



Thank you for your interest in employment with Seniors Home Care. Please complete the enclosed Employment Application and return to:

Seniors Home Care  
114 East Lockwood  
Medical Building, Suite A  
St. Louis, MO 63119-3003

We ask that you complete the Employment History section in as much detail as possible; use an additional sheet of paper, if necessary. Upon receipt, we will review your application. If we feel that you are qualified for the duties required, we will contact you for an interview.

We will need the following to be included with your application:

- Copy of your Social Security Card
- Copy of your current Drivers License
- Proof of Current Automobile Insurance showing coverage limits. This is typically the front page of your policy. Our insurance company requires the following limits:
  - \$300,000 Combined Single Limit Liability
  - \$100,000/\$300,000 or \$300,000 Combined Single Limit Underinsured Motorist
  - \$100,000/\$300,000 or \$300,000 Combined Single Limit Uninsured Motorist
- St. Louis County Criminal Background Check completed within 1 year of the date of application. *You will need to take the form to the St. Louis County Police Station – Records Room located at 7900 Forsyth Blvd. in Clayton. The cost is \$9.00. Make sure the last box, “Child Care and Nursing Home Employment”, is checked and verbally tell the clerk which background check you need. They will process this while you wait.*
- Family Care Safety Registration Submittal – State law requires all caregivers be members of the FCSR. You must submit the FCSR application along with \$9 to the address stated on the form. *Let the SHC office know when it has been submitted so we can request the required background check.*

Sincerely,

Kit Whittington  
Seniors Home Care  
Enclosure



**APPLICATION FOR EMPLOYMENT**

Date of Application: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

Current Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date Available To Start \_\_\_\_\_ Referred By \_\_\_\_\_

Have You Ever Been Employed By SHC Before? Yes  No  If Yes, Give Dates \_\_\_\_\_

May we contact your present employer? Yes  No

Hourly Work Availability  Part Time  Temporary  Per Diem  Day Shift  Evening  Night Shift

Live-In Work Availability  3 Day Shift  4 Day Shift  Weekdays  Weekends

Criminal background checks are obtained on all applicants considered for employment.

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

If YES, explain \_\_\_\_\_

Have you worked under any other names (maiden name, nickname, etc.) that would help us check your work record? If so, please list: \_\_\_\_\_

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability  Yes  No

If YES, please explain \_\_\_\_\_

If you have minor aged children; what is your backup plan if your child becomes ill or some other issue arises when you are scheduled to work?

\_\_\_\_\_  
 \_\_\_\_\_

What makes this particular type of work appealing to you?

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What are your salary expectations? \_\_\_\_\_

State any conflicts of interest you may have regarding this position?

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LICENSES & CERTIFICATIONS

	LICENSE NUMBER	DATE RECIEVED AND/OR EXPIRATION DATE
Certified Nurses Aide (CNA)		
Licensed Practical Nurse (LPN)		
Registered Nurse (RN)		
Emergency Medical Technician (EMT)		
Medical Technician Level I		
Medical Technician Level II		
Insulin Certification		
Nurse's Aide		
Home Health Care Aide		

Emergency Contact(s)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

EDUCATION

(Last Grade Completed)                  Primary                  Secondary                  College & Grad School

   1 2 3 4 5 6 7 8                  9 10 11 12                  1 2 3 4                  1 2 3

Name and location of school(s) and course of studies/degrees:

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Additional information (including any special skills or equipment) that may be helpful to us in considering your employment, for example - experience with a Hoyer Lift

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EMPLOYMENT EXPERIENCE & REFERENCES

(If you need additional space, please continue on a separate sheet of paper).

Please begin with your Current or Last position

Employer \_\_\_\_\_ Dates Employed From \_\_\_\_\_

Address \_\_\_\_\_ To \_\_\_\_\_

Phone \_\_\_\_\_ Hourly Rate/Salary Starting \_\_\_\_\_

Job Title \_\_\_\_\_ Ending \_\_\_\_\_

Supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Work Performed/Duties

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Employer \_\_\_\_\_ Dates Employed From \_\_\_\_\_

Address \_\_\_\_\_ To \_\_\_\_\_

Phone \_\_\_\_\_ Hourly Rate/Salary Starting \_\_\_\_\_

Job Title \_\_\_\_\_ Ending \_\_\_\_\_

Supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Work Performed/Duties

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Please give any information concerning military service, volunteer activities and non-employed experience caring for senior citizens

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Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

I certify that the facts contained in this application are true and complete to the best of my knowledge, and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorized you to obtain an investigative report and/or a report from any law enforcement agency, which may include both general and personal information about me. I authorize investigation of all statements contained herein, and authorize the references listed above to give you any and all information concerning my previous employment, and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and can be terminated at any time with or without notice, with or without cause by either myself or the Company. I understand that employment does not guarantee there will be hours available. In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the Company. I understand that I may not independently contact any Seniors Home Care LLC client for the purpose of employment while we are servicing them and a minimum of 90 days thereafter, and I also understand that this could result in my termination. I understand that I must meet the health standards established by the Company as a condition of initial and continued employment, which may be determined by a physical examination, which will include drug and alcohol screening, if requested. I understand, also, that if employed I am required to abide by all rules and regulations of the Company.

