WIC NUTRITION AIDE

Assists implementation of nutrition services including scheduling appointments & responding to phone calls. Nutrition background required. Applicants who speak a second language given preference. $14.77 p/h. twenty-four hrs per wk.

A job description and employment application are below.

WIC NUTRITION AIDE

QUALIFICATIONS:

Demonstration of the following to the satisfaction of the WIC Program Nutritionist:

1. The ability to communicate clearly both orally and in writing in English and another language when the Program Nutritionists deems appropriate, and
2. The ability to establish rapport with individuals and small groups, and
3. Successful completion of the department's paraprofessional training program within one year of appointment to the position, or completion of a 2 year dietetics program or 2 years experience in comparable position, and
4. The ability to perform basic computer and telephone skills, as well as complete basic clerical tasks.

DESCRIPTION OF WORK:

Assists with the implementation of the nutrition services component of the local program under the supervision of the local WIC Program Nutritionist. Assists with providing WIC Program participants services including scheduling appointments and updating demographic data and responding to telephone calls.

EXAMPLES OF DUTIES:

- Assists in the certification of WIC applicants by performing one or more of the following activities: interviewing, which may include administering a diet assessment questionnaire and a food frequency form; dietary assessment; entering data into the Statewide WIC Information System (SWIS); obtain demographic data such as name, address and contact information; verifying identity, residency and income eligibility; plotting growth and prenatal weight gain data, and orienting participants to the program including proper usage of the WIC checks at the approved vendors.
- Provides and documents nutrition education contacts, except for the high-risk participants.
- Performs necessary paperwork, related to the certification and nutrition education as assigned, including maintaining participant files and accurate documentation.
- Assists in the preparation of nutrition education materials (e.g. brochures and newsletters), visual aids (e.g. bulletin boards, displays), and activities (e.g. classes, group certifications, education promotion).
- Attends and participates in all training and continuing education sessions offered by the State WIC Program.
- Answer WIC phone, handles calls for upcoming appointments, and follow up phone calls for missed appointments.
- Performs follow up phone calls for missed appointments.
- Other duties as assigned.

TOWN OF EAST HARTFORD

740 Main Street
East Hartford, Connecticut 06108
www.ci.east-hartford.ct.us

Phone
(860) 291-7221

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

APPLICANT'S NAME (LAST, FIRST, MIDDLE)				
STREET ADDRESS	CITY/TOWN	STATE	ZIP CODE	HOW LONG?
TELEPHONE NUMBER (HOME)	TELEPHONE NUMBER Work ( ) _____ Cell ( ) _____			
POSITION APPLIED FOR				
ARE YOU AT LEAST 18 YEARS OLD? ☐ YES ☐ NO	ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? ☐ YES ☐ NO			
AVAILABILITY ☐ FULL-TIME ☐ PART-TIME	DATE AVAILABLE FOR WORK			

EDUCATION

Did you graduate from high school? ☐ Yes ☐ No	If "No", highest grade completed:_____
Name of high school:_____ Address:_____	Do you have a high school equivalency Certificate ☐ Yes ☐ No Place HS equivalency was granted:_____

List all colleges, business schools or technical schools you attended in chronological order, most recent listed first:

School	Address	Course/Major	Degree/Certificate

List any licenses or certificates required for the position for which you are applying (*e.g.*, CDL, nursing, engineering), including date of issue, issuing authority, expiration date and license/certificate number.

List any special courses, training programs or other training that is relevant to the position for which you are applying, including name and location where training was given, certificate received, if any, dates attended, subject of training, number of hours weekly (attach additional sheet if necessary).

List any office equipment or machinery you can operate that is relevant to the position for which you are applying.

RECRUITING INFORMATION How did you hear about this job? (Please check one)	☐ Newspaper Name of Newspaper:_____	☐ Community Agency Please give name:_____
	☐ Town Employee Name_____	☐ Internet name of website:_____
	☐ Referral Service Please give name:_____	☐ Other _____

List below, chronologically (most recent dates first) each place you were employed, omitting none (attach additional sheet(s) if necessary). Give correct, full addresses, and dates of non-employment in proper sequence. Include all part-time employment.

YOU MUST COMPLETE THIS SECTION EVEN IF YOU ARE ATTACHING A RESUME

IMPORTANT: May we contact your present employer? ☐ YES ☐ NO

Name of Employer		Job Title	
Address	City	State	Zip Code
Dates of Employment: From _____ / _____ (month / year) To _____ / _____ (month / year)	Name and Title of Supervisor	Telephone Number	
Salary: Starting $_____ per_____ Ending $_____ per_____	Description of duties, responsibilities, and significant accomplishments:		
# Hrs. Worked Weekly	Reason For Leaving		

Name of Employer		Job Title	
Address	City	State	Zip Code
Dates of Employment: From _____ / _____ (month / year) To _____ / _____ (month / year)	Name and Title of Supervisor	Telephone Number	
Salary: Starting $_____ per_____ Ending $_____ per_____	Description of duties, responsibilities, and significant accomplishments:		
# Hrs. Worked Weekly	Reason For Leaving		

Name of Employer		Job Title	
Address	City	State	Zip Code
Dates of Employment: From _____ / _____ (month / year) To _____ / _____ (month / year)	Name and Title of Supervisor	Telephone Number	
Salary: Starting $_____ per_____ Ending $_____ per_____	Description of duties, responsibilities, and significant accomplishments:		
# Hrs. Worked Weekly	Reason For Leaving		

Have you ever been discharged from a place of employment for cause? ☐ YES ☐ NO

If yes, please describe _____

CERTIFICATION (READ CAREFULLY)

I hereby certify that the information I have provided on this application, including any attachments, is true and complete. I understand that if I falsify, omit or misrepresent any information on this application, or during an employment interview, should I be granted one, I may be disqualified from the selection process or discharged from employment, whenever the falsification or omission is discovered.

