

Dear Applicant,

Thank you for your interest in employment in the Archdiocese of St. Louis. We appreciate your interest in the Church's educational mission, and I assure you of our interest in you and the contribution you can make to Catholic education.

A clear understanding of your professional qualifications and experience will assist in referring you for a position suited to your qualifications and preferences. In this packet are the necessary items you must complete to be considered for referral and possible employment.

You are asked to send or have sent to HR Office for Education, 20 Archbishop May Drive, St. Louis, MO 63119, the following material:

1. The completed **application form**. (Follow the directions carefully in completing this document. Make sure that you respond to all items on the form.)
2. Three **reference forms**: as explained below (It is recommended that you enclose a stamped, addressed envelope when requesting references. All completed references should be mailed to or faxed to HR Office for Education, 20 Archbishop May Drive, St. Louis, MO 63119 or fax 314-792-7309.)
 - one **clergy / pastor reference letter** from a priest, minister or rabbi who is familiar with you or your family; (A clergy reference letter must be provided in order for your application to be considered. You are responsible to send the form provided to a member of the clergy.) **This clergy reference letter is required for elementary applicants and is optional for secondary applicants.**
 - **professional reference letters** from individuals who are familiar with your professional teaching abilities, e.g, former teaching supervisors or college instructors. (Note: If you have two such current references in your placement file from your college/university, you do not need to send the professional reference letter forms that are included.) A reference from your prior principal is expected if you have recent teaching experience outside the archdiocesan system. **Elementary: Two professional reference letters are required. Secondary: Three professional reference letters are required.**
3. An official college transcript showing coursework and receipt of degree(s); (Photocopies of the transcripts will not be acceptable.) The transcripts can be mailed, emailed or faxed from the university. (fax: 314-792-7309 or dcira@archstl.org)
4. A valid/current state **teaching certificate**; if you are in the process of obtaining your certification, obtain a letter from your College/University stating that all requirements have been met.
5. Family Care Safety Registry and Worker Registration Form: You must register online through the Missouri Family Care Safety Registry website, <http://health.mo.gov/safety/fcsr/>. When completing the online application all educator

applicants are considered “child care workers”. Next, complete and sign the attached Worker Registration form and return to us (DO NOT send to the state). Please return this form only to HR Office for Education with the other forms in the application packet.

6. All application materials become the property of the Human Resource Office and are not duplicated or released to the applicant or any other requesting party.

All of the above materials must be successfully completed and received by the HR Office for Education. You may view all current openings on this website under ‘View Job Opportunities’. While the HR Office for Education can in no way guarantee you a position, openings do regularly occur.

Thank you for your interest in Catholic education in the St. Louis Archdiocese. Please contact the HR Office for Education if you have any questions about the application process.

Sincerely,

HR Office for Education
20 Archbishop May Drive
Saint Louis, MO 63119
314-792-7307 or 314-792-7308



Archdiocese of St. Louis

APPLICATION FOR PROFESSIONAL EMPLOYMENT

EDUCATOR

ARCHDIOCESE OF ST. LOUIS

PART A

GENERAL INFORMATION

Date:

NAME Last First Middle

Have you ever used any other names in the past? Yes No (Check One)

If yes, please list all other names that you have used and the dates during which you used those names.

Name of Religious Community (if you are a Catholic religious sister, brother or priest)

Address of Religious Community

CURRENT ADDRESS HOME PHONE

CITY STATE ZIP

PERMANENT (or family) ADDRESS CELL PHONE

CITY STATE ZIP

Social Security Number Parish

Religion Pastor

If you are not now a Catholic, have you ever been a Catholic? yes no If you answered "yes" to this question, please include a letter of explanation

e-mail address DATE OF EMPLOYMENT AVAILABILITY

EDUCATIONAL PREPARATION

Table with 8 columns: School/College, From, To, Kind of Degree, Major, Year of Grad, Sem. Hrs. Credited. Rows include Elementary School, Secondary School, College, and Universities.

