

CDS Attendant Application

ALL INFORMATION MUST BE COMPLETED
PLEASE PRINT CLEARLY

Applicant Name: _____
(First) (MI) (Last)

Mailing Address: _____
(Street) (City) (State) (Zip)

SS#: _____ - _____ - _____ Please list any other Social Security Numbers and/or Aliases Used: _____

Home Phone Number: _____ Alternate Phone Number: _____

Verify that you meet the following qualifications: Are at least 18 years of age; able to meet the physical and mental demands required to perform specific tasks of the Consumer; agree to maintain confidentiality; be emotionally mature and dependable; be able to handle emergency situations; and not be the Consumer's spouse? Yes No

Do you have any criminal convictions, findings of guilt, pleas of guilt, and/or pleas of non contendere except minor traffic offenses? Yes No Failure to disclose any criminal information is a violation of the law. This includes any offense at any time.

Is there someone in particular you desire to work for? _____

Do you give Access II permission to list your information (Name, City, Phone Number) on the Attendant Registry that is released upon request to CDS Consumers assisting them in hiring an Attendant? Yes No

Do you prefer to work for Males or Females ? _____

List days/hours of weekly availability:

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Are you available and/or willing to come in with short notice or be on-call? Yes No

The following are tasks that are required for some positions. Please check the following duties you are willing to perform:

Bladder Care Equipment Maintenance Household Management Transfers Bathing/Showering Bowel Care
 Grooming & Hygiene Laundry Turning in Bed Meal Consumption Meal Clean Up Meal Preparation
 ROM Exercises Transportation Dressing/Undressing House Cleaning Medications Shopping

Access II will not be apprising Attendants of whether or not an individual is on the Sex Offender Registry (SOR).

That information can be accessed at the following website:

<http://www.mshp.dps.mo.gov/MSHPWeb/PatrolDivisions/CRID/SOR/SORPage.html>

Case.net is your access to the Missouri State Courts Automated Case Management System. From here you are able to inquire on case records including docket entries, parties, judgments, and charges in public court. Only courts that have implemented the case management software as part of the Missouri Court Automation Program and only cases that have been deemed public under the Missouri Revised Statutes can be accessed through Case.net.

MO Case Net: <https://www.courts.mo.gov/casenet/base/welcome.do>

By initialing below, I consent to a criminal background screening and a closed record check to assist in determining my eligibility for this position. If there is a negative report on my background screening I understand that I may apply for a Good Cause Waiver. I also understand that this Employer participates in E-Verify to verify my eligibility for employment in the United States. _____ (Initial Here) Date of Birth: _____

EMPLOYMENT HISTORY

Company Name: _____

Address: _____
(Street) (City) (State) (Zip)

Dates Employed: _____ to _____ Position Held: _____

Duties: _____

Reason for Leaving: _____

Are you eligible for rehire? _____ If no, explain: _____

Do we have permission to contact your past employer? Yes No

Company Name: _____

Address: _____
(Street) (City) (State) (Zip)

Dates Employed: _____ to _____ Position Held: _____

Duties: _____

Reason for Leaving: _____

Are you eligible for rehire? _____ If no, explain: _____

Do we have permission to contact your past employer? Yes No

REFERENCES

Please list three (3) references. At least two (2) must be professional.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

I hereby certify the answers given herein are true and complete to the best of my knowledge.

Signature of Applicant

Date

Family Care Safety Registry (FCSR) Instructions

Step 1: Log on to www.health.mo.gov/safety/fcsr/index.php

Step 2: Click “Register Online”

Step 3: Type in your **Social Security Number** & Click “Continue”

Your Social Security Number will now be checked to see if you are already registered with FCSR or not.

If you **ARE** already registered: Go to **Step 4**

If you are **NOT** registered: Go to **Step 5**

Step 4: Requesting Background Screening Results if you ARE Already Registered:

If you received the notification your Social Security Number WAS on file with the Family Care Safety Registry (FCSR), this means you are registered. Individuals need to register only one time.

This is not a background screening.

To receive your current background screening results, you will need to do the following:

1. Call Family Care Safety Registry toll free Monday – Friday 8:00am – 3:00pm @ 1-866-422-6872 and an operator will assist you by conducting a phone inquiry.
2. Once you receive your background screening results in the mail, you will need to send a copy to Access II-ILC, Inc, 101 Industrial Parkway, Gallatin MO 64640

Step 5: Requesting Background Screening Results if you ARE NOT Registered:

To register using the internet, you will be charged a **nonrefundable \$15.25 fee. (\$14.00 registration fee & an additional \$1.25 processing fee)**. You will need the following to enter your registration using the internet:

Your Social Security Number & A Valid Credit Card

Log on to www.health.mo.gov/safety/fcsr/index.php and input all the requested information.

Individuals need to register only one time. Within the following two weeks you will receive your background screening results in the mail. Once you receive this, you will need to send a copy to Access II-ILC, Inc, 101 Industrial Parkway, Gallatin MO 64640

Requesting Background Screening Results if you ARE NOT Registered & Do NOT have a Valid Credit Card

Log on to www.health.mo.gov/safety/fcsr/index.php

Click “Forms”

Click “Worker Registration Form”

Complete all required information and Print out form

Sign and Date form

*If you do not have internet access, a Worker Registration Form can be picked up at the Access II office

Mail the completed form along with the **nonrefundable \$15.25 fee (\$14.00 registration fee & \$1.25 processing fee) via cash or money order along with a copy of your Social Security Card** to Access II-ILC, Inc, 101 Industrial Parkway, Gallatin MO 64640 for processing.

Within the following two weeks, you will receive your background screening results in the mail.

Section 660.317, RSMo requires all CDS Attendants to obtain background screenings prior to hire date; this includes checking the Family Care Safety Registry (FCSR) (Sections 210.900-210.936, RSMo). This statute states that an individual with a certain type of finding identified in their background screening cannot be hired by the CDS Consumers/Employers.

However, in certain circumstances, the individual has the right to apply for a Good Cause Waiver (GCW) that if granted, would not correct or remove the finding, but would allow them to be employed.

If a finding does appear in your background screening, please speak with one of the Access II-ILC, Inc Consumer Directed Services (CDS) Staff for assistance in applying for a Good Cause Waiver.