I understand and agree that, if hired, I am not permitted to bring my children, family members, pets or anyone else while I am with the client.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Saint Louis **COUNTY** **POLICE**

Colonel Jerry Lee  
Chief of Police  
7900 Forsyth Boulevard  
St. Louis, Missouri 63105  
Voice/TTY (314) 889-2341

**BUREAU OF CENTRAL POLICE RECORDS - (314) 615-5317**  
**ARREST RECORD INFORMATION**  
**RECORD CHECK INFORMATION REFLECTS ARREST/CRIMINAL INFORMATION FOR**  
**ST. LOUIS CITY AND ST. LOUIS COUNTY ONLY**  
**DOES NOT INCLUDE TRAFFIC VIOLATION INFORMATION**  
**RECORD CHECK APPLICATIONS WILL NOT BE ACCEPTED BY FAX**

**SECTION A: MUST BE COMPLETED PERSONALLY BY INDIVIDUAL REQUESTING RECORD CHECK**

NAME \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ HT. \_\_\_\_\_ WT. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_  
STATE \_\_\_\_\_

THIS INFORMATION IS CURRENT AS OF \_\_\_\_\_ BUT MAY NOT FULLY REFLECT DISPOSITIONS INSTITUTED  
THEREAFTER IN THE JUDICIAL PROCESS OR DURING JUDICIAL REVIEW.

I authorize the St. Louis County Police Department to release arrest/conviction information concerning myself which is on file at the Regional Justice Information Service in compliance with Chapter 610, Revised Missouri Statutes. I further understand that I am required to provide satisfactory verification of my identity prior to release of this information and that I am subject to a fee in accordance with County ordinance. The intent of the record check is for:

- St. Louis City and St. Louis County Arrest/Conviction Information - OPEN RECORDS ONLY
- Record Challenge (St. Louis County Arrest/Conviction Information - BOTH OPEN AND CLOSED RECORDS)
- Child Care and Nursing Home Employment

**OFFICIAL NOTICE OF DISCLAIMER**

THE RECORD INFORMATION SHOWN ON THIS FORM INCLUDES OPEN ARREST INFORMATION AND CERTAIN CLOSED INFORMATION WITHIN ST. LOUIS COUNTY AS DEFINED BY MISSOURI STATE STATUTE. THIS **INCLUDES** ARRESTS AND CONVICTION INFORMATION WITHIN ST. LOUIS COUNTY AS WELL AS CONVICTION INFORMATION **ONLY** FOR ST. LOUIS CITY. The information provided is based on comparison of our records with the name, race, sex, age, date of birth and Social Security number provided by the applicant and, to the best of our knowledge, the information provided belongs to the applicant. Since the only positive means of identification is through fingerprinting and fingerprinting was not part of this record check, the Police Department cannot state unequivocally the record belongs to the applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Request

**SEE REVERSE SIDE FOR ARREST RECORD INFORMATION**



*"Committed To Our Citizens Through Neighborhood Policing"*

**DEFINITIONS**

- 1. **Open Arrest Records** - Reflects that a person has been arrested and charged and has either been: 1) convicted in court; or 2) the case has not yet been heard in court. ***IF THE CASE HAS NOT YET BEEN RESOLVED IN COURT, THE INDIVIDUAL IS NOT CONSIDERED GUILTY UNDER THE LAW. AN ARREST IS NOT CONSIDERED A CONVICTION.***
  
- 2. **Suspended Imposition of Sentence (SIS)** - Suspension of sentence is a suspension of active proceedings in a criminal prosecution. It is not a final judgement or the equivalent of "no prosecution" nor does it represent a discharge of the accused. A disposition of "suspended imposition of sentence" becomes a closed record upon successful completion of probation.

