



## CITY OF STAMFORD

### AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

The City of Stamford is an equal opportunity/affirmative action employer and strongly encourages the applications of women, minorities and persons with disabilities

### OPEN COMPETITIVE EXAMINATION NO. 16-02

### PROGRAM NUTRITIONIST - WIC

**SALARY RANGE: \$32.74 - \$38.68 per hour**

**DUTIES:** Under the direction of the Director of Health and Coordinator - WIC (Women, Infants, Children) Program, plans, coordinates and implements the nutrition education and breastfeeding promotion and support services plan for the WIC programs; develops the nutrition and breastfeeding promotion and support services component of the local WIC program; does related work as required.

**MINIMUM QUALIFICATION REQUIREMENTS:** Graduation from an accredited college or university with a Bachelor’s Degree with a major in foods and nutrition, community nutrition, nutrition education or nutritional sciences and two (2) years of responsible experience in nutrition in a health agency or health care facility.

**NOTE:** Successful completion of a Commission on Accreditation/Approval of Dietetics Education (CAADE) accredited/approved supervised practice program (e.g., a Coordinated Program, Dietetic Internship or Approved Pre-Professional Practice/AP4 Program) OR possession of a Master’s Degree in nutrition education may substitute for one (1) year of the required work experience.

OR  
Graduation from an accredited college or university with a Master’s degree in nutritional sciences, community nutrition, clinical nutrition, dietetics, public health nutrition, or home economics with a major in foods and nutrition and one (1) year of responsible experience in nutrition in a health agency or health care facility.

**SCOPE OF EXAMINATION:** There will not be a written examination. Qualified applicants will be ranked according to their education, training and experience. **Applicants are required to fully complete the application form and supplement, listing all related degrees, training and work experience.**

**FILING REQUIREMENTS:** A completed City of Stamford **Employment Application and Supplement #16-02** must be submitted or postmarked by **Friday, February 19, 2016**. Applications can be obtained at the City of Stamford, Human Resources Division, 9<sup>th</sup> Floor, and 888 Washington Boulevard, Stamford, Connecticut or at [www.stamfordct.gov](http://www.stamfordct.gov).

**Please Note:** Only properly completed and submitted applications and application supplements will be considered. A resume is not a replacement for the required documents. Applications of candidates who do not meet the stated position requirements will not be considered.

The Human Resources Department provides reasonable accommodation to persons with disabilities in accordance with the Americans with Disabilities Act (ADA) and the Americans with Disabilities Act Amendment Act (ADAAA). If you need an accommodation in the application or testing process, please contact the Human Resources Division.

Issued: 01/20/2016

**EMPLOYEE BENEFITS:**

- Health plan and Hospitalization
- Paid Vacations and Holidays
- Retirement Plan
- Group Life Insurance
- Sick Leave

**Applications are obtained and submitted to:**

DEPARTMENT OF HUMAN RESOURCES  
City of Stamford  
888 WASHINGTON BOULEVARD  
STAMFORD, CT 06904  
TELEPHONE (203)977-4070  
[www.stamfordct.gov](http://www.stamfordct.gov)

**CHANGE OF ADDRESS:**

It is your responsibility to notify the Department of Human Resources of any change of Address on your application



# APPLICATION FOR EXAMINATION OR EMPLOYMENT

The City of Stamford  
Human Resources Division  
888 Washington Boulevard  
P.O. Box 10152  
Stamford, CT 06904-2152  
Tel. (203) 977-4070

AN EQUAL OPPORTUNITY EMPLOYER

\_\_\_\_\_  
Position applying for  
Use Title on Job Announcement

\_\_\_\_\_  
Exam Number

DO NOT WRITE IN THIS SPACE	
<input type="checkbox"/> Q	Rev. by: _____
<input type="checkbox"/> NQ	_____
<input type="checkbox"/> Educ	_____
<input type="checkbox"/> Exp	_____
<input type="checkbox"/> Not City EE	_____
<input type="checkbox"/> Other	_____
_____	
_____	
_____	

**PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.**  
All blanks must be completed in order for application to be considered.

## GENERAL INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street/Apt. #) (City) (State) (Zip Code)

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_  
(Area Code) (Area Code)

Cellular Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
(Area Code)

Social Security Number \_\_\_\_\_ 000 \_\_\_\_\_ Best daytime contact:  Home  Work  Cell  
(Last six digits ONLY)

Do you claim 5 points preference based on active duty in the U. S. Armed Forces?  Yes  No  
(Attach copy of DD214)

Do you claim 10 points veteran's disability preference?  Yes  No  
(Attach DD214 and supporting documentation)

Have you ever worked for the City of Stamford before?  Yes  No  
If yes, list by dates employed and job title(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently authorized to work in the United States?  Yes  No  
Note: 1986 Immigration Reform & Control Act requires verification of identity and employment eligibility at the time of hire.

