

REGISTRY APPLICATION -- HELPERS FOR HIRE

Completion of this Application will qualify you to be included on a Registry of Helpers for Hire to those persons who are unable to perform various tasks for themselves. These tasks may include, errands, housekeeping, transportation, home repairs, meal preparation, yard work, grocery shopping, home improvements, personal grooming, and any other such services as needed. Information provided with this Application, will give an added measure of reliability in determining whether to hire you to provide one or more of the services you describe in this Application and will provide an invaluable tool for law enforcement's investigations of complaints.

NAME: (Please print)

ADDRESS:

TELEPHONE(S) _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

VEHICLE

DESCRIPTION: _____

LICENSE PLATE #: _____

DRIVERS LICENSE #: _____

REFERENCE(S):

NAME: _____ TELEPHONE: _____

NAME: _____ TELEPHONE: _____

PROFESSIONAL OR PERSONAL REGISTRY/IDENTIFICATION: #(S)

DESCRIBE SERVICES PROVIDED & GEOGRAPHICAL AREA YOU SERVE

(For more space, you may continue on the back side of this application)

Briefly describe any prior arrests/convictions during the past 5 years: (Convictions or arrests may not, necessarily, eliminate you from this Registry of Helpers for Hire.)

For your background check and fingerprinting, please bring this APPLICATION to either the Camden or Morgan County Sheriffs' Departments. A minimal fee is required.

DISCLOSURE OF REGISTRY INFORMATION: Please be advised that the only information that will be disclosed to the general public will be your name, telephone, address (unless you indicate otherwise), and the description of the services you provide.

Please read, sign and date the following:

I, THE UNDERSIGNED, HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS IN, OR FALSIFICATION OF THE STATEMENTS CONTAINED IN THIS APPLICATION. I AM AWARE THAT A COMPLETE BACKGROUND INVESTIGATION WILL BE CONDUCTED INTO MY PAST AND PRESENT ACTIVITIES. I, HEREBY AUTHORIZE ANY PERSON, INCLUDING, BUT NOT LIMITED TO, MY FORMER AND PRESENT EMPLOYERS, DOCTORS, FINANCIAL INSTITUTIONS, ANY LAW ENFORCEMENT AGENCY, SCHOOLS AND COLLEGES, AND ANY BRANCH OF THE ARMED SERVICES OF THE UNITED STATES OF AMERICA, TO DISCLOSE ANY INFORMATION THEY MAY HAVE, WHETHER OR NOT IT IS CONTAINED IN ANY RECORD, OR OPINIONS, AND BY SIGNING THIS WAIVER, I RELEASE THEM FROM ANY DAMAGES, WHATSOEVER, FOR ISSUING THE INFORMATION TO THE SHERIFFS OF CAMDEN OR MORGAN COUNTY, MISSOURI, OR THEIR DULY AUTHORIZED DEPUTY.

I FURTHER, AGREE THAT A PHOTOSTATIC COPY OF THIS RELEASE WILL BE AND HAVE THE SAME FORCE AND EFFECT AS THE ORIGINAL WHICH WILL BE RETAINED BY THE CAMDEN COUNTY SHERIFF'S DEPARTMENT.

SIGNED: _____ DATE: _____