



PLACER COUNTY HUMAN RESOURCES DEPARTMENT
Public Agency Eligible List
Interagency Information Request



145 Fulweiler Ave., Suite 200
 Auburn, CA 95603

Recruitment Hot Line: (530) 886-4607
 Reception Fax: (530) 889-4078

email: jobs@placer.ca.gov
 Website: www.jobsatplacercounty.com

Applicant: Complete the 'Release of Information Authorization,' (page 1 of 2) in this packet. Provide the completed form, along with the 'Interagency Information Form' (page 2 of 2) to your current/former Human Resources/Personnel representative.

Current/Former Human Resources Representative:

Please respond to the questions on the enclosed 'Interagency Information Form' (page 2 of 2). Once completed, return this and the 'Release of Information Authorization' form (page 1 of 2) that your current/former employee provided. Please include copies of the applicable job/classification specification(s) within 7 working days by email, mail or fax to:

Placer County Human Resources Department
 145 Fulweiler Ave., Suite 200
 Auburn, CA 95603
 email: jobs@placer.ca.gov
 Fax: (530) 889-4078

ELIGIBILITY CRITERIA

To be eligible for placement on a Public Agency Eligible List an applicant must meet **all** of the following criteria (per Placer County Code Chapter 3, section 3.08.720):

1. Applicant must be working for a public agency (other than Placer County) that operates under a personnel civil service or merit system. If not currently employed by a qualifying public agency, the applicant must have been employed by a qualifying public agency within one year prior to the date his/her completed application is received by the Placer County Human Resources Department;
2. The classification in which Placer County employment is contemplated must possess the same or less minimum qualifications and be substantially similar in job assignment and responsibility as the position in which the applicant is/was employed by the qualifying public agency;
3. If classified, the applicant must hold or have held permanent status in the service of that agency;
4. If unclassified the applicant must be or have been employed by that agency, in that position, for a minimum of six (6) months;
5. The applicant must complete this packet to certify:
 - His/Her employment record has been entirely satisfactory;
 - He/She has not been separated for cause;
 - He/She was appointed to the class as a result of a qualifying or competitive exam;
 - If not currently employed by that public agency, the applicant is eligible for reinstatement to that agency

Public Agency Eligible Lists are provided to hiring departments as positions become available. Hiring departments determine who to interview based on a review of the available position and the application materials of eligible applicants.

Offers of employment to an applicant on a PAEL are made contingent upon receipt, verification and acceptance of applicant's required documents in this packet, which are the following:

- Public Agency Eligible List Release of Information Authorization (page 1 of 2)
- Public Agency Eligible List Interagency Information Form (page 2 of 2)



PLACER COUNTY HUMAN RESOURCES DEPARTMENT
Public Agency Eligible List
Release of Information Authorization



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This document is to be completed by the applicant and then given to your current/former Human Resources Representative, along with the Interagency Information Form (page 2 of 2).

To: _____
 Agency Name

| Agency's Human Resources/Personnel Department Address: | | | |
|--|----------------------|-----------------------|----------|
| | | | |
| Number and Street | City | State | Zip Code |
| | | | |
| Agency Phone Number | Agency Email Address | Agency Contact Person | |

| Applicant Address: | | | |
|------------------------|-------------------------|-------|----------|
| | | | |
| Number and Street | City | State | Zip Code |
| | | | |
| Applicant Phone Number | Applicant Email Address | | |

I, _____
 Applicant Name (first, middle initial, last) Employee Number Last 4 digits of Social Security No.*

Authorize you to provide the County of Placer with any and all information requested, including but not limited to my confidential employment history and appraisals of my performance. This information is to be used to determine my eligibility for employment with the County of Placer.

I hereby release you, your organization, and others from any liability for damage, which may result from furnishing the information requested.

 Applicant Signature Print Name Date (mm/dd/yyyy)

* The last 4 digits of the Social Security Number will be used for employment verification only.



PLACER COUNTY HUMAN RESOURCES DEPARTMENT
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This document must be completed by applicant's current/former Human Resources Representative. Please enclose/include this completed form, along with the applicant's 'Release of Information Authorization' and the appropriate job/class specifications. Submit within 7 business days by email, mail or fax, to Placer County Human Resources.

 Name of Current/Former Employee

 Last 4 digits of Social Security Number (optional)

| | Employment Dates From – To (mm/yy - mm/yy) | List job class(es) held by the employee identified above | Step/Level | Describe the type of qualifying or competitive exam(s) that were used to test applicants for the jobs listed below. |
|----------------|--|--|------------|---|
| <i>Example</i> | 06/98-11/03 | Police Officer | 4 | Written Exam, Physical Agility Test, and Oral Exam |
| Job #1 | | | | |
| Job #2 | | | | |
| Job #3 | | | | |

Please enclose copies of the job/class specifications for each job listed above.

| Please answer the following questions about your agency: | Yes | No | Job# |
|--|-----|----|------|
| Do you have Personnel Rules/Policies on recruitment, examinations, and selection that were adopted by your Board of Supervisors or similar body? | | | |
| Do you conduct open and competitive recruitments, i.e. examinations, eligible lists? | | | |
| Do you ensure that candidates meet the minimum job requirements when tested, appointed, and promoted? | | | |
| Do you use selection procedures that are job-related and maximize validity, reliability, and objectivity, in accordance with the Uniform Guidelines on Employee Selection? | | | |
| Do you establish employment lists based on a ranking system and select candidates from employment lists? | | | |
| Please answer the following questions about the current/former employee named above: | Yes | No | Job# |
| Were these appointment(s) the result of qualifying or competitive examination(s)? If No, identify job(s) by number. | | | |
| If classified, did the employee achieve permanent status in these job(s)? If No, identify job(s) by number. | | | |
| If unclassified, did the employee work in the position for at least six (6) months? | | | |
| Has the employee performed satisfactorily in these job(s)? If No, identify job(s) by number. Date of last performance evaluation _____ | | | |
| If not currently employed by your agency, is the employee eligible for reinstatement in the class in which he/she was employed? | | | |

Please submit additional information, if needed, to explain above answers

 Signature of HR Representative

 Print Name

 Title of HR Representative

 Agency Name

 Agency Phone Number

 Agency Email Address

 Date (mm/dd/yyyy)

| Placer County Human Resources Department Use Only | | | |
|---|--|---|--|
| Approvers Initials: | | Placer County Job Title(s) applicant applied for: | |