

# In-Home Care

## APPLICATION FOR EMPLOYMENT

Dear Applicant:

Please complete and return the employment application along with the Family Care Safety Registry ["FCSR"] Workers Registration form to On My Own, Inc.

If you are unsure if you are registered with FCSR, you can go online and search by your Social Security Number at <http://health.mo.gov/safety/fcsr/index.php>. If you find you are not registered with FCSR you can then do so by completing the online registration form. The cost when you mail it in is \$13.00. It will cost \$1.25 more to register online, however the turnaround is usually 24-48 hours when registering online and mailing can take several months for a result. Please note: We only interview individuals registered with FCSR and who have a satisfactory rating.

**Both the application and the FCSR form need to be returned regardless if you are already registered with the FCSR or if you register online.** We still need to have the information on the FCSR form for internal processing.

Also, please make sure you **bring your Drivers License, Social Security card and proof of vehicle insurance** so we can get a copy to go with your application and FCSR form.

Thank you.

### Main Office

428 E. Highland Ave  
Nevada, MO 64772  
417-667-7007  
800-362-8852

### Collins Office

PO Box 211  
1301 DeLaPorte  
Collins, MO 64738  
417-275-1115  
877-275-2815

In Home Department  
Nancy Eaton  
417-667-7007 x 27  
nancy.eaton@omoinc.org



# In-Home Care APPLICATION FOR EMPLOYMENT



On My Own, Inc.  
Non-Residential  
Independent Living Center

We are an equal opportunity/affirmative action employer dedicated to a policy of non-discrimination in employment on the basis of race, color, age, religion, national origin, disability, veteran status, citizenship, or ancestry.

**PLEASE PRINT**

Position Applying For:		Date of Application:		Social Security Number:	
Name: Last		First		M.I.	Maiden Name (If applicable):
Home Address: Street	City			State	Zip Code
Home Phone:	Cell Phone:	E-mail Address:			

How did you learn about us?  Advertisement  Employment Agency  Friend  Relative  Walk-In  Other

Have you been employed with us before?  Yes  No If yes, give date(s) \_\_\_\_\_

Are you currently employed?  Yes  No If yes, may we contact your present employer?  Yes  No

FULL TIME  PART TIME On what date would you be available to begin work? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?  Yes  No  
(Proof of citizenship or immigration status will be required upon employment)

On My Own, Inc. services a 5 county area. Please select the counties in which you agree to work. Please check all that apply. Mileage reimbursement is provided when driving from one client to another. (See attached map for county locations)

Bates  Cedar  Hickory  St. Clair  Vernon  I agree to work any county

Have you ever been found or pleaded guilty nolo contendere of a criminal act (minor traffic violations are exempt)?  
 Yes  No If yes, please explain in detail (a "Yes" response will not necessarily prevent employment.)

Are you currently registered with the Family Care Safety Registry?  Yes  No

If No, do you consent to become registered with the Family Care Safety Registry?  Yes  No  
(Failure to check "Yes" for consent will result in a denial of employment)

Do you have a disqualifying event that would be included in the Family Care Safety Registry?  Yes  No

Do you consent to an open and closed records check?  Yes  No (Failure to check "Yes" will result in a denial of employment)

Are you presently employed with another In Home Service Provider or Home Health Agency?  Yes  No  
If Yes, who is your present employer? \_\_\_\_\_

Do you have a relative(s) currently employed by us?  Yes  No  
If yes, who? \_\_\_\_\_

Are you related either by marriage or blood to a client receiving our services?  Yes  No  
If yes, who? \_\_\_\_\_

Have you ever been a resident of or employed in another state?  Yes  No  
If yes, where and what date? \_\_\_\_\_

Are you able to lift, push, pull or carry up to 75 pounds and twist, bend, kneel, stoop, and climb stairs without difficulty?  Yes  No

This job requires consistent regular and punctual attendance; can you meet this requirement?  Yes  No

**EMPLOYMENT EXPERIENCE**

Start with your present or most recent employment. You **MUST** list at least 5 years employment history.

