires it? YES NO

If under 18 years of age, can you provide required proof of your eligibility to work? YES NO

In compliance with federal law, will you be able to provide proof of identity and eligibility to work in the United States if you are hired? YES NO

Have you ever been convicted of a crime other than a minor traffic infraction?

YES NO

(You need not disclose any proceeding that has been expunged or is part of a sealed record. A conviction record will not necessarily be a bar to employment. Factors such as the nature of the position applied for, timing of the conviction, the nature of the conduct, and rehabilitation will be taken into account.)

If yes, please explain:

Have you ever been involved as a perpetrator in any child abuse or elder abuse which was substantiated, meaning a “preponderance of the evidence,” “probable cause,” “reason to suspect,” or other similar determination was issued by a state agency, regardless of whether proven in court and whether a criminal conviction of any kind occurred?

YES NO

If yes, please explain:

Are you currently listed on Missouri’s Employee Disqualification List or Employee Disqualification Registry?

YES NO

If yes, please explain:

EDUCATION HISTORY

	Name and Address of School	Course of Study	Number of Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				
Please list any academic honors or special achievements:				

EMPLOYMENT AND VOLUNTEER EXPERIENCE

Are you currently employed? <input type="radio"/> YES <input type="radio"/> NO	May we contact your present employer? <input type="radio"/> YES <input type="radio"/> NO
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Please provide your most recent employment and continue with all past employment within the previous ten (10) years. Please also include relevant volunteer experience. Attach additional sheets if necessary.

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:	Hourly Rate/Salary		
Telephone Number(s):	Starting:	Final:	
Job Title:		Supervisor:	
Reason For Leaving:			

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:	Hourly Rate/Salary		
Telephone Number(s):	Starting:	Final:	
Job Title:		Supervisor:	
Reason For Leaving:			

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:	Hourly Rate/Salary		
Telephone Number(s):	Starting:	Final:	
Job Title:		Supervisor:	
Reason For Leaving:			

Explain any gaps in your employment, other than those due to personal illness, injury or disability:

PROFESSIONAL CERTIFICATIONS AND ACTIVITIES

List active or former professional certifications, licenses, or registrations, as well as professional, trade, business or civic activities and offices held. <i>You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i>	

SPECIALIZED SKILLS

Describe any specialized training, job-related training, apprenticeship, computer and software skills, extra-curricular activities, and foreign languages.	
<i>Computer and Software Skills (please mark):</i>	<i>Other Skills:</i>
<input type="radio"/> Microsoft Windows <input type="radio"/> Microsoft Word	
<input type="radio"/> Microsoft Excel <input type="radio"/> Microsoft PowerPoint	
<input type="radio"/> Adobe PageMaker <input type="radio"/> CorelDRAW	

PERSONAL REFERENCES

List the names and telephone numbers of three work or school references who are not related to you. Please also include a description of their relationship to you and the number of years you have known them.			
Name:	Occupation:	Telephone Number(s):	Relationship:
Name:	Occupation:	Telephone Number(s):	Relationship:
Name:	Occupation:	Telephone Number(s):	Relationship:

OTHER INFORMATION

Please provide any additional information you feel may be helpful in considering your application.

APPLICANT STATEMENT

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACTS ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

I understand this application remains current for only **60 days**. At the conclusion of that time, if I have not heard from InterServ and still wish to be considered for employment, it will be necessary for me to reapply.

I understand that an offer of employment is contingent upon the results of background checks and verification of eligibility to work in the United States. If I am seeking a position involving work with children, the disabled, and/or the elderly, I understand that certain background checks are required by law. I authorize investigation of all statements contained in this application, including, but not limited to, my employment and education history, and I consent to any background check that may be required by Missouri law.

If hired, I understand that I will be expected to abide by all of InterServ’s rules and policies. I further understand that, if employed, my employment will be **at will**. I understand this means that I will be employed for an indefinite period of time and my employment may be terminated at any time either by me or InterServ. I understand that InterServ shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits, or other terms or conditions of employment.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Signature of Applicant:	Date:
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5400 King Hill
St. Joseph, MO 64504
816-238-4511

I, _____ agree to allow
Interfaith Community Services, Inc. (InterServ) to request information
regarding my previous work history as part of the pre-screening process
for future employment with InterServ.

Signature of Applicant

Printed Name

Date



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.

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.)

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 **\$12.00** 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.)

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-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:	<input type="checkbox"/> No Employer, because I am a(n):		
EMPLOYER NAME	<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			
EMPLOYER CITY		STATE	ZIP
EMPLOYER TELEPHONE () -		EMPLOYER CONTACT NAME	EMPLOYER CONTACT TITLE

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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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 §210.906, 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 Family Care Safety 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.

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).