1. Have you ever been convicted of any offense other than juvenile, youthful offender, or a minor traffic violation?  Yes  No  
If yes, you must complete Section B of the applicant disclosure form.

2. Have you ever been disqualified for a position with the City of Stamford due to a criminal conviction or failure to fully disclose a criminal conviction?  Yes  No  
If yes, list job title and date of disqualification. \_\_\_\_\_  
\_\_\_\_\_

(Provide information regarding ACTUAL convictions only. Any arrest, charge, conviction and/or record which has been erased, dismissed, nulled or pardoned pursuant to the CGS § 31-51i, should NOT be disclosed. Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the job for which you are applying.)

## RECORD OF EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL AND CITY/STATE	DATES ATTENDED	COURSE OF STUDY (Major/Minor)	GRADUATED (Yes/No)	DEGREE, DIPLOMA, G.E.D., AND CERTIFICATE OR CREDITS COMPLETED
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
COLLEGE OR UNIVERSITY					
COLLEGE OR UNIVERSITY					

Other Training/Certifications (special courses, work training programs, armed forces training) related to the job for which you are applying. Give name and location where training was given, dates attended, subject of training, number of hours weekly, and other details.

---

---

---

---

---

---

---

---

Summarize any other Special Skills or Abilities relating to the job you want, such as: licenses, machines you operate, languages which you speak, read and write well, computer skills, and any other special abilities or knowledges.

---

---

---

---

---

---

---

---

## EMPLOYMENT HISTORY

List below **ALL** present and past employment. **BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND WORK BACKWARDS CONSECUTIVELY.** Applicants may be required to furnish satisfactory proof of employment history claimed. Use additional pages if necessary. Resumes may be included with a **completed application.**

1. Name and Address of Employer _____	Employed From _____ # of hours _____ per week _____	To _____ _____ Ending Salary _____
Supervisor Name, Title, Telephone _____		
Your Title _____		
Describe your duties: _____		
_____		
Reason for leaving _____		

## EMPLOYMENT HISTORY (Continued)

2. Name and Address of Employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
# of hours \_\_\_\_\_  
per week \_\_\_\_\_ Last Salary \_\_\_\_\_  
Supervisor Name, Title, Telephone \_\_\_\_\_  
Your Title \_\_\_\_\_  
Describe your duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

3. Name and Address of Employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
# of hours \_\_\_\_\_  
per week \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Supervisor Name, Title, Telephone \_\_\_\_\_  
Your Title \_\_\_\_\_  
Describe your duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

4. Name and Address of Employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
# of hours \_\_\_\_\_  
per week \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Supervisor Name, Title, Telephone \_\_\_\_\_  
Your Title \_\_\_\_\_  
Describe your duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

5. Name and Address of Employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
# of hours \_\_\_\_\_  
per week \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Supervisor Name, Title, Telephone \_\_\_\_\_  
Your Title \_\_\_\_\_  
Describe your duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Do you have any objections to the Human Resources Division verifying your work experience and/or educational qualifications?

I hereby authorize the City of Stamford to verify my work experience and/or educational qualifications.

(A) Your former employer?  Yes  No

(B) Your present employer?  Yes  No

If answer is "Yes" to either (A) or (B) explain under comments section

\_\_\_\_\_  
Applicant's Signature

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY INFORMATION**

Veteran of U.S. Armed Forces	Service Branch	Date Discharged	Type of Discharge	Final Rank
<input type="checkbox"/> Yes				
<input type="checkbox"/> No				

**PRE-EMPLOYMENT STATEMENT (Read Carefully)**

I certify that all statements made on or in connection with this application are true, complete, and correct to the best of my knowledge and belief. I understand that incomplete, false, inaccurate, or misleading information given in my application, interview(s) or during the course of my employment may result in the rejection of this application; withdrawal of a job offer; or discipline, up to and including termination of employment. Further, false information provided, whether willingly or accidental, may result in my immediate dismissal if employed, whenever the omission or falsehood is discovered.

I understand that this application is not a contract of employment nor is it a guarantee or indication of employment. I also understand that should I be granted an interview, the representations that may be made at the interview are not to be construed as creating any obligation, promise or contract on behalf of the City. Should I be employed by the City, in consideration of my employment, I agree to conform to the rules and policies of the City of Stamford, as they may from time to time be implemented or revised. Identification and verification of eligibility to work in the United States must be satisfied for employment.

I further understand that in consideration for employment, an investigative background report may be prepared at the request of the City of Stamford by an independent party, whereby information may be obtained from my employers (present or former), educational institutions, all branches of the U.S. Military service, and public records maintained by government agencies or others, including but not limited to criminal conviction reports, credit reports, etc. I authorize the City of Stamford and its designated representative(s) to perform this investigation, and further authorize present and former employers, references and other persons to provide information for the investigation. I also authorize the City of Stamford to receive criminal conviction records pertaining to me which may be in the files of any criminal justice agency.

