

Glenn County Screening Panel

CONFIDENTIALITY FORM

As a member of the selection/interview process for the County of Glenn, I am acting as an agent of the County and I understand that I am participating in a confidential process. All of my actions related to this process are subject to the laws and regulations relating to equal and fair employment practices. Failure to maintain confidentiality could result in a violating of Federal and State regulations and incur liability on behalf of the County.

Specifically, I agree not to release information to any non-authorized person regarding:

- Number of applicants who applied.
- Number of applicants who have been selected for an interview
- Names of applicants who have applied or are interviewing.
- Criteria/scoring and Interview questions/scoring.
- Information concerning applicant qualifications and ratings.
- Any information obtained from candidates' application materials.
- Interview ratings.
- Conversations that take place during panel meetings and interviews.

I understand that I may be held personally responsible for any unauthorized disclosure of information. If I am asked questions during the process, I will refer them to the Personnel Director.

I agree to comply with the County policies and procedures assuring compliance with the selection/recruitment process. I understand that I am obligated to remove myself from a panel if I am deemed to have a conflicting or close relationship with a candidate.

Panel Member Name

Panel Member Signature

Date

Calendar Year