TEACHER PREPARATION (Student Teaching)

Table with 5 columns: Name & Location of School, Subjects or Grades Taught, From, To, Cooperating Teacher.

PROFESSIONAL CERTIFICATION

STATE	IPC, CCPC, TEMP, PROV, LIFE	Endorsement (Subj. area/Gr. Level)	ISSUE DATE	EXPIRATION DATE

If you are awaiting receipt of certificate, indicate date applied for _____

If you are certified to teach/coordinate religion, indicate issuing diocese and level of certification. _____

PREVIOUS EMPLOYMENT (Please list last employer first and please list additional experience on separate sheet or include resume.)

SCHOOL OR COMPANY NAME & ADDRESS	FROM MO/YR	TO MO/YR	Subjects or Grades Taught /kind of work	Contracted or Hourly	FTE (% Time on Contract)	REASON FOR LEAVING

REFERENCES: Give the names and addresses of those persons from whom you have requested references. Friends and relatives may not be used.

If you have a complete file at a university or college, please send. The clergy reference is necessary in all cases.

PLEASE PRINT NAME	ADDRESS	ZIP CODE	PHONE #	RELATION FOR OFFICIAL POSITION TOWARD APPLICANT

SPECIFIC EMPLOYMENT PREFERENCE

LEVEL: (Indicate 1st Preference 1: 2nd Preference 2)

- _____ Pre-School
- _____ Kindergarten
- _____ Primary
- _____ Intermediate
- _____ Jr. High
- _____ Secondary

GRADE LEVEL/SUBJECT AREA PREFERENCES:

- 1st Pref. _____
- 2nd Pref. _____

WOULD YOU BE INTERESTED IN:

- _____ Religion Coordinator/Campus Ministry
- _____ Counseling
- _____ Librarian
- _____ Learning Consultant
- _____ Coaching

SPECIAL EDUCATION:

- _____ LD/ADHD
- _____ Autism Spectrum
- _____ Speech/Language
- _____ Developmental Delays/Disabilities

GEOGRAPHICAL AREAS (Please indicate in which areas you would be willing to work. Check one or more)

- | | | |
|--------------------------------|---------------------------|-----------------------------|
| _____ St. Louis City | _____ Jefferson County | _____ Ste. Genevieve County |
| _____ St. Louis County (North) | _____ Lincoln County | _____ Warren County |
| _____ St. Louis County (South) | _____ St. Charles County | _____ Washington County |
| _____ St. Louis County (West) | _____ St. Francois County | _____ Perry County |
| | | _____ Franklin County |

PART B

All applicants must answer the following questions as completely as possible. Your application cannot be processed without this information.

1. Are you prevented from lawfully becoming employed in this country because of your visa or immigration status?

Yes _____ No _____ (check one)

(If hired, you will be required to verify your employment eligibility and identity in accordance with the Immigration Reform and Control Act of 1986.)

2. Can you perform the activities involved in the position for which you are applying either with or without reasonable accommodation?

Yes _____ No _____ (check one)

3. Have you at any time been accused of child abuse? (You are required to answer this inquiry whether or not a criminal conviction arose out of the allegation.)

Yes _____ No _____ (check one)

If yes, please provide in detail the date, the place, and an account of the circumstances surrounding each allegation of child abuse.

4. Did any judicial proceeding arise out of the allegations of child abuse?

Yes _____ No _____ (check one)

If yes, please identify the court in which the proceeding was brought and its location, the parties to that proceeding, the docket number of the proceeding, and any judgment or resolution that was entered or reached.

5. Are you under the supervision of any federal, state or local corrections agency as a result of any allegations of child abuse?

Yes _____ No _____ (check one)

6. Have you ever been convicted of or pleaded guilty to a misdemeanor or felony (other than a traffic/parking violation)?

Yes _____ No _____ (check one)

If yes, please state the nature of the offense for which you were convicted or pleaded guilty, the date of the conviction or the entering of the plea, the judgment imposed, the court imposing the judgment and its location, and the docket number of the proceeding.

