

NUTRITIONIST

\*LAST FILING DATE:  
07/10/09

OPEN COMPETITIVE EXAMINATION NO. 09 - 12  
\*\*SALARY RANGE: \$45,889 - \$54,202

DUTIES: Under the direction of the Coordinator - WIC (Women, Infants, Children) Program and Program Nutritionist, implements the nutrition education plan for the WIC programs; 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, clinical nutrition, dietetics, public health nutrition or nutritional sciences.

SCOPE OF EXAMINATION: There will not be a written examination. 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. Incomplete applications will be rejected.

\*FILING REQUIREMENTS: A completed "City of Stamford Application for Examination or Employment" and "Application Supplement 09 - 12" must be submitted or postmarked on or before the last filing date to be considered eligible for purposes of this examination. A RESUME AND/OR OTHER CORRESPONDENCE WILL NOT BE CONSIDERED AS EQUIVALENT TO AN APPLICATION.

APPLICATION & FURTHER INFORMATION

Visit our website at - [www.cityofstamford.org](http://www.cityofstamford.org)  
or contact  
City of Stamford Human Resources Division  
888 Washington Blvd.- P.O. Box 10152  
Stamford, Connecticut 06904-2152  
Phone: 203-977-4070  
Fax: 203-977-4075  
Email: [mmurray@ci.stamford.ct.us](mailto:mmurray@ci.stamford.ct.us)

PERSONNEL COMMISSION

Frank Green  
Kathleen Lombardo  
Lois PontBriant  
Peter Nanos  
Paul Kolin

Thomas M. Cassone, Acting Director of Human Resources

\*\*Starting salary shall normally be at the lower rate.

NUTRITIONIST  
APPLICATION SUPPLEMENT #09 - 12  
EXPERIENCE AND TRAINING EXAMINATION

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER 000 - -  
(Last six digits)

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 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.

AN EOE/AA EMPLOYER

PRELIMINARY REVIEW OF QUALIFICATIONS

#09 - 12

Please note that applicants who do not meet the minimum qualifications for Nutritionist will be disqualified. Applicants are urged to carefully review the requirements before filing an application.

EDUCATION: Do you possess any of the following degrees?

1. Bachelor's No\_\_\_\_\_ Yes\_\_\_\_\_

A. If you have a Bachelor's degree, check below which major the degree is in.

\_\_\_\_\_ foods and nutrition

\_\_\_\_\_ community nutrition

\_\_\_\_\_ nutrition education

\_\_\_\_\_ clinical nutrition

\_\_\_\_\_ dietetics

\_\_\_\_\_ public health nutrition

\_\_\_\_\_ nutritional sciences

\_\_\_\_\_ none of the above (Please specify the major \_\_\_\_\_.)

2. Master's No\_\_\_\_\_ Yes\_\_\_\_\_

A. If you have a Master's degree, specify the major \_\_\_\_\_

\_\_\_\_\_

PART I. EXPERIENCE

#09 - 12

Please follow column headings completely. Attach additional copies of this page if required.

Describe your experience in nutrition and nutrition education.

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

TRAINING: List all related training you received through institutes, conferences, seminars, workshops or professional associations relating to nutrition and nutrition education. (Do not include courses you completed as part of your Bachelor's degree program.)

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

PART III. CERTIFICATIONS

#09 - 12

Check off any certifications that you possess and attach a copy to your application.

- A. Registered Dietitian \_\_\_\_\_
- B. Registered Dietetic Technician \_\_\_\_\_
- C. Other: (Specify) \_\_\_\_\_.

PART IV. KNOWLEDGE, SKILLS AND ABILITIES

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 nutrition and dietary planning and practices.

Circle the Appropriate Letter

A B C

Employer/School

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Dates:

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Details:

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2. Knowledge of public health principles and practices.

Circle the Appropriate Letter

A B C

Employer/School

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Dates:

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Details:

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KNOWLEDGE, SKILLS AND ABILITIES STATEMENT

3. Knowledge of teaching and counseling methods, practices and principles on an individual and group level.

Circle the Appropriate Letter

A                      B                      C

Employer/School

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Dates:

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Details:

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4. Ability to relate to and convey information to people, especially those with a diverse background.

Circle the Appropriate Letter

A                      B                      C

Employer/School

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Dates:

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Details:

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# 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

Q Rev. by: \_\_\_\_\_

NQ \_\_\_\_\_

Educ \_\_\_\_\_

Exp \_\_\_\_\_

Not City EE \_\_\_\_\_

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.

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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.

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## 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 _____ To _____ # of hours _____ per week _____	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 \_\_\_\_\_ (Last six digits ONLY)

## 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