East Missouri Action Agency, Inc. 403 Parkway Drive, PO Box 308 Park Hills, Missouri 63601 A Community Action Agency.

REQUEST FOR / NOTICE OF JOB ANNOUNCEMENT

| DATE OF REQUEST: | | 8/24/21 | | | DEPARTMENT: | : Head Start | |
|--|----------------------|--|--|---|--|--|------------------------------------|
| POSITION TIT | LE: | Family Advocate | 9 | | PROGRAM: | Head Start | |
| SUMMARY: \(\frac{1}{2}\) | Nork with amily reso | Head Start pare ources and need onsible for the co | nts to improve s and then he ordination an | e their par Ip families d impleme | ren with benefits enting skills. Mus obtain services entation of health is needed, for all e | t assist parent to meet these i services and n | s in identifying identified needs. |
| ADVERTISE T | | | Banked Agency | Both | STATUS: | _Exempt _ | x Non-Exempt |
| GRADE LEVE | | | ade IV | | AMOUNT: | \$ 12.50 | |
| CLASSIFICAT | ION: | 5 | _Full-time _x | Part-ye | ear | Temporary | Emergency |
| DAYS AND HOURS: | | | | Mon | day-Friday; 40 ho | ours | |
| QUALIFICATIONS: | | | | | | | |
| Minimum age 18. Must possess High School diploma or GED. Must have three (3) years experience in working with adults and young children or two (2) year degree in a related field. Must pass an annual physical exam and TB test. Must have a valid driver's license, proof of insurance and reliable transportation. Must be able to lift up to 10 pounds easily, work in moderate noise levels and drive in poor weather conditions. Must possess good written and oral communication skills. Must participate in all appropriate training. Must have knowledge of health related issues that pertain to children and families. Must maintain a professional appearance and demeanor. Must maintain good attendance. | | | | | | | |
| TARGET DATE FOR EMPLOYMENT: 9/13/21 | | | | | | | |
| APPLICATION | DEADLINE: | 9/3/21 | 9/3/21 | | | | |
| BENEFITS: Available upon completion of successful 90 day trial period. | | | | | | | |
| SUPERVISOR'S NAME: Mel McDowell | | | | | | | |
| PERSON MAKING REQUEST: Cecila Crawford | | | | | | | |
| Program Direc | 12 / | 2. Onh | 8-24. Tros/2 | 1 ste | Approved | | Disapproved |
| Executive Dire | ector's Si | gnature 🔿 | ' Da | ite ' | Approved | | Disapproved |

APPLY TO: East Missouri Action Agency, Inc.