

JACKSON COUNTY PERSONNEL DEPARTMENT

JACKSON COUNTY COURTHOUSE
Phone (715) 284-0216

307 MAIN STREET – 2nd FLOOR
Fax (715) 284-0269

BLACK RIVER FALLS, WI 54615
Email: geri.allen@co.jackson.wi.us

TAM K. BURGAU
Personnel Director

GERI ALLEN
Personnel Assistant

POSITION: .75 FTE WIC PROGRAM ASSISTANT DEPARTMENT OF HEALTH AND HUMAN SERVICES

This application packet contains the following materials:

- *Jackson County Job Application*
- *Job Description*
- *Benefit Sheet*

The following materials must be complete and returned to be considered for employment:

- * Jackson County Job Application
- * Resume

Application materials are due no later than 3:00 p.m., February 17, 2010

NO FAXED OR EMAILED APPLICATIONS WILL BE ACCEPTED

To: Geri Allen
Personnel Department
307 Main Street – 2nd Floor, BRF Courthouse
Black River Falls, WI 54615
715-284-0216

geri.allen@co.jackson.wi.us (Email To Request Materials Only: include name and full address)
www.co.jackson.wi.us – download application packet at Personnel website

The selection of the successful candidate will be made by assessment of experience, education, and background; oral interview; background check; review of references; and other appropriate job-related procedures. All applicants will be notified as to the status of their application.

Wisconsin Statutes, Sections 19.36 (7), 64.09 (5), and 64.11 (7) require public employers to treat the following items as public record: Each applicant's application, records, recommendations, and qualifications except as provided in Section 19.36 (7), Wis. Stats., which allows the identity of an application to remain confidential if the applicant requests in writing that the County not provide access to this information.

If you choose not to have this information become public record, you must make such a request as provided for in the Jackson County Application for Employment. If you become a finalist for the position, your identity may be disclosed as required by law.

Jackson County will make arrangements to furnish appropriate auxiliary aids and services where necessary and reasonable to afford an individual with a disability the opportunity to participate in the recruitment process. Please notify the Personnel Department at (715) 284-0215 to request accommodations prior to the application deadline.

Thank you for your interest in employment with Jackson County

JACKSON COUNTY APPLICATION FOR EMPLOYMENT

Rev: 09/2009

Jackson County Personnel Department
2nd Floor – Courthouse, 307 Main Street
Black River Falls, WI 54615

715-284-0216
Fax 715-284-0269

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a medical condition or handicap or any other legally protected status which is not a bona fide occupational qualification.

DATE _____ POSITION APPLYING FOR .75 FTE WIC Program Assistant

PERSONAL INFORMATION

NAME	FIRST	MIDDLE	LAST
ADDRESS			
CITY, STATE, ZIP			
PHONE NUMBER		CELL PHONE NUMBER	
WORK (ALTERNATE) NUMBER			
SOCIAL SECURITY NUMBER			
EMAIL ADDRESS (PLEASE PRINT LEGIBLY)			
DRIVER'S LICENSE NUMBER			STATE
COMMERCIAL DRIVER'S LICENSE (CDL) (Only Provide If A CDL Is Required For The Position That You Are Applying For) Do you currently have a CDL? YES___ NO___ List Endorsements_____			

QUESTIONS REGARDING EMPLOYMENT

Have you ever applied for employment with Jackson County in the past?	YES___ NO___
Have you ever been employed with Jackson County?	YES___ NO___
Are you currently employed?	YES___ NO___
May we contact your present employer?	YES___ NO___
Are you related to any person in the department in which you are applying?	YES___ NO___
Have you ever been discharged or asked to resign?	YES___ NO___
If yes, please explain_____	

JACKSON COUNTY IS AN EEO/AA/ADA EMPLOYER

JACKSON COUNTY COMPLIES WITH DRUG TESTING

JACKSON COUNTY COMPLIES WITH DRUG TESTING

EMPLOYMENT RECORD

This information is required in addition to your resume. Include military experience if job related.

List employment beginning with present or last job.

Please list all jobs since high school. Use additional sheets if necessary.

