



101 W. 9TH STREET
PUEBLO, COLORADO 81003-4103
(719) 583-4300

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August 8, 2016

Position Vacancy Information • Application Tracking Form

WIC Educator

Activity/ Requirement	Information About How/Why to Complete	Completed
Application Form:	Four page application form. This form is not an electronic document. All questions must be answered. Do not use "see resume" regarding any area on the application. This application is the primary source of information to rank candidates. Be sure to specifically address your qualifications, experience, work products and accomplishments as they relate to the position.	Yes No
Authorization for Background Checks:	One page form is required for the Health Department to conduct relevant background checks on applicants. The backside of the form is a copy of the Summary of Your Rights Under the Fair Credit Reporting Act. Failure to submit this form with the application will result in immediate disqualification from the selection process.	Yes No
Job Description:	The job description for the position posted is attached and should be reviewed carefully.	
Position Information:	Full-time position, Monday – Friday, 8-5. Monthly salary range (based on experience): \$2,291 - \$2,407.	
Required Skills:	<p>Education – High School Diploma or GED Certificate. A minimum of at least 30 semester hours of general college education is required (with a grade of "C" or above).</p> <p>Experience – Minimum of two years general work experience. Work experience in direct client contact (ex. Human service program or with specified client groups such as low skilled or disadvantaged) is desirable.</p> <p>Skills – General skills (math, spelling, alphabetizing) testing will be conducted. A typing test will be conducted to verify the skill required: 30 words per minute.</p>	Yes No
Required Information:	Communication regarding the position (scheduling testing, etc.) will be conducted via e-mail. Please include a current e-mail address for communication.	Yes No
Application Due Date:	Tuesday, August 16, 2016 at 3:00 p.m.	Yes No
Turn in Applications to:	Mary Davis, Human Resources Office, 3 rd Floor (Room 324) or applications can be submitted via e-mail: mary.davis@co.pueblo.co.us or via fax at 719-583-4524 by the application due date.	

Use of this checklist is not required. The checklist is a tool to provide applicants with a concise list of all the required documentation for a position vacancy. Additional information: contact Mary Davis at mary.davis@co.pueblo.co.us or 719-583-4515. Thank you.

Special Notice to All Applicants: If you are selected for a position with the Pueblo City-County Health Department, you will be required to submit to a two-step PPD test (Tuberculosis) and a review of your immunization history. All public health employees are required to obtain an annual flu vaccination.

Prevent • Promote • Protect
A Handicapped Accessible Facility

Pueblo City-County Health Department
101 W. 9th Street • Pueblo, CO 81003
www.pueblohealthdept.org
719-583-4300



Application for Employment

Please print all information requested except for signature.

Notice to All Applicants: This application form is intended for use in evaluating your qualifications for employment with the Pueblo City-County Health Department (PCCHD). This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview or on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, race, color, age, national origin, religion, sexual orientation, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills may be required prior to employment. Testing for the presence of drugs (cocaine, marijuana, opiates, amphetamines and phencyclidine) in your body will be required. After a conditional offer of employment and prior to reporting to work, you will be required to submit to a medical review. You will be requested to complete a medical history form and will be required to be examined by a medical professional designated by the company.

FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME		
STREET ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE (CONTACT INFORMATION)		CELL PHONE	EMAIL ADDRESS	
DATE OF APPLICATION			HOW LONG AT CURRENT RESIDENCE	
POSITION APPLYING FOR		SALARY DESIRED (BE SPECIFIC)		
EMPLOYMENT DESIRED <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> ANYTHING AVAILABLE		WHAT DATE WILL YOU BE AVAILABLE FOR WORK?		

Education

NAME OF SCHOOL	LOCATION (COMPLETE MAILING ADDRESS)	DIPLOMA/DEGREE	STUDIES	NUMBER OF YEARS COMPLETED
HIGH SCHOOL				
TRADE/PROFESSIONAL SCHOOL				
COLLEGE/UNIVERSITY				
GRADUATE SCHOOL				

PLEASE LIST ANY SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS FROM EMPLOYMENT OR OTHER EXPERIENCE:

--

Work Experience

Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give business or company name. Attach additional sheets if necessary.

NAME OF EMPLOYER		PHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME OF LAST SUPERVISOR	EMPLOYMENT DATES FROM: TO:	PAY OR SALARY START: FINISH:	
POSITION TITLE	REASON FOR LEAVING (BE SPECIFIC)		
LIST THE DUTIES YOU PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY, INCLUDE ANY SUPERVISORY EXPERIENCE AND NUMBER OF PEOPLE SUPERVISED.			