7. Has any surety company ever refused to issue or continue any bond on your behalf?

Yes _____ No _____ (check one) (continued on next page)

If yes, please provide in detail the date, the reasons for and the circumstances surrounding the surety company's refusal.

A "yes" response to either of the two preceding questions will not disqualify you from consideration for employment as a teacher in a school of the Archdiocese. A record of a conviction, or a refusal by a surety company to issue or continue a bond on your behalf, does not mean that you cannot be hired. The nature and circumstances of any conviction or bond refusal, how long ago either occurred, and other factors, including the relationship of the conviction or bond refusal to the position for which you are applying, are all important in the employment consideration. Thus, please provide a complete response to these questions so that an appropriate decision may be made.

I grant permission to the parishes of the Archdiocese of St. Louis, the Catholic High School Association of the Archdiocese of St. Louis, and to the agents of either or both entities, (collectively "the Employer") to investigate thoroughly my complete personal, educational and work histories and to verify all information that may be given in connection with my seeking of employment as a teacher for any school operated by the Employer. In processing this employment application and at any time during my employment, the Employer may request a police report about me. I have the right to request the Employer completely and accurately to disclose to me the content of those reports. Such a request must be made in writing to the Employer. In addition, I release the Employer and the Archbishop of St. Louis, as well as any individual or organization and all of their agents who supply written or oral information regarding myself to the office of the Employer, from any and all liabilities resulting from such investigation or verification. I understand and agree that I may be denied employment or, if I am already employed, that my employment may be terminated based on information obtained during that investigation or verification. Upon the termination of my employment as a teacher for the Employer, regardless of when, how or why my employment is terminated, and whether such termination is effected by me or by the Employer, I authorize the release of reference information on all aspects of my employment history with any school of the Employer and release the Employer and all of its agents from any and all liability resulting from disclosure of information on my employment history.

In addition, I understand and agree that this application will be considered valid for a period of one hundred eighty (180) days. I recognize that, if I wish to be considered after one hundred eighty (180) days, a new application for employment may be requested.

Moreover, I understand and agree that, if I am offered employment by the Employer, my employment will be based upon mutual agreement and that either I or the Employer may terminate the employment relationship at any time and for any reason, except to the extent specifically provided in a written employment agreement entered into between myself and the Employer. I understand that no one has authority to enter into any oral employment agreement on behalf of the Employer or to make any agreement contrary to the foregoing.

Finally, I certify that I have given true and accurate information and that I have read and agreed to the conditions of employment stated in this application and authorize the release as set forth above. If any information contained in this application is found to be false in the opinion of the Archdiocese of St. Louis in any respect, my application for employment may be rejected. Similarly, if I am already employed, I will be subject to discharge without notice at any time.

Date _____

(Official Signature)

The Archdiocese of St. Louis provides and promotes equal employment opportunities for all persons without regard to race, color, age, sex, national origin, citizenship, or disability as provided by federal law.

Applicants should address all correspondence to:

HR Office for Education
20 Archbishop May Drive
St. Louis, MO 63119
Phone: 314-792-7307
Fax: 314-792-7309
e-mail: dcira@archstl.org
website: www.archstl.org/education

Archdiocese of St. Louis

**APPLICATION FOR PROFESSIONAL
EMPLOYMENT**

EDUCATOR

PART C

Please answer the following questions. Your application cannot be processed without this information.

1. Why did you choose education as a profession?

2. Why do you want to serve in a Catholic School?

3. How do you view your role as an educator in a Catholic School?

4. As an educator, how would you contribute to developing a community of faith within the school?

5. How does your life reflect the Christian values being fostered in Catholic Schools?

6. Are you willing to increase your knowledge of the Catholic faith in order to better fulfill your role as a faculty member in a Catholic school?

Yes _____ No _____

7. What means do you use to strengthen your own spiritual life in order to better fulfill your role as a faculty member in a Catholic school?