Company Name _____	Address _____
City _____	State _____ Zip Code _____ Phone _____
Job Title: _____	Supervisor: _____
Specific Duties: _____	

Reason for Leaving: (If currently working, why do you want to leave?) _____	

Dates Employed: (Mo/Yr): _____ thru (Mo/Yr): _____ Salary: Starting \$ _____ Ending \$ _____	

Company Name _____	Address _____
City _____	State _____ Zip Code _____ Phone _____
Job Title: _____	Supervisor: _____
Specific Duties: _____	

Reason for Leaving: (If currently working, why do you want to leave?) _____	

Dates Employed: (Mo/Yr): _____ thru (Mo/Yr): _____ Salary: Starting \$ _____ Ending \$ _____	

Company Name _____	Address _____
City _____	State _____ Zip Code _____ Phone _____
Job Title: _____	Supervisor: _____
Specific Duties: _____	

Reason for Leaving: (If currently working, why do you want to leave?) _____	

Dates Employed: (Mo/Yr): _____ thru (Mo/Yr): _____ Salary: Starting \$ _____ Ending \$ _____	

JACKSON COUNTY COMPLIES WITH DRUG TESTING

Company Name _____ Address _____
 City _____ State _____ Zip Code _____ Phone _____
 Job Title: _____ Supervisor: _____
 Specific Duties: _____

 Reason for Leaving: (If currently working, why do you want to leave?) _____

 Dates Employed: (Mo/Yr): _____ thru (Mo/Yr): _____ Salary: Starting \$ _____ Ending \$ _____

Be sure to attach additional sheets if necessary to provide complete employment history.

MILITARY SERVICE

Branch of Service	Month/Year Served		Active Duty or Reserve	Highest Grade	Skill Specialty or Primary Duty
	From:	To:			

List Special schools attended/skills acquired during military service:

LIST EDUCATION, CERTIFICATES AND DEGREES

Name of High School or GED Educational Facility	Graduation Year	Title of Degree
_____	_____	_____

Name of College or Higher Education Facility	Graduation Year	# Credits Received	Title Degree/Certificate
_____	_____	_____	_____
_____	_____	_____	_____

List any other additional Licenses/Certifications	Certificate	Date
_____	_____	_____
_____	_____	_____

JACKSON COUNTY COMPLIES WITH DRUG TESTING

REFERENCE FORM

Applicant Name _____ **Phone No.** _____

May we contact your present employer if you are a final candidate? **Yes** _____ **No** _____

Please list persons who may have knowledge concerning your qualifications for this position. Your references will be contacted only if you are a final candidate for the position.

DO NOT INCLUDE RELATIVES, SOCIAL FRIENDS, OR CLERGY

REFERENCE INFORMATION

Name	
Address	
City, State, Zip	
Title - Position	
Daytime Phone	

Name	
Address	
City, State, Zip	
Title - Position	
Daytime Phone	

Name	
Address	
City, State, Zip	
Title – Position	
Daytime Phone	

JACKSON COUNTY COMPLIES WITH DRUG TESTING

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

All information provided and statements made are subject to verification. Falsification of Information provided on this application may be grounds for not employing you at Jackson County or for dismissal after you begin work.

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION ARE COMPLETE, ACCURATE, AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM EMPLOYED, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.

I FURTHER UNDERSTAND THAT I MAY BE ASKED TO UNDERGO A PRE-EMPLOYMENT EXAMINATION, INCLUDING SUBSTANCE ABUSE SCREENING, PRIOR TO APPOINTMENT OF A POSITION WITH JACKSON COUNTY. REFUSAL TO PARTICIPATE WILL RESULT IN THE REJECTION OF MY APPLICATION.

Under the provisions of Section 19.36, Wisconsin Statutes, I request that my identity as an applicant for this position not be revealed without my consent or until required under law.