Employer Name:	Job Title:
Employer Address:	Description of Job Duties:
Supervisor/Manager Name & Phone Number:	
Dates Employed From: _____ To: _____	
Wage: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year	Reason for Leaving:
Employer Name:	Job Title:
Employer Address:	Description of Job Duties:
Supervisor/Manager Name & Phone Number:	
Dates Employed From: _____ To: _____	
Wage: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year	Reason for Leaving:
Employer Name:	Job Title:
Employer Address:	Description of Job Duties:
Supervisor/Manager Name & Phone Number:	
Dates Employed From: _____ To: _____	
Wage: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year	Reason for Leaving:
Employer Name:	Job Title:
Employer Address:	Description of Job Duties:
Supervisor/Manager Name & Phone Number:	
Dates Employed From: _____ To: _____	
Wage: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year	Reason for Leaving:
Employer Name:	Job Title:
Employer Address:	Description of Job Duties:
Supervisor/Manager Name & Phone Number:	
Dates Employed From: _____ To: _____	
Wage: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year	Reason for Leaving:

Please explain, in detail, any gaps in your employment history:

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EDUCATION	Elementary School	High School	Undergraduate College/University/Technical	Graduate School
School Name and Location				
Years Completed				
Diploma/Degree				
Describe course of study				

Describe and date below, any non-paid volunteer work experience (exclude organizations, the name or character of which would indicate the race, sex, religion, national origin or disability of its members)

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Have you ever had any job-related training in the United States military?  Yes  No

### DRIVERS INFORMATION

This job requires you to have a dependable vehicle. Are you currently in possession of one?  Yes  No

Are you currently in possession of Automobile Insurance that meets the statutory insurance requirement for the State of Missouri?  
 Yes  No Is this insurance presently in effect?  Yes  No

Drivers License Number \_\_\_\_\_ Issuing State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Class \_\_\_\_\_

### REFERENCES

Please provide information on three references that are NOT RELATED TO YOU and are NOT PREVIOUS EMPLOYERS.

NAME	ADDRESS	TELEPHONE NUMBER	YEARS KNOWN	RELATIONSHIP TO REFERENCE
1.				
2.				
3.				

### EMPLOYMENT CONDITIONS

I understand that I will not be considered an employee of OMO In Home Services Program or any of its subsidiaries until the following conditions are met:

- References are successfully contacted with positive results.
- Twenty (20) hours of orientation and on the job training are successfully completed.
- All applicable background checks are completed showing no negative history.
- Any falsification or material omission of an application for employment will be considered ground for immediate dismissal.
- I understand that if I am hired, or at any time during my employment, I become related to any client of ours either by marriage or blood, I am required to inform my Supervisor immediately.
- I further understand that after the above items have been successfully completed and if hired, I will be considered an "employee at will" and my employment may be terminated at any time for any reason.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Supervisor

## JOB DESCRIPTION - ESSENTIAL JOB FUNCTIONS LIST

### Requirements:

- Must be at least 18 years of age.
- Must be able to read, write and follow directions.
- Must have at least six (6) months of paid work experience as a Homemaker for an agency, nurse aide, or household worker, OR at least one (1) year of experience, paid or unpaid, in caring for children, sick or aged individuals OR have successfully completed formal training, such as a basic nursing arts course of nurse, nursing assistant, or home health aide training.
- May not be a family member of the recipient for whom personal care is to be provided. A family member is defined as a parent, sibling child by blood, adoption, or marriage, spouse, grandparent, or grandchild.
- Must be able to lift, push, pull or carry up to 75 pounds and twist, bend, kneel, stoop and climb stairs without difficulty.
- Required to have a working cell phone with voice mail set up.
- Required to have their own reliable transportation and must provide proof of vehicle insurance for vehicle which will be used for work.

### Homemaker Services Job Duties:

- Plan and prepare meals, including special diet menus
- Clean up after meals
- Clean kitchen counters, cupboard, and appliances, which should include: oven, surface burners, and inside refrigerators
- Make beds and change sheets
- Sweep, vacuum and scrub floors
- Tidy and dust home
- Launder, iron, and mend clothes and linens
- Bag trash inside the home and place outside for pick up or burning
- Shop for essential home items, which should include: groceries, cleaning supplies, etc.
- Perform essential errands, which should include: obtain food stamps, pick up medications, post mail, etc.
- Read and write essential correspondence for blind, illiterate, or physically impaired clients
- Wash inside windows and clean blinds – from floor only, may not climb.
- Air mattresses and bedding
- Spray for insects within the home using over-the-counter supplies
- Provide rodent control within the home using traps or over-the-counter supplies
- Bag outside trash
- Cannot move furniture to rearrange room – can only clean under and around heavy items

### Personal Care Services Job Duties:

- Assisting with dietary needs, including meal preparation and clean up and assistance with eating and/or feeding
- Assisting with dressing and grooming, including helping with dressing and undressing, combing hair, and nail care
- Assisting with bathing and personal hygiene, including assisting with bathing, shampooing hair, oral hygiene, dental care, and shaving
- Assisting with toileting and continence, including assisting in going to the bathroom and changing bed linens. This may include changing beds for persons with medical limitations that may impede completing this task.
- Assisting with mobility and transfer, including assisting with transfer and ambulating when recipient can at least partially bear own weight
- Assisting with medication, including assisting with the self-administration of medicine, applying non-prescription topical ointments or lotions
- Medically related household tasks, including approved homemaker and chore tasks.