I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job offer, I also understand that I will be subject to a drug test and medical examination that I must pass before I commence work.

I have read, understood, and agree to the foregoing.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_



City of Stamford

# Applicant Disclosure Form

# Section A

## 1. CANDIDATE INFORMATION

It is the policy of the City of Stamford to recruit, hire, and promote qualified people in all job classifications regardless of age, race, sex, color, religion, national origin, marital status, veteran status or disability unless they are bona-fide occupational qualifications.

The following information is needed for compliance with governmental reporting requirements. While completion of this section is voluntary, we strongly urge that all applicants complete this as part of the pre-employment process. Applicants so choosing, may identify on the form that they have chosen not to provide the City of Stamford with the requested information by checking the appropriate box in section four. This information will not affect in any way your employment opportunities. This form will be removed from the application.

## 2. GENERAL INFORMATION

Your Name _____	Date _____
Social Security Number _____ 000 _____	<b>(Last six digits ONLY)</b>

## 3. STATISTICAL INFORMATION

**Race/Ethnic Identification** (Please check one)

American Indian or Alaska Native  All persons having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian  All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American  (Not of Hispanic or Latino origin) All persons having origins in any of the black racial groups of Africa.

Hispanic or Latino  All persons of Cuban, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race.

Native Hawaiian or Other Pacific Islander  All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or Pacific Islands.

White  (Not of Hispanic or Latino origin) All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Other  Please specify \_\_\_\_\_

**Job Classification**

---

Please write the title of the position for which you are applying in the box above, using the title on Job Announcement.

**Gender**

Female

Male

## 4. NON-PARTICIPATION

I have read the above statement and have chosen not to complete this form. Please check box if applicable

## 5. RECRUITING INFORMATION

How did you hear about this job? (Please check one)

<input type="checkbox"/> Stamford Advocate	<input type="checkbox"/> Human Resources Division Bulletin Board
<input type="checkbox"/> Other newspaper. Please give name: _____	<input type="checkbox"/> Community Agency Please give name: _____
<input type="checkbox"/> City Website	<input type="checkbox"/> Professional journal Please give name: _____
<input type="checkbox"/> Internet Please give site: _____	<input type="checkbox"/> Other. Please specify: _____
<input type="checkbox"/> City Employee	



City of Stamford

# Applicant Disclosure Form

## Section B

NOTE:  
THIS INFORMATION WILL BE REVIEWED ONLY BY  
MEMBERS OF THE HUMAN RESOURCES DIVISION AND  
HIRING MANAGERS.

### CRIMINAL CONVICTION INFORMATION

Applicants are required to disclose the existence of *any* criminal conviction, regardless of the nature, date or location thereof, with the exception of minor traffic violations or an arrest, criminal charge, or conviction that has been erased. The types of records subject to erasure under Connecticut law are as follows: (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 the person was found not guilty; and (e) a conviction for which the person received an absolute pardon.

The information provided below is subject to the terms of the "Pre-Employment Statement" on Page 4 of this application. A criminal conviction will not necessarily result in the rejection of this application, but will be considered as it relates to the nature of the position sought, and in light of any applicable state and federal law.

\_\_\_\_\_  
Name (Print)

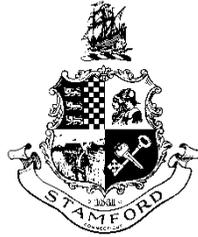
\_\_\_\_\_  
Title of Position Sought

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

DATE OF CONVICTION	OFFENSE	DATE OF ARREST	PLACE OF ARREST (City/State)	SENTENCE

MAYOR  
DAVID R. MARTIN



DIRECTOR OF LEGAL AFFAIRS  
&  
CORPORATION COUNSEL  
KATHRYN EMMETT

HUMAN RESOURCES DIRECTOR  
CLEMON W. WILLIAMS

**CITY OF STAMFORD**  
**OFFICE OF LEGAL AFFAIRS**  
**HUMAN RESOURCES DIVISION**  
888 WASHINGTON BOULEVARD  
P.O. BOX 10152  
STAMFORD, CONNECTICUT 06904-2152  
Tel. (203) 977-4070  
Fax: (203)977-4075

WIC PROGRAM NUTRITIONIST  
APPLICATION SUPPLEMENT #16-02  
EXPERIENCE AND TRAINING EXAMINATION

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER 000 - -  
(Last six digits only)

For this examination, you will be filling out specific information about your education, training and experience. The information which you give will be used to find out how well your background qualifies you for this position. You **MUST** fill out this examination booklet completely in order to take part in this examination. **CONSIDER THIS BOOKLET TO BE AN EXAMINATION.**

On the pages which follow, you will be asked to supply factual information about your education and training and about the duties, responsibilities and accomplishments that are associated with jobs which helped you qualify for the position for which you are applying. Your education, training and experience will be scored according to how closely they relate to the various job components or factors of the position of **WIC PROGRAM NUTRITIONIST**. Your score will be based only on what you include in this examination. Incomplete or illegible applications/supplements will be rejected.

