



Zuzu's House

A Resource Center for Vulnerable Teens

APPLICATION FOR EMPLOYMENT

Please answer every question and print neatly or type.

Position Summary:

The home parent at Zuzu's House will provide a safe and non-judgmental environment where youth ages 15-21 feel comfortable accessing and receiving services needed to live and thrive while completing their high school career. The home parent will oversee day to day operations at Zuzu's House while helping residents with their individual goals as set by the resident, house parent and The Zuzu's House board.

The home parent is a live-in position.

Full Name: _____

Address : _____

Phone Number: _____

Email: _____

Are you legally eligible for employment in the US? _____

What date are you available to begin work? _____

Are you at least 25 years or older? _____

Application Acknowledgment:

Please initial the notices below to acknowledge:

_____ This application is valid only for the current position of employment which it is provided. Applications are considered active for a thirty-day period. Zuzu's House is an at-will employer.

_____ In compliance with federal law including provisions of the Rehabilitation Act of 1973, Zuzu's House does not discriminate on the basis of race, sex, color, national or ethnic origin, age, disability or military service. Under federal law, Zuzu's House may discriminate on the basis of religion in order to fulfill its purpose.

_____ Zuzu's House maintains a smoke-free and alcohol and drug-free environment. Because of this, drug and alcohol testing is required for all employees at the discretion of the Board.

_____ Zuzu's House is a quality professional ministry for girls that manifests Christian compassion and healing. We expect all of our employees to conduct their professional and personal affairs in a manner, which presents a positive role model for our children.

Have you worked for Zuzu's House before? YES NO

If yes, when: _____ Job Title: _____

Can you travel as needed for this position? YES NO

Do you have a valid Missouri driver's license? YES NO

Driver's: License Number: _____ State: _____

Have you had 3 or more traffic violations or accidents in the past 3 years? YES NO

Have you ever had your license suspended or revoked? YES NO

List and moving violations in the past 3 years for which you pled guilty or paid a fine:

Date: _____ Type: _____

Date: _____ Type: _____

Have you served in the military? YES NO Branch of Service: _____

Discharge Received: _____

A less than honorable discharge is not on automate ban to employment. The circumstances will be considered in relation to the position or which you are applying.

Have You ever been convicted of or pled no contest to any crime that would constitute a felony? (Please list even if your record has been expunged or cleared) YES NO

Felony Degree: _____ Type: _____

State / County: _____ Date: _____

Explain: _____

Sentence / Fine: _____

Education:

Please list in the table below all of your educational background including high school diploma, GED, certifications, or any degrees.

Institution	Degree/Certificate and Field of Study			Degree Completed? (Y/N)	Hours Completed

Have you completed the following trainings?

Drug/Alcohol Counseling Y N Date: _____

Medication Training: Y N Date: _____

Behavior Management Training: Y N Date: _____

First Aid/CPR? Y N Date: _____

Please list any professional license(s) you hold (if not listed above): _____

Please list any relevant jobskills or qualifications which you would like to be considered: ____

PROFESSIONAL REFERENCES (no relatives)

Reference 1: Name:_____Phone Number: () - _____

How long have you known this person? _____ This person's profession: _____

Reference 2: Name:_____Phone Number: _____

How long have you known this person? _____ This person's profession: _____

Reference 3: Name:_____Phone Number: _____

How long have you known this person? _____ This person's profession: _____

Please provide 10 years of employment history with your current employment listed first.

Employer #1: _____ Supervisor: _____

Job Title : _____

Address: _____

Employment Dates:

Phone number of employer:

Reason for leaving:

Employer #2: _____ Supervisor: _____

Job Title : _____

Address: _____

Employment Dates:

Phone number of employer:

Reason for leaving:

Employer #3: _____ Supervisor: _____

Job Title : _____

Address: _____

Employment Dates:

Phone number of employer:

Reason for leaving

Are you a Christian? _____

Please provide the name of your church leader and the name of the church you attend:

Please provide a statement of faith. You may attach it to the end of this application or write it below:

Have you ever been denied a permit to care for children? Y N

If yes, in what county or counties? _____ Have you ever had a permit revoked or suspended?
O Revocation O Suspension O Neither

If yes, in what county or counties? _____

Has an operation that you owned or operated ever been placed on probation? Yes No

If "yes" when was it placed on probation? _____

What was the reason? _____

Have you or any person in your household ever been investigated for abusing or neglecting a child by any of the following agencies (*Check if yes*)

☐ Child Protective Services of the Missouri Department of Family and Protective Services

☐ County Child Welfare Agency

☐ Law enforcement agency (police, sheriff, etc.)

☐ other: _____

General Release:

Please initial next to each item below to acknowledge:

_____ I authorize the individuals listed above as personal references to release any personal information that may pertain to my work habits, work performance or anything else related to the position.

_____ I agree that any misrepresentations made by me on the application or during related interviews may result in the withdrawal of an offer of employment or termination of employment if I have begun work without any obligation or liability to me except for payment for actual services rendered.

_____ I certify that this information contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge and belief. I hereby authorize Zuzu's House to contact the persons listed on this form. I understand that Zuzu's House may contact others and, at any time seek verification of any and all information on this form. I understand that any willful misrepresentation is cause for immediate denial of the application or later revocation of the job.

_____ I hereby authorize Zuzu's House or its representatives to verify any information contained in this application and/ or the attachments.

_____ I further authorize Zuzu's House to verify and / or secure other information relating to my employment with Zuzu's House including but not limited to education and training data, previous employment data, driving records, and arrest / conviction records, etc.

_____ Employment at Zuzu's House involves working with at risk youth and may be very stressful at times. Any past experience with emotional or nervous disorders should be considered prior to accepting a position with this organization. If hired, I agree to conform to the policies and procedures of Zuzu's House. I understand that Zuzu's House is an "at will" employer, and that my employment may be terminated at any time, with or without cause and without notice, at the option of either the employee or Zuzu's House.

Printed Name: _____

Signature: _____ Date: _____

Please return this application to a Zuzu's House Board Member or email it to:

friendsofzuzushouse@gmail.com