NAME OF EMPLOYER		PHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME OF LAST SUPERVISOR	EMPLOYMENT DATES FROM: TO:	PAY OR SALARY START: FINISH:	
POSITION TITLE	REASON FOR LEAVING (BE SPECIFIC)		
LIST THE DUTIES YOU PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY, INCLUDE ANY SUPERVISORY EXPERIENCE AND NUMBER OF PEOPLE SUPERVISED.			

NAME OF EMPLOYER		PHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE
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POSITION TITLE	REASON FOR LEAVING (BE SPECIFIC)		
LIST THE DUTIES YOU PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY, INCLUDE ANY SUPERVISORY EXPERIENCE AND NUMBER OF PEOPLE SUPERVISED.			

Military History

Have you ever been in the armed forces? ☐ Yes ☐ No

Are you now a member of the National Guard? ☐ Yes ☐ No

Specialty _____ Date Entered _____ Discharge Date _____

Foreign Languages

Language:			
	Fluent	Good	Fair
Speak			
Read			
Write			

Language:			
	Fluent	Good	Fair
Speak			
Read			
Write			

Language:			
	Fluent	Good	Fair
Speak			
Read			
Write			

Personal Information

List states and counties of residence for the past seven years: _____

Have you used any names or Social Security numbers other than given? If so, please list: _____

Do you have a relative or friend employed with PCCHD? If yes, who? _____

May PCCHD contact your present employer? ☐ Yes ☐ No

May PCCHD contact your prior employer(s)? ☐ Yes ☐ No

Have you ever been convicted of a crime (other than a traffic violation)? Conviction will not necessarily disqualify you from employment. If yes, please explain _____

Do you have a driver's license? ☐ Yes ☐ No

Have you ever been ticketed for a moving traffic violation? If yes, explain _____

Are you a citizen of the United States? ☐ Yes ☐ No

If no, proof of immigration status to work must be provided.

Are you currently on "layoff" status, subject to recall? ☐ Yes ☐ No If yes, explain _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

References

Providing this information means that you give PCCHD permission to contact the references listed.
Please provide current information on two references (no family).

Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Telephone: _____	Telephone: _____
Relationship: _____	Relationship: _____
Years Acquainted: _____	Years Acquainted: _____

Applicant's Acknowledgement and Release

This application shall be considered active for no more than six months. After that time, applicants will be required to resubmit a completed application. The applicant understands that neither this document nor any offer of employment from this employer constitutes an employment contract unless a specific document is executed in writing by the employer and employee.

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If PCCHD policy requires, I am willing to submit to drug testing to detect the use of illegal drugs during employment.

Applicant's Signature

Date

For PCCHD Use Only - Do Not Write In This Section

Reviewed by: _____ ☐ Test ☐ Interview

Rejected: ☐ Incomplete ☐ Did Not Meet Qualifications ☐ Other _____

Regret letter sent: _____

Test Score: _____ ☐ Interview Regret letter sent: _____

Interview Date/Time: _____

Interviewed by: _____

☐ Selected for Position

Regret letter sent: _____

Notes: _____

AFFIRMATIVE ACTION QUESTIONNAIRE

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept **confidential**. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Government record keeping or periodic reporting. This information is not part of your employment application and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following:

Name: _____

Title of Job Applied for: _____

SEX

- ☐ Male
- ☐ Female

RACE/ETHNICITY

- ☐ White - origins in Europe, North Africa or Middle East
- ☐ Asian - origins in Far East, S.E. Asia or India
- ☐ Black - origins in Africa
- ☐ Hispanic - Mexican, Puerto Rico, Cuban, Central or South America
- ☐ American Indian - origins in North America, to exclude Alaska
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Other

PHYSICAL CONDITIONS

- ☐ (1) No disability
- ☐ (2) Physically Disabled (No Facility Modification)
- ☐ (3) Physically Disabled (Facility Modification)
- ☐ (4) Health Disabled (Heart Attack, Diabetic, Seizures, etc.)
- ☐ (5) Mentally Disabled (Learning Disability)

VETERANS/U.S. MILITARY STATUS

- ☐ (0) Non-Veteran
- ☐ (1) Pre-Vietnam Veteran
- ☐ (2) Pre-Vietnam Veteran with service incurred disability
- ☐ (3) Vietnam Era Veteran (1964-1975)
- ☐ (4) Vietnam Era Veteran with service incurred disability
- ☐ (5) Post Vietnam Veteran
- ☐ (6) Post Vietnam Veteran with service incurred disability

ACTIVE NATIONAL GUARD RESERVIST (check one)

- ☐ Yes
- ☐ No

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of our customers, employees and property, PCCHD (the "Company") will order a "consumer report" (a background report) on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached at 800-367-5933.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by ADP Screening and Selection Services or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at 719-583-4515. A summary of your rights under the Fair Credit Reporting Act is provided on the backside of this release.

