

GLENN COUNTY PERSONNEL DEPARTMENT

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MEMORANDUM

TO:	Glenn County Personnel Department

FROM: _____

DATE:

SUBJECT: Request for Scheduling of Pre-Employment Testing

Please schedule pre-employment exam(s) for the following job candidate:

Medical/Phyiscal	Drug Screen	Fingerprints (Livescan)
Name of candidate		
Street Address		
City		
Date of Birth		
Phone Number		
Social Security Number		
Job Title		
Department/Program		

Department Head or Designee Signature

Date