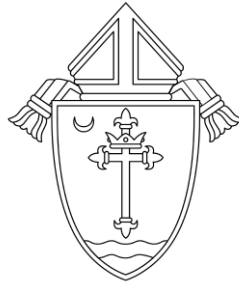
8. What types of religious experiences do you feel are important for students?

9. Identify areas of service to the community and church in which you have recently been involved.

10. What experiences in working with young people, such as clubs, camps, extra curricular activities, and sports have you found to be most rewarding?

Date _____

Signature _____



ARCHDIOCESE OF ST. LOUIS

WITNESS STATEMENT FOR THOSE WHO SERVE IN CATHOLIC EDUCATION

The mission of Jesus Christ and the Holy Spirit is the mission of the Catholic Church, to reveal God the Father, Son, and Holy Spirit to all people and to teach them about the fullness of His love. “Indeed the primordial mission of the Church is to proclaim God and to be His witness before the world” (General Directory for Catechesis). The duty and right of educating belongs in a special way to the Church, to which has been divinely entrusted the mission of assisting persons so that they are able to reach the fullness of the Christian life (Canon 794 Sec 1).

The work of teachers is in the real sense of the word an apostolate most suited to and necessary for our times and at once a true service offered to society (Gravissimum Educationis, October 28, 1965). The instruction and education in a Catholic school must be grounded in the principles of Catholic doctrine; teachers are to be outstanding in correct doctrine and **integrity of life** (Canon 803 Sec 2). Intimately linked in charity to one another and to their students, and endowed with an apostolic spirit, may teachers **by their life** as much as by their instruction bear witness to Christ, the unique Teacher (Gravissimum Educationis, October 28, 1965).

All who serve in Catholic education in the parish and school programs, and Office of Catholic Education & Formation of the Archdiocese of Saint Louis will witness by their public behavior, actions, and words a life consistent with the teachings of the Catholic Church. Public speech or public action contrary to the teachings of the Catholic Church promotes scandal, which is a particularly grave offense when given by those who are obliged to teach or educate others (Catechism of the Catholic Church 2285).

Only those persons who can support this *Witness Statement* are to be employed by pastors, principals, and directors/coordinators of religious education.

All who serve in Catholic education in the Archdiocese of Saint Louis should be made aware that support of this *Witness Statement* must be reflected in their public behavior, including:

- Believing in Jesus Christ
- Engaging in a life of prayer and worship
- Practicing respect and reverence for the dignity of others
- Exercising prudence with confidential information related to work
- Being an active member of his/her Church
- Respecting ecclesial authority

All who serve in Catholic education should understand and affirm that the following are examples but not an exhaustive list of public speech or public action that are considered contrary to the teachings of the Catholic Church and must be avoided during one's term of employment teaching/working in Catholic education:

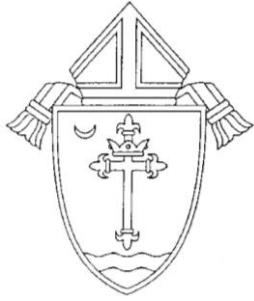
- Contracting a marriage in violation of the rules of the Catholic Church (CCC 1603; 1614; 1650; 2384).
- Living with another as husband and wife, without benefit of a valid marriage (CCC 2350; 2353; 2390; 2391).
- Conviction of a felony or a crime which involves moral turpitude (CCC 2268; 2284-5; 2353-56; 2387-89).
- Obtaining or assisting another to obtain an abortion (CCC 2271; 2272).
- Actively engaging in homosexual activity (CCC 2357-59).
- Active support of changing the biological sex assigned by God at conception (CCC 2331-35; 362-73).
- Obtaining or assisting another to obtain in vitro fertilization (CCC 2376-77).
- Becoming pregnant out of wedlock while teaching/working in Catholic education; fathering a child out of wedlock while teaching/working in Catholic education (CCC 1935; 1947; 2284-85).
- Engaging in any immoral or illegal activity which sets a bad example for students (e.g. illicit use of drugs, alcohol, pornography or abuse of any kind) (CCC 2284-85; 2354; 2335).
- Maintaining by word or action a public position contrary to the teaching standards, doctrines, morals, laws and norms of the Catholic Church (CCC 2030; 2032; 2044; 2072-3).