**SECTION B: TO BE COMPLETED BY BUREAU OF CENTRAL POLICE RECORDS (COUNTY POLICE)**

*The Commander, Bureau of Central Police Records, St. Louis County Police, Missouri, hereby validates the record information noted below. Not valid without signature and raised official Police Department seal.*

*Commander, Central Police Records, per Clerk*

DATE	CHARGE	DISPOSITION	ARRESTING AGENCY



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 FAMILY CARE SAFETY REGISTRY  
**WORKER REGISTRATION**

FCSR USE ONLY

**RESET**

PLEASE TYPE OR PRINT CLEARLY

**SECTION A: WORKER TYPE (CHECK ONE BOX ONLY)**

- CHILD CARE WORKER (\$9.00)   
  PERSONAL CARE WORKER(\$9.00)   
  VOLUNTARY REGISTRANT (\$9.00)  
 ELDER CARE WORKER (\$9.00)   
  RECIPIENT OF STATE OR FEDERAL FUNDS (\$9.00)   
 FOSTER PARENT (NO FEE)

**SECTION B: IDENTIFYING DATA FOR BACKGROUND SCREENING**

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
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PRIOR NAMES USED

SOCIAL SECURITY NUMBER (ATTACH COPY OF SOCIAL SECURITY CARD)	DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	TELEPHONE NO. (optional) (      )
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**MAILING ADDRESS**

STREET ADDRESS OR POST OFFICE BOX	CITY	STATE	ZIP CODE	COUNTY
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**HOME ADDRESS (if different than mailing address)**

STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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**SECTION C: CURRENT EMPLOYER INFORMATION (IF APPLICABLE)**

EMPLOYER NAME	CONTACT PERSON	PHONE NUMBER (      )
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ADDRESS	CITY	STATE	ZIP CODE
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**SECTION D: AUTHORIZATION TO RELEASE BACKGROUND SCREENING INFORMATION**

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 Missouri Department of Health and Senior Services 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 §210.921, 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 in the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening determination.

**NOTICE:** The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to your 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 your account or you provide insufficient or inaccurate information regarding your account, your 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 (REQUIRED IN INK) ▶	DATE
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**IMPORTANT**

- Individuals are required to register one time only.
- Contact 1-866-422-6872 (toll-free) if you have questions on how to complete this form
- Read back of form for instructions and information on registrant notification and appeal rights

**How does a person register?**

A person may register two ways:

- By submitting a completed Worker Registration Form, a photocopy of their Social Security card, and a \$9.00 registration fee (if applicable), paid by check or money order, to the Missouri Department of Health and Senior Services, Fee Receipts Unit, P.O. Box 570, Jefferson City, MO, 65102.
- By online registration at [www.dhss.mo.gov/fcsr](http://www.dhss.mo.gov/fcsr) and clicking on the Register Online link. When registering online, payment is made by credit card. You will be charged a nonrefundable \$9.00 registration fee and an additional \$1.00 processing fee.

## 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 other employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, elder care and personal care workers and child care and elder care providers:

1. State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
2. Child abuse/neglect records, maintained by the Department of Social Services
3. The Employee Disqualification List, maintained by the Department of Health and Senior Services
4. The Employee Disqualification Registry maintained by the Department of Mental Health
5. Child care facility licensing records, maintained by the Department of Health and Senior Services
6. Foster parent, residential care facility, and child placing agency licensing records, maintained by Department of Social Services
7. Residential living facility and nursing home licensing records, maintained by the Department of Health and Senior Services

## WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, or hired on or after January 1, 2002 as a personal care worker, as defined in §210.900, subsection 2, 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?

Section A: Type of Worker - Check one box that best describes your worker category. A "voluntary registrant" is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 to §210.936, RSMo.

Section B: Identifying Data for Background Screening - List your current name, maiden name, all prior names used, Social Security number, date of birth, gender, home address, and mailing address. You must provide your Social Security number pursuant to §210.906.2, RSMo Supp. 1999. 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.

Section C: Current Employer Information (If Applicable) - If you are currently employed by or are seeking employment with a child care or elder care provider, please list the facility name, owner/operator, telephone number and facility address. If you are a foster parent, a voluntary registrant, or receive state or federal funds for child care or elder care services, leave this section blank.

Section D: Authorization to Release Background Check Information - 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 requestors 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, Family Care Safety Registry, P.O. Box 570, Jefferson City, MO, 65102. If you have questions, please call the Registry using the toll-free telephone number, 1-866-422-6872.

## WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND CHECK?

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 as defined 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 person calling, 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 mailing address. You can send address changes to Family Care Safety Registry, P.O. Box 570, Jefferson City, MO, 65102.

## WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND CHECK?

Pursuant to §210.912, RSMo, you have the right to appeal the information transferred onto the Family Care Safety Registry. Your right to appeal is limited only to the accuracy in 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 needs to 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. A Registry worker will first confirm whether the person in question is registered. If the person is registered, the Registry worker will then 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. Specific information will only be disclosed by the Registry upon receipt of a written request from the caller.



I authorize Seniors Home Care to verify previous employers and personal references identified in my Employment Application.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



**Employee Automobile Information**  
(Required for SHC Insurance)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(please print)

Driver's License No.: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Automobile's Usage:

Personal  Yes  No

Business  Yes  No

Address (where automobile is kept)

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

Have you had any automobile accidents in the past three years?  Yes  No

Have you been issued any tickets in the past three years?  Yes  No

If YES, please give details (use other side if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE DATE