I understand that all statements made on this application are subject to verification. I authorize all persons or organizations listed on this application, except my current employer if noted above, to provide the Town with any and all information they may have concerning my previous employment, personal history, education and any other subjects covered by this application, and hereby release them, the Town, and the Town's current and former agents and employees from liability for any harm resulting from the disclosure of such information.

I understand that this application is <u>not</u> an employment contract, job offer or guarantee of employment. I further understand that if I receive a job offer, it is conditioned on my satisfactory completion of a criminal history check, drug test, medical examination and any other conditions listed in the job offer letter.

Signed_____ Date_____

Name: _____ Position Applied For _____

References: List below three individuals who can describe your qualifications for this position, preferably supervisors, professors, colleagues, etc.

Name: _____

Address: _____

Job Title: _____

Name of Work Place: _____

Phone: _____

Name: _____

Address: _____

Job Title: _____

Name of Work Place: _____

Phone: _____

Name: _____

Address: _____

Job Title: _____

Name of Work Place: _____

Phone: _____

TOWN OF EAST HARTFORD
CRIMINAL CONVICTION INFORMATION

You are required to list any criminal conviction, regardless of the nature, date or location of the conviction, except for minor traffic offenses or a conviction that has been erased under Connecticut law. Attach additional sheets of necessary.

The types of criminal records subject to erasure under Connecticut law are: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which you were found not guilty; and (e) a conviction for which you received a full pardon. If your only criminal record consists of items that have been erased under Connecticut law, then you are deemed never to have been arrested with respect to the erased proceeding and may swear so under oath.

This information will be made available only to the members of the Human Resources Department and to those persons interviewing the candidate.

A criminal conviction will not necessarily disqualify you from the application process, but will be considered as it relates to the position you are seeking and in light of any applicable state or federal law.

Date of Conviction	Offense	Location of Conviction (City and State)	Sentence	Date Sentence Completed

The information provided above is subject to all of the terms and conditions set forth in the certification on page 3 of the employment application form.

Name (Print) _____ Position You Are Seeking _____

Applicant's Signature _____ Date _____

AUTHORIZATION & RELEASE

(GENERAL EMPLOYMENT)

TOWN OF EAST HARTFORD
DEPARTMENT OF HUMAN RESOURCES
740 MAIN STREET
EAST HARTFORD, CT 06108
(860) 291-7221

DISCLOSURE NOTICE TO JOB APPLICANTS

In connection with your employment application, a consumer report, and/or an investigative consumer report including information with respect to your credit history, criminal convictions, motor vehicle violations, employment history, education, character, general reputation, and personal characteristics, whichever are applicable, may be made. You have the right within a reasonable period of time after receipt of this notice to make a written request for additional information as to the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act. Such requests should be mailed to the address above.

In consideration of the Town of East Hartford's acceptance of my application to be considered for employment with the Town, I hereby voluntarily authorize the Town of East Hartford and its officers, officials, employees and agents to conduct a personality survey and to investigate my past employment history and activity, educational background, financial records, medical records, military records, criminal records, motor vehicle records, background investigation records, or whatever confidential or privileged information necessary to complete this investigation of my suitability to become an employee of the Town.

I hereby agree to cooperate in such investigation and acknowledge receipt of the above Disclosure Notice. I understand and agree that the Town may use copies of this Release to obtain information about me from whatever sources it deems necessary to interview, and expressly authorize such sources to provide assistance to me and the Town in my efforts to be employed by the Town of East Hartford. I also request that sources contacted by the Town accept a photocopy of this Release in lieu of an original, and hereby release and agree to indemnify and hold harmless any and all persons, including corporations and other business entities who may assist the Town in its efforts to determine whether or not I am a suitable candidate for employment.

I hereby acknowledge that I have read and fully understand the contents of this document and have freely signed same. I also agree that, if hired, this authorization shall remain on file and shall serve as an ongoing instrument for the Town of East Hartford to procure investigation reports at any time during my employment period.

This form must be notarized or witnessed by EHHRD in order to be considered for employment

Signature: _____ Date Signed: _____

Print Name: _____ Social Security No.: _____-_____-_____

Address: _____ State: _____ Zip Code: _____

Subscribed and Sworn to before me, a Notary Public, in and for County of _____, and State of _____, this _____ day of _____, 20____.

_____ _____

Notary Public /or My Commission Expires:

_____

Witness -East Hartford Human Resource Dept.

Revised 02/08