Applicant's Signature

Date Signed

**AUTHORIZATION FOR RELEASE OF INFORMATION
FOR EMPLOYMENT WITH JACKSON COUNTY**

I authorize pertinent companies, schools, agencies, municipalities or persons to give Jackson County any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with Jackson County including a check on my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any good faith result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

PRINT Name Clearly

Applicant's Signature

Date Signed

JACKSON COUNTY COMPLIES WITH DRUG TESTING

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

It is practice of Jackson County to consider all applicants for employment regardless of race, color, creed, sex, age, national origin or other protected status.

To assist Jackson County with compliance of Federal and State Equal Employment Opportunity (EEO), record keeping, reporting, and other legal requirements, please answer the questions below.

THIS PRE-EMPLOYMENT INFORMATION IS ANONYMOUS AND WILL BE SEPARATED FROM YOUR APPLICATION AT THE TIME YOUR APPLICATION IS RECEIVED AND IT WILL BE KEPT CONFIDENTIAL IN A FILE SEPARATE FROM THE ATTACHED APPLICATION FOR EMPLOYMENT.

DISCLOSURE OF THIS INFORMATION IS ENTIRELY VOLUNTARY

POSITION APPLIED FOR: .75 FTE WIC PROGRAM ASSISTANT

DATE OF BIRTH: _____	AGE: _____
SEX: MALE: _____	FEMALE: _____
DO YOU IDENTIFY YOURSELF AS HANDICAPPED FOR WISCONSIN FAIR EMPLOYMENT/EQUAL OPPORTUNITY PURPOSES?	
YES: _____ NO: _____ NOT SURE: _____	
RACE (ETHNIC GROUP):	WHITE: _____ (NOT OF HISPANIC ORIGIN) BLACK: _____ (NOT OF HISPANIC ORIGIN) HISPANIC: _____ NATIVE AMERICAN: _____ ASIAN: _____
MARITAL STATUS:	MARRIED: _____ SINGLE: _____ DIVORCED: _____ SEPARATED: _____ WIDOWED: _____
VETERAN STATUS:	VIETNAM ERA VETERAN: _____ DISABLED VETERAN: _____

WHERE DID YOU LEARN ABOUT THIS EMPLOYMENT OPPORTUNITY?

- BANNER JOURNAL and/or SHOPPER _____
- CHRONICLE _____
- LA CROSSE TRIBUNE _____
- EAU CLAIRE LEADER TELEGRAM _____
- INTERNET _____
- FRIEND _____
- OTHER _____

Jackson County Job Description
DEPARTMENT OF HEALTH AND HUMAN SERVICES

JOB TITLE: WIC Program Assistant

Reports To: Public Health Manager - Health Officer
Representation: [Clerical/Paraprofessional Union](#)
FLSA Status: Non-exempt

Prepared By/Date: Personnel Dept.: 12/2005
Approval/Date: [DHHS & Personnel 12/2008](#)

POSITION SUMMARY

The purpose of this position is to provide client services and support for the Women, Infants, and Children (WIC) nutrition program and other public health departmental programs under the delegated authority and direction of Public Health Manager. Works in the WIC program certification and draft process; cooperates in maintaining computerized client systems, and monitors vendors.

ESSENTIAL DUTIES AND RESPONSIBILITIES

To perform this job successfully, an individual must be able to possess and maintain the knowledge, skills, and responsibilities that are required to perform this job. This position description has been prepared to assist in evaluating duties, responsibilities and skills of the position. It is not intended to limit duties to those listed. It is understood that the supervisor has the right to assign, direct, and modify duties and responsibilities listed and that the duties not mentioned that are of similar kind or level of difficulty shall not be excluded.

