



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
GOOD CAUSE WAIVER
EXPLANATION OF BACKGROUND SCREENING FINDINGS

Type or Print Clearly

(Please use one page for each arrest/investigation)

SECTION A: APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
APPLICANT SIGNATURE		SOCIAL SECURITY NUMBER

SECTION B: EXPLANATION OF ARREST / INVESTIGATION

DATE OF INCIDENT	
EMPLOYER AT TIME OF INCIDENT	POSITION HELD
WRITE A SHORT EXPLANATION OF WHAT HAPPENED. (Include how and where it happened, persons present and your description of the incident). (Please use back, if necessary)	
EXPLAIN WHY YOU FEEL YOUR GOOD CAUSE WAIVER SHOULD BE APPROVED. (Please use back, if necessary)	