Can you perform the above listed essential job functions?  Yes  No

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Applicant Signature

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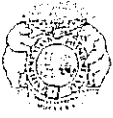
Date

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Printed Name

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Supervisor



**RESET**

**WORKER REGISTRATION**

FCSR USE ONLY

Register online at [www.health.mo.gov/safety/fcsr](http://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.

**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 **\$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](http://www.health.mo.gov/safety/fcsr) or call, toll free, 866-422-6872.

**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)
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 U.S. territory/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 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](mailto:fcsr@health.mo.gov), or by mail to FCSR, PO Box 570, Jefferson City, MO 65102.*

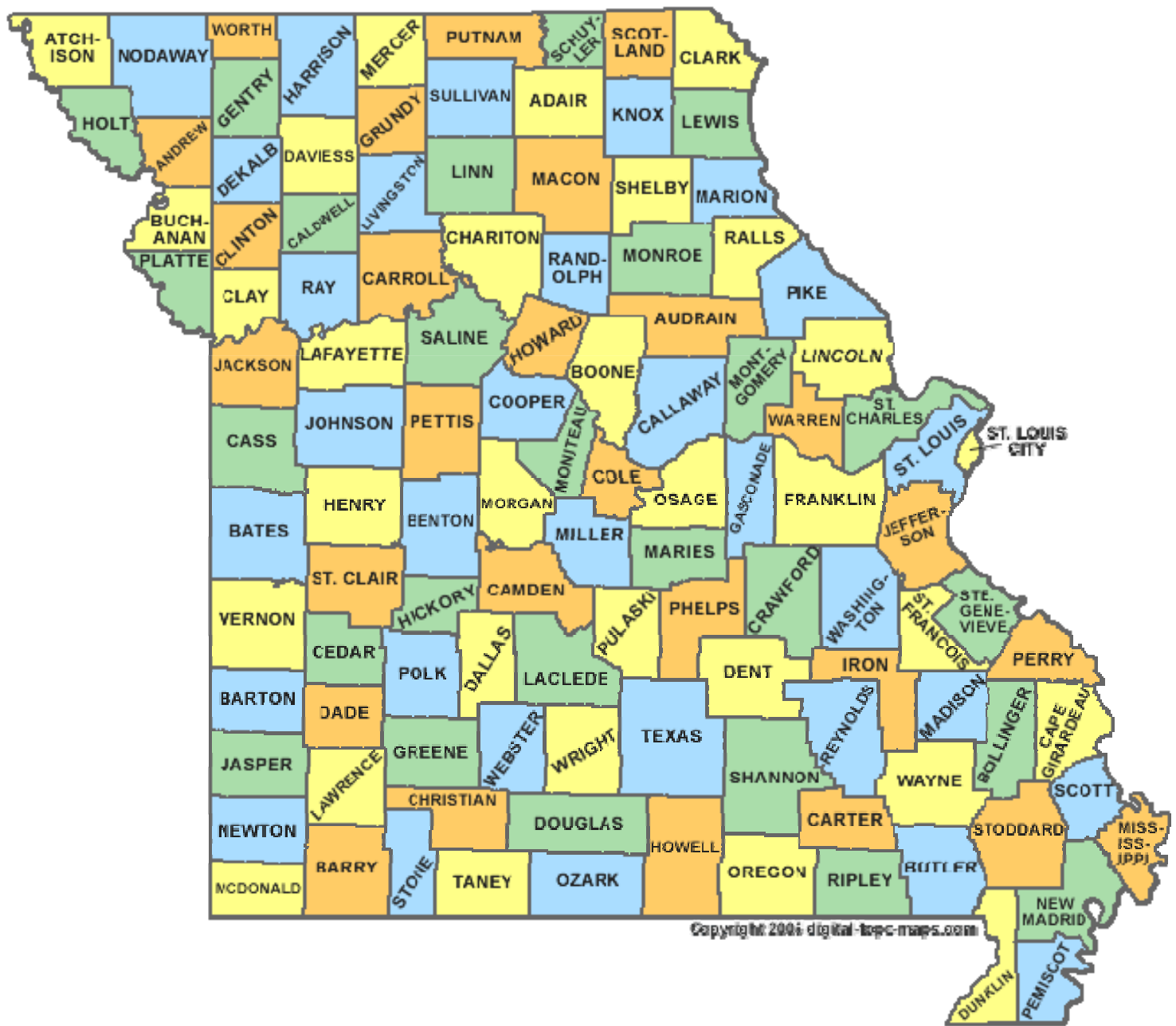
## WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND SCREENING?