The above is a thorough but not all-inclusive listing of the implications of this *Witness Statement*. The Archbishop of St. Louis is the definitive authority for the interpretation of Catholic doctrine and morals.

By my signature below I consent that this witness statement is incorporated into and forms an integral part of my employment agreement, and further that both shall be interpreted, complied with and enforced pursuant to Canon Law to the exclusion of all other laws. For any matters not governed by Canon Law, my employment agreement shall be construed by the laws of the State of Missouri.

Affirmation signature by teacher:

Date: _____



Archdiocese of St. Louis
EDUCATOR
PASTOR (CLERGY) REFERENCE FORM

Name of Applicant: _____

Address _____

Position applied for: _____

Name of Reference: _____

Title: _____

Address _____

_____ Phone # _____

_____ I waive my option to view my recommendations.

_____ I retain my right to view my recommendations.

Applicant's Signature _____

The applicant named above is applying for a position in a Catholic school and has given your name as a reference. Please answer the following questions to the best of your ability.

1. How long have you known the applicant and in what pastoral relationship?

2a. (For Catholic applicants) To your knowledge is the applicant a committed member of the Church and a witness to Catholic values and beliefs? _____ Yes _____ No

or

2b. (For non-Catholic applicants) To your knowledge is the applicant a committed member of his/her denomination? _____ Yes _____ No

and

(For non-Catholic applicants) To your knowledge is the applicant able and willing to support the teachings of the Catholic Church? _____ Yes _____ No

3. The Witness Statement for those who serve in Catholic education states: "All who serve in Catholic Education in the parish and school programs of the Archdiocese of St. Louis will witness by their public behavior, actions, and words a life consistent with the teachings of the Church."

Is there any reason you are aware of why the candidate would not be able to abide by this Witness Statement?

4. What particular strengths do you think the applicant would bring to the position for which he/she has applied?

5. What weaknesses does the applicant have that would interfere with his/her effectiveness in the position for which he/she has applied?

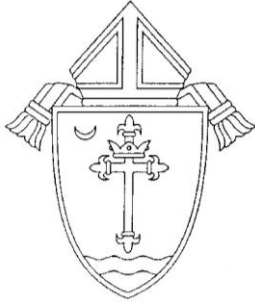
6. Would you employ this applicant in the position for which he/she has applied?
_____ Yes _____ No

Date: _____ Signed: _____

After completing this form, please return it to:

HR Office for Education
20 Archbishop May Drive
St. Louis, MO 63119

You may also fax it to: (314) 792-7309.



Archdiocese of St. Louis
EDUCATOR
PROFESSIONAL REFERENCE FORM

Name of Applicant: _____

Address _____

Position applied for: _____

Name of Reference: _____

Address _____

Phone # _____

_____ I waive my option to view recommendations.

_____ I retain my right to view my recommendations.

Applicant's Signature _____

The applicant named above is applying for a position in a Catholic school and has given your name as a reference. Please answer the following questions to the best of your ability.

	Outstanding	Satisfactory	Limited	No Opportunity to Observe
Knowledge of Catholic Faith	_____	_____	_____	_____
Practice of Catholic Faith	_____	_____	_____	_____
Understanding of Catholic philosophy of education	_____	_____	_____	_____
Commitment to mission of Catholic schools	_____	_____	_____	_____
Teaching Potential or Ability	_____	_____	_____	_____
Knowledge of content area(s)	_____	_____	_____	_____
Classroom Management	_____	_____	_____	_____
Knowledge of curriculum/ instruction/assessment	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____
Interpersonal relationships:				
a) faculty	_____	_____	_____	_____
b) students	_____	_____	_____	_____
c) parents	_____	_____	_____	_____

How long have you known the applicant and in what official relationship? _____

If this individual was employed in your system or school, please specify dates:

FROM: _____ **TO:** _____

The Witness Statement for those who serve in Catholic education states: "All who serve in Catholic Education in the parish and school programs of the Archdiocese of St. Louis will witness by their public behavior, actions, and words a life consistent with the teachings of the Church."