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize PCCHD to order my background report, including investigate consumer reports. I understand that PCCHD may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree that PCCHD may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is *true and correct* and understand that dishonesty will disqualify me from consideration for employment with PCCHD, or if I am hired or already work for PCCHD, that my employment may be terminated.

Last Name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

Social Security Number _____

Driver's License Number _____ State _____

FOR IDENTIFICATION PURPOSES ONLY: Date of Birth ____/____/____ (Month/Day/Year)

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

City/State/ZIP _____

Signature _____

_____/_____/_____
Date: (Month/Day/Year)

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

• **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

PUEBLO CITY-COUNTY HEALTH DEPARTMENT

Job Title: WIC Educator I
Reports To: Division Director or designee
FLSA Status: Non-Exempt
Grade (Job Code): Grade 7
Date Approved: August 26, 2011

Summary: Responsible for the performance of public health nutrition work in delivering WIC services to clients. Performs technical WIC clerical work and nutrition counseling. Determines and documents eligibility of WIC clients, maintains client and program records, interviews and counsels clients on diet, and develops individual care plans based on a sound understanding of nutritional concepts.

Essential Job Functions:

Knowledge of standard office practices and procedures as well as business English included spelling, punctuation, grammar and math.

Ability to utilize critical thinking skills to gather information from all senses in order to form a solid judgment that reconciles scientific evidence with common sense.

Maintains courteous and professional attitude at all times.

Beginning knowledge of socio-economic conditions and local social agencies within the community.

Ability to prepare and maintain accurate, neat records for assigned caseload and complete paperwork within prescribed time limits.

Ability to communicate effectively, orally and in writing, and to maintain effective relationships with the public, other agencies and staff.

Must complete and pass (90% or better) Level I, II, and III WIC Certification within one year of employment.

Performs other functions as required to fulfill the expectations of the position and the goals and objectives of assigned program/projects/division.

Qualifications:

Required Education: High School Diploma or GED Certificate. A minimum of at least 30 semester hours of general college education is required (with a grade of "C" or above).

Experience: Minimum of two years of general work experience. At least one year work experience in direct client contact (ex. human service program or with specified client groups such as low skilled or disadvantaged) is highly desirable.

Other: Prior work experience with the WIC Program can be substituted for the required college coursework. Completion of the WIC Lactation Management Specialist (LMS) certification, if available, will substitute for one year of the required WIC program work experience.

Pre-employment Knowledge, Skills and Abilities:

Bilingual (English/Spanish) skills are preferred.

Must be able to type at least 30 words per minute (verification of skill required).

Ability to maintain a courteous attitude with staff and the public even under stressful situations, such as dealing with multiple demands and interruptions while performing regular activities.

Knowledge of office procedures including, but not limited to, telephone etiquette, dealing with the public, computer applications including presentation equipment.

Knowledge of and ability to use common office equipment, such as copier, fax machine, cash register and computer.

Knowledge of common records management skills and ability to maintain and update as prescribed by certain rules, regulations and procedures.

Note: Any acceptable combination of education (minimum required), training and experience that provides the above knowledge, abilities and skills may be substituted. Colorado WIC Program staff will promote breastfeeding as the norm and will recommend every woman breastfeed, unless breastfeeding is contraindicated for health reasons.

Necessary Special Requirements: A valid State of Colorado driver's license. Must be able to provide personal transportation for work-related business. Position will be required to submit to an annual two-step PPD test (for Tuberculosis infection) and remain up-to-date on all ACIP recommended vaccinations.

Licenses or Certificates

None.

Special Requirements

Fluency in writing and speaking English. Ability to write/speak in Spanish is preferred.

Physical Demands

The work is mostly sedentary with periods of physical activity and is performed in office surroundings. Typical positions require workers to walk or stand for long periods; lift and carry up to 10 pounds; climb stairs, bend, reach, hold, grasp and turn or pull/push objects; and use fingers to operate computer or typewriter keyboards. The work requires the ability to speak normally and to use normal or aided vision and hearing.

Unusual Demands

Work is subject to recurring and inflexible deadlines and frequent interruptions; may involve evening or weekend work hours. Employee may be on call to respond to emergencies.