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).





**On My Own, Inc. services the following counties:**

Vernon, Bates, Cedar, Hickory, St. Clair

## OMO Cities by County

Bates, Cedar, Hickory, St. Clair, Vernon

County	City
Cedar	Arnica
Cedar	Bearcreek
Cedar	Cane Hill
Cedar	Caplinger Mills
Cedar	Cedar Springs
Cedar	Claud
Cedar	Coal Hill
Cedar	El Dorado Spring
Cedar	Filley
Cedar	Jeirco Springs
Cedar	Lebeck
Cedar	Mastes
Cedar	Olympia
Cedar	Osiris
Cedar	Pacetown
Cedar	Stockton
Cedar	Umber
Cedar	Umber View Heights
Cedar	Wagoner
Cedar	Willowville
Bates	Adrian
Bates	Altona
Bates	Amoret
Bates	Amsterdam
Bates	Sathol
Bates	Ballard
Bates	Burdett
Bates	Butler
Bates	Crescent Hill
Bates	Foster
Bates	Hudson
Bates	Hume
Bates	Johnstown
Bates	Lacyville
Bates	Mavesburg
Bates	Merwin
Bates	Monteith Junction
Bates	Mulberry
Bates	Nyhart
Bates	Papinville
Bates	Passaic
Bates	Peru
Bates	Pleasant Gap
Bates	Prairie City
Bates	Rich Hill
Bates	Rockville
Bates	Rucker

County	City
Bates	Sprague
Bates	Spruce
Bates	Virginia
Bates	Worland
Hickory	Almon
Hickory	Butcher
Hickory	Cross Timbers
Hickory	Elkton
Hickory	Galmey
Hickory	Hermitage
Hickory	Jordan
Hickory	Nemo
Hickory	Pittsburg
Hickory	Preston
Hickory	Quincy
Hickory	Weaubleau
Hickory	White Cloud
St. Clair	Appleton City
St. Clair	Birdsong
St. Clair	Blackjack
St. Clair	Browns Ford
St. Clair	Chalk Level
St. Clair	Chloe
St. Clair	Cobb
St. Clair	Collins
St. Clair	Crooks Springs
St. Clair	Gerster
St. Clair	Hardyville
St. Clair	Harper
St. Clair	Iconium
St. Clair	Iuka Springs
St. Clair	Johnson City
St. Clair	Lindale
St. Clair	Lowry City
St. Clair	Monegaw Springs
St. Clair	Ninnescah Park
St. Clair	Ohio
St. Clair	Osage Heights
St. Clair	Osceola
St. Clair	Oyer
St. Clair	Raney
St. Clair	Roscoe
St. Clair	Taberville
St. Clair	Tiffin
St. Clair	Tracy
St. Clair	Vista

<b>County</b>	<b>City</b>
Vernon	Amos
Vernon	Arthur
Vernon	Bellamy
Vernon	Bristow
Vernon	Bronaugh
Vernon	Carbon Center
Vernon	Dean Ford
Vernon	Dederick
Vernon	Deerfield
Vernon	Ellis
Vernon	Eve
Vernon	Fair Haven
Vernon	Handley
Vernon	Harwood
Vernon	Horton
Vernon	Metz
Vernon	Milo
Vernon	Montevallo
Vernon	Moundville
Vernon	Nassau Junction
Vernon	Nevada
Vernon	Oak Ridge
Vernon	Panama
Vernon	Portia
Vernon	Richards
Vernon	Rinehart
Vernon	Rousertown
Vernon	Schell City
Vernon	Sheldon
Vernon	Stotesbury
Vernon	Swart
Vernon	Virgil City
Vernon	Walker