This examination booklet, and a completed "Application for Examination or Employment" must be filed with the Human Resources Division by the last filing date noted in the job announcement, or bear a postmark no later than the last filing date. Information submitted after the last filing date will not be considered. Use additional pages if necessary.

AN EOE/AA EMPLOYER

PRELIMINARY REVIEW OF QUALIFICATIONS #16-02

*Please review the minimum requirements of the position. If you do not meet the minimum requirements, you will not be found qualified for this position.*

I. EDUCATION

Do you possess any of the following degrees? If "Yes", specify the major field of study for which the degree was conferred.

1. Bachelor's No \_\_\_\_\_ Yes \_\_\_\_\_ (Major) \_\_\_\_\_

2. Master's No \_\_\_\_\_ Yes \_\_\_\_\_ (Major) \_\_\_\_\_

II. EXPERIENCE

Do you possess two (2) years of responsible experience in nutrition in a health agency or health care facility?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, Do you possess one (1) year of experience? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you successfully completed a Commission on Accreditation/Approval of Dietetics Education (CAADE) accredited/ approved supervised practice program?

Yes \_\_\_\_\_ No \_\_\_\_\_

III. OTHER CERTIFICATION(S) OR CREDENTIAL(S)

Do you possess any of the following certifications? If so, please attach a copy.

Certified Lactation Counselor Yes \_\_\_\_\_ No \_\_\_\_\_

Registered Dietitian Yes \_\_\_\_\_ No \_\_\_\_\_

Other- Please List \_\_\_\_\_

PART I. EXPERIENCE #16-02

Please follow column headings completely. Attach additional copies of this page if required. One job may be listed in more than one section, if applicable.

A. Describe your experience planning, coordinating and implementing educational or nutritional plans?

DATES & NO. HRS. PER WEEK	IDENTIFY EMPLOYER & TITLE OF SUPERVISOR	YOUR JOB TITLE & DUTIES

B. Describe your experience providing nutritional based education, counseling, breastfeeding promotion and support and/or case management services.

--	--

C. Describe your knowledge of available resources within the City of Stamford and surrounding areas.

DATES & NO. HRS. PER WEEK	IDENTIFY EMPLOYER & TITLE OF SUPERVISOR	YOUR JOB TITLE & DUTIES

D. Describe your experience supervising staff, evaluating the training needs of personnel and providing training?

--	--

PART II. #16-02

SPECIALIZED TRAINING/EDUCATION: List all specialized training (seminars, special courses, certifications, etc.) and college courses that you have successfully completed within the past five years relating to foods and nutrition, community nutrition, nutrition education or nutritional sciences?

TITLE OF COURSE	SPONSORING ORGANIZATION OR SCHOOL	DATES ATTENDED & NO. OF HRS./CREDITS

On the following pages are a variety of statements which are related to this position. For each of those statements, circle the letter for the level described below which best reflects your experience, education or training as it relates to that item.

- A - I have applied this Knowledge, Skill or Ability in an actual setting while performing a job.
- B - I have education or training relevant to this Knowledge, Skill or Ability, but have not applied it in an actual job.
- C - I have little or no experience, education or training relevant to this Knowledge, Skill or Ability.

For each A or B answer, give evidence, in detail, in the space provided of how you acquired the Knowledge, Skill or Ability listed. Evidence may be stated in terms of education/training (list courses and schools) or in terms of experience (list your job duties that apply, name of employer, and dates of work).

KNOWLEDGE, SKILLS AND ABILITIES STATEMENT

- 1. Knowledge of the principles, practices and techniques of individual and/or group counseling.

Circle the Appropriate Letter

A                  B                  C

Employer/School

---

---

Dates:

---

Details:

---

---

---

---

---

- 2. Knowledge of developing and administering/ implementing nutrition plans?

Circle the Appropriate Letter

A                  B                  C

Employer/School

---

---

Dates:

---

Details:

---

---

---

---

---

KNOWLEDGE, SKILLS AND ABILITIES STATEMENT

- 3. Knowledge of community resources and/or providing information to clients about community resources.

Circle the Appropriate Letter  
A                  B                  C

Employer/School

---

---

Dates:

---

Details:

---

---

---

---

---

- 4. Ability to interrelate well with people of diverse backgrounds.

Circle the Appropriate Letter  
A                  B                  C

Employer/School

---

---

Dates:

---

Details:

---

---

---

---

---