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Explain your response: _____

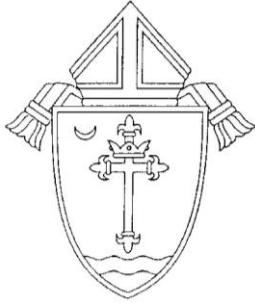
Date: _____

Signed: _____

Position: _____

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St. Louis, MO 63119
Or fax it to: (314) 792-7309



Archdiocese of St. Louis
EDUCATOR
PROFESSIONAL REFERENCE FORM

Name of Applicant: _____

Address _____

Position applied for: _____

Name of Reference: _____

Address _____

Phone # _____

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Commitment to mission of Catholic schools	_____	_____	_____	_____
Teaching Potential or Ability	_____	_____	_____	_____
Knowledge of content area(s)	_____	_____	_____	_____
Classroom Management	_____	_____	_____	_____
Knowledge of curriculum/ instruction/assessment	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____
Interpersonal relationships:				
a) faculty	_____	_____	_____	_____
b) students	_____	_____	_____	_____
c) parents	_____	_____	_____	_____

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Explain your response: _____

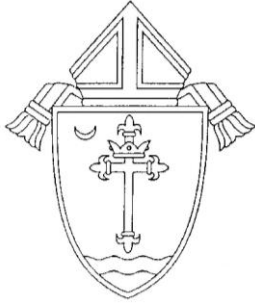
Date: _____

Signed: _____

Position: _____

After completing this form, please return to:

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St. Louis, MO 63119
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Archdiocese of St. Louis
EDUCATOR
PROFESSIONAL REFERENCE FORM

Name of Applicant: _____

Address _____

Position applied for: _____

Name of Reference: _____

Address _____

Phone # _____

_____ I waive my option to view recommendations.

_____ I retain my right to view my recommendations.

Applicant's Signature _____

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Knowledge of content area(s)	_____	_____	_____	_____
Classroom Management	_____	_____	_____	_____
Knowledge of curriculum/ instruction/assessment	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____
Interpersonal relationships:				
a) faculty	_____	_____	_____	_____
b) students	_____	_____	_____	_____
c) parents	_____	_____	_____	_____

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What particular strengths do you think the applicant would bring to the position for which he/she has applied?

What weaknesses does the applicant have that you think would interfere with his/her effectiveness in the position for which he/she has applied?

Would you employ this candidate in the position for which he/she has applied? ____ Yes ____ No

Explain your response: _____

Date: _____

Signed: _____

Position: _____

After completing this form, please return to:

HR Office for Education
20 Archbishop May Drive
St. Louis, MO 63119
Or fax it to: (314) 792-7309

Missouri Family Care Safety Registry

Family Care Safety Registry and the Worker Registration Form: Applicants should register online through the Missouri Family Care Safety Registry website:
<http://health.mo.gov/safety/fcsr/>.

Please return a copy of the Worker Registration form to the HR Office for Education (address below) with your application and other documents requested.

Please contact Debbie Cira in the HR Office for Education if you have any questions at:
314-792-7307 or dcira@archstl.org
Human Resources Office for Education
20 Archbishop May Drive
St. Louis, MO 63119



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 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 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.)	Long Term Care / Personal Care Subcategories (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 \$14.00 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	
SOCIAL SECURITY NUMBER (Mail copy of card with form.) _____ - _____ - _____	

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:	<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	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 Elementary and Secondary Education
- 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 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 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).