

RECRUITMENT REQUEST AND SELECTION PLAN

Department /Agency: _____ Budget Unit # _____

Class Title: _____ # of Vacancies to be filled: _____

Position Control Number: _____ Full-Time Hourly Full-Time Salary Part-Time Extra Help

Schedule: _____ Comments: _____

Announcement Type: _____ Merit Position: _____ Type of Recruitment Desired: _____

Required Application Documents : Resume Cover Letter Other: _____

Eligible Lists Request to hire off existing eligible list : Eligible lists will be available for 12 months.

All advertising choices will be billed to the recruiting department.

The Personnel Office will always advertise on CalOpps, Job Tips, Butte College and Chico State. Other choices include:

Craigslist : _____ categories (\$20/each) Sacramento Bee Sacramento Valley Mirror Indeed : Budget :\$ _____

Tri-County Newspapers (Includes Glenn County Transcript and Colusa Sun Herald) CSAC Website - \$75/posting

Chico Enterprise Record GovernmentJobs.com (\$175/job) LinkedIn: Budget: \$ _____

Other (specify): _____

In addition, the announcement will be emailed out to all counties in the state.

Before the advertisement is officially placed, all quotes will be sent to the department for approval.

Org and Object code to be used for Advertising Costs: _____

RECRUITMENT PERIOD DESIRED: _____ Comments: _____

SELECTION CRITERIA TO BE USED:

EXAMINATIONS REQUIRED - (*Suggested Criteria Attached*)

- WRITTEN EXAM (Identify if possible) _____
- ORAL EXAM
- PERFORMANCE EXAM / SKILL TEST (Specify type of exam desired) _____
- OTHER (Please specify) _____

As a reminder, all examinations, including interview questions, must be approved by the Personnel Department in conjunction with the Appointing Authority.

POST OFFER PRE-EMPLOYMENT EXAMS:

- DRUG SCREEN _____
- PHYSICAL EXAM _____
- LIVESCAN _____
- BACKGROUND INVESTIGATION _____
- PSYCHIATRIC EVALUATION _____
- OTHER (Please specify) _____

Comments: _____

OTHER INFORMATION, COMMENTS OR SUGGESTIONS THAT WILL BE HELPFUL IN THE RECRUITMENT AND SCREENING PROCESS:
(Use additional sheets if necessary) _____

DEPARTMENTAL CONTACT: _____
(Name, Title and Phone #)

DEPARTMENT HEAD SIGNATURE _____ DATE _____

COUNTY ADMINISTRATIVE OFFICER SIGNATURE _____ DATE _____