

RECRUITMENT REQUEST AND SELECTION PLAN

DEPARTMENT: _____

BUDGET UNIT # _____

Class Title: _____

Replacement For: _____

Position Control Number: _____

THIS POSITION IS: ☐ Regular Full-Time ☐ Regular Part-Time

SCHEDULE: ☐ Monday – Friday ☐ Alternative – Explain in comments

COMMENTS: _____

ANNOUNCEMENT TYPE: ☐ Flyer ☐ Brochure

MERIT POSITION: ☐ No ☐ Yes (If yes please specify program % below)

Adult Services % _____ Child Welfare % _____ Eligibility % _____ Employment Services % _____ Other % _____

TYPE OF RECRUITMENT DESIRED: ☐ Open ☐ Promotional

LENGTH OF ELIGIBILITY LIST: ☐ 6 Months ☐ 12 Months

All advertising choices will be billed to the recruiting department.

The Personnel Office will always advertise on CalOPPS (Free), Job Tips (Free), and Indeed (Indeed budget amount \$ _____).

Other choices include:

☐ Chico News & Review (online only)(Free) ☐ Sacramento Bee ☐ Sacramento Valley Mirror

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

☐ Chico State (Free) ☐ Butte College (Free) ☐ Chico Enterprise Record

☐ Craigslist: _____ categories (\$10/each) ☐ 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: ☐ One Week ☐ Two Weeks ☐ Three Weeks ☐ Other: 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 _____

☐ BACKGROUND INVESTIGATION _____

☐ PHYSICAL EXAM _____

☐ PSYCHIATRIC EVALUATION _____

☐ LIVESCAN _____

☐ OTHER (Please specify) _____

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 _____