



# GLENN COUNTY PERSONNEL DEPARTMENT

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## Investigation Documentation

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Investigation Type:  Initial  Reinvestigation

### Investigation Documentation

**Signed Authorization**

Date Received: \_\_\_\_\_

**Form I-9**

Date Provided: \_\_\_\_\_

Date Completed: \_\_\_\_\_

**DOJ/FBI Live Scan**

Date Completed: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

DOJ Returns:  Qualified

Disqualified

FBI Returns:  Qualified

Disqualified

**E-Verify Status**

Date Completed: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

**Background  
Questionnaire**

Date Provided: \_\_\_\_\_

Date Returned: \_\_\_\_\_

**Agency Letters**

Agency: \_\_\_\_\_

Sent: \_\_\_\_\_

Returned: \_\_\_\_\_

Agency: \_\_\_\_\_

Sent: \_\_\_\_\_

Returned: \_\_\_\_\_

Agency: \_\_\_\_\_

Sent: \_\_\_\_\_

Returned: \_\_\_\_\_

Employee Name: \_\_\_\_\_

**Agency Letters**

Agency: \_\_\_\_\_

Sent: \_\_\_\_\_

Returned: \_\_\_\_\_

Agency: \_\_\_\_\_

Sent: \_\_\_\_\_

Returned: \_\_\_\_\_

Agency Returns:  Qualified  Disqualified

**Director or Designee Recommendation:**  Qualified  Disqualified

**Justification:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Personnel Director Recommendation**  Qualified  Disqualified

**Justification:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Final Ruling:**  Qualified  Disqualified