



LOCAL WIC NUTRITIONIST

Responsible for providing direct nutrition services, including nutrition assessment, education breastfeeding promotion and support and referrals to WIC participants.

Minimum Qualifications: A Bachelor's degree from a four-year institution accredited by a recognized regional accrediting body with a major in foods and nutrition, community nutrition, nutrition education, or nutritional sciences. Preferably has credentials of a Registered Dietitian (R.D.) or eligibility with the Academy of Nutrition and Dietetics' Commission on Dietetic Registration; if applicable, has State license or certified as a nutritionist/dietitian OR

A Master's degree from an institution accredited by a recognized regional accrediting body in nutritional sciences, community nutrition, clinical nutrition, dietetics, public health nutrition, home economics with a major in foods and nutrition.

Applicants with a Master's degree in nutrition who do not have a Bachelor's degree in foods and nutrition must have successfully completed the equivalent subject matter at the graduate level to compensate for any courses not completed at the undergraduate level.

A Thirty-five (35) hour work week. Salary Range is \$38,220 - \$47,320 plus benefits. Salary is commensurate to experience and training. The working hours include 9:00 a.m. to 6:00 p.m. on Tuesdays and must be available to work one (1) Saturday per month (4 hours).

Please return a resume, cover letter and an employment application (attached) to the Town of East Hartford, Human Resources Department, 740 Main St., East Hartford, CT 06108. This posting will remain open until filled.

The Town of East Hartford is an Equal Opportunity Employer

LOCAL WIC NUTRITIONIST

DESCRIPTION OF WORK

Responsible for providing direct nutrition services, including nutrition assessment, education breastfeeding promotion and support and referrals to WIC participants.

QUALIFICATIONS

A Bachelor's degree from a four-year institution accredited by a recognized regional accrediting body with a major in foods and nutrition, community nutrition, nutrition education, or nutritional sciences. Preferably has credentials of a Registered Dietitian (R.D.) or eligibility with the Academy of Nutrition and Dietetics' Commission on Dietetic Registration; if applicable, has State license or certified as a nutritionist/dietitian OR

A Master's degree from an institution accredited by a recognized regional accrediting body in nutritional sciences, community nutrition, clinical nutrition, dietetics, public health nutrition, home economics with a major in foods and nutrition.

Persons with a Master's degree in nutrition who do not have a Bachelor's degree in foods and nutrition must have successfully completed the equivalent subject matter at the graduate level to compensate for any courses not completed at the undergraduate level.

EXAMPLE OF DUTIES

- As a competent Professional Authority (CPA) on the staff of the local program, conducts a complete WIC nutrition assessment, determines and documents nutritional risk of WIC participants.
- Is responsible for appropriate food package assignment and tailoring of WIC participants.
- Assures proper certification of eligible applicants.
- Assists with the implementation of the nutrition and breastfeeding promotion and support component of the local agency plan.
- Assists with meeting State and local objectives.
- Provides nutrition education, counseling and breastfeeding support appropriate to the WIC participant
- As a Competent Professional Authority (CPA) on the staff of the local program, conducts a complete WIC nutrition assessment, determines and documents nutritional risk of WIC participants as appropriate develops and follow-up on care plans for high-risk participants.
- Is responsible for the appropriate assignment and tailoring of WIC food packages for participants;
- Other duties as assigned.



TOWN OF EAST HARTFORD

740 Main Street
East Hartford, Connecticut 06108
www.easthartfordct.gov

Phone
(860) 291-7220

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 (CELL)		
POSITION APPLIED FOR LOCAL WIC NUTRITIONIST				
ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
AVAILABILITY <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		DATE AVAILABLE FOR WORK		

EDUCATION

Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", highest grade completed: _____		
Name of high school: _____ Address: _____	Do you have a high school equivalency Certificate <input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Newspaper Name of Newspaper: _____	<input type="checkbox"/> Community Agency Please give name: _____
	<input type="checkbox"/> Town Employee Name _____	<input type="checkbox"/> Internet name of website: _____
	<input type="checkbox"/> Referral Service Please give name: _____	<input type="checkbox"/> Other _____

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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
	Description of duties, responsibilities, and significant accomplishments:		
Salary: Starting \$ _____ per _____ Ending \$ _____ per _____			
# 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
	Description of duties, responsibilities, and significant accomplishments:		
Salary: Starting \$ _____ per _____ Ending \$ _____ per _____			
# 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
	Description of duties, responsibilities, and significant accomplishments:		
Salary: Starting \$ _____ per _____ Ending \$ _____ per _____			
# 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 not 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: _____

AUTHORIZATION & RELEASE

(GENERAL EMPLOYMENT)

TOWN OF EAST HARTFORD
DEPARTMENT OF HUMAN RESOURCES
740 MAIN STREET
EAST HARTFORD, CT 06108

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