- Assists in certification of WIC Program clients, including intake, draft issuance, and health screening procedures necessary for determination of program eligibility
- Documents identification, income and residency assessment as required by WIC regulations
- Assumes daily responsibility for routine operations including participant contacts and scheduling. Establishes and maintains the WIC Program file systems
- Provides clerical support services for the WIC Program and other public health programs
- Maintains complete and accurate record and reports required by the WIC Program including caseload status, telecommunications, questionable issuance, draft and transaction summaries, draft logs, and special reports according to State, Federal and Agency policies
- Assumes primary responsibility for WIC Program caseload management including scheduling of appointments for certification of new clients and recertification of WIC participants. Responsible for follow-up of participants who fail to show for appointments
- Provides information to appropriate health/social agencies to facilitate coordination and consistency of client services
- Maintains pleasant demeanor in all client interactions Maintains effective working relationships with clients, fellow employees, and the public.
- Utilizes appropriate methods for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, and ethnic backgrounds.
- Responsible for training and monitoring of retail and farmers market vendors
- Assists in the management of participant/vendor complaints
- Assists with program outreach activities as needed
- Utilizes computer data collection programs to maintain public health client health records
- Responsible for ordering supplies from the State WIC office
- Assists in the screening of WIC participants including accurately measuring and recording height, weight, hemoglobin and lead level of blood
- Participates in staff meetings and in services as planned by the Agency and the Program.
- Attends support staff trainings and computer trainings
- Cooperates with Agency personnel and others to promote Agency policies and provide agency services
- Works as a collaborative, productive and positive team member in promoting all public health programs including WIC
- Public Health clerical back up duties as required and assigned

- Executes other assignments as directed by the Public Health manager or designee

SUPERVISORY RESPONSIBILITIES

None

EDUCATION AND EXPERIENCE REQUIREMENTS

High school graduation or equivalent. Experience in the health care field is desirable. WIC Program knowledge/prior experience is desirable. Experience in Microsoft Office environment is desirable.

CERTIFICATES, LICENSES, REGISTRATION

- Valid Wisconsin drivers license and/or access to transportation suitable to complete necessary work out of the office.

HIPPA RESPONSIBILITY

All members of the workforce have a responsibility to watch for unauthorized use or disclosures of Protected Health Information (PHI), to act to prevent the action, and to report suspected breaches of privacy and security policies to their supervisor, or to the Privacy or Security Officer (example of a breach: member or visitor looking through a claim or personal information left on a desk).

LANGUAGE SKILLS

Ability to read and interpret documents, and laws in the English language; ability to listen to and understand information and ideas in spoken and written format so individuals may effectively understand and convey communications.

MATHEMATICAL SKILLS

Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent.

REASONING ABILITY

Ability to apply common sense understanding to carry out instructions furnished in written, oral, or diagram form. Inductive and deductive reasoning – ability to combine separate pieces of information, or specific answers to problems, to form general rules or conclusions; includes coming up with a logical explanation for why a series of seemingly unrelated events occur together and deciding if an answer makes sense.

PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. The employee is regularly required to stand, walk, use hands to finger, handle or feel objects; reach with hands and arms, hear and talk. The employee may be required to run, sit, stoop, kneel, crouch or crawl, climb, balance, taste, and smell. May seldom be required to lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job.

Jackson County is an Equal Employment Opportunity employer and will provide reasonable accommodations to qualified individuals with disabilities in accordance to the Americans With Disabilities Act. Jackson County encourages incumbents and future employees to discuss potential accommodations.

[FOR INFORMATIONAL PURPOSES ONLY](#)

Employee Signature

Date

Benefit Information Sheet - 2010
Department of Health & Human Services
.75 FTE WIC PROGRAM ASSISTANT

Probationary Period: One (1) year

Wage Scale: \$10.09 per hour – 2009 Union Contract

Health Insurance Employee Contribution 2009:

Health Insurance:	Premier Plus Community Health Traditions	
	<u>Premium</u>	<u>Employee Share - 25%</u>
Family -	\$1,463.00/month	\$365.75/month
Single -	\$ 562.70/month	\$140.68/month

Dental Insurance: (Employee pays 100 % of Premium)
Family Plan = \$68.28/month
Single Plan = \$21.36/month

Life Insurance:

County Paid for Employee equal to yearly salary. Additional coverage and coverage for spouse and dependents is available at additional cost.

Deferred Compensation Plans: 457b plans are available

State Retirement:

100% County Paid.

Sick Leave:

Pro-rated on amount of hours worked.

Vacation:

Pro-rated on amount of hours worked.

Holidays:

Nine (9) specific and one (1) floating (pro-rated).

Union:

This is a union position and dues are mandatory.

This benefit summary is for informational purposes only. It is not intended as an implied contract of employment.