



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)