

SUBJECT: RECRUITMENT, INTERVIEWING, AND SELECTION

EFFECTIVE
DATE: 04-20-11 (replaces 05-28-10)

APPROVED BY:

Reviewed (no changes): _____

Executive Director

POLICY

It is the policy of McIntosh Trail CSB to recruit employees who have the best qualifications for the position. All candidates for a position will be evaluated on the basis of their education, prior work experience, proper licensure (if applicable), interview results, and reference checks. **All hiring packages (salaried and hourly) must be approved before the position may be offered to an applicant. All hiring is effective on the 1st or 16th of the month.**

DEFINITIONS

Salaried Employee - an employee who *normally* works full time (no less than 30 hours/week), is eligible for benefits, and is paid on the 15th and last day of the month.

Hourly Employee - an employee who works part time and is paid once a month based on the number of hours worked in the pay period (not to exceed 29 hours/week).

Hiring Package - the set of forms a hiring official completes after the interview process for submission to the Personnel Manager for hiring approval.

Employment Package - the set of hiring forms that employees will complete with the Personnel Office **after** the hire has been approved.

PROCEDURE

RECRUITMENT:

SALARIED POSITIONS:

All vacancies for salaried positions (classified or unclassified) must be advertised.

The minimum advertisement is sending a job announcement to each McIntosh Trail site with a deadline of at least seven (7) working days. The hiring official must complete a Job Announcement Request Form (Attachment #1) and submit to the Personnel Manager for distribution to sites.

The following recruitment methods may also be used by the Human Resources Department in addition to the in-house job announcement:

1. Sending job announcements to other CSBs, state agencies or colleges.
2. Posting the job announcement on the State of Georgia web site.
3. Posting the announcement in professional publications.

The program recruiting for the position may also advertise in local newspapers.

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PROCEDURE (Continued)

HOURLY POSITIONS:

It is not mandatory for hourly positions to be advertised through a job announcement or other means; however, you may choose to advertise in the same manner as for salaried positions.

INTERVIEWING: (applies to salaried and hourly positions)

Before The Interview

The hiring official must:

1. Have **all** applicants complete a Merit System Application.
2. Develop a list of non-discriminatory job-related questions for use in interviewing job candidates. Open ended questions should be used to elicit the most information and to fully describe qualifications for the position. Using competency assessment forms, PMFs and/or job descriptions may be helpful when developing job-related questions.
3. Prepare questions and exercises ahead of time.
4. Establish a means of evaluating applicant responses.
5. Establish non-discriminatory, job-related criteria for screening and evaluating applications.
6. Determine interview process:
 - a. Pre-screening applications/resumes may be used when there are a large number of applicants and interviewing of all applicants would be impractical, or a special job skill, knowledge, or ability is needed. Only those applicants meeting the minimum/preferred qualifications are entitled to an interview. See Sample Applicant Screening Letter for those not chosen to be interviewed - Attachment #10.
 - b. All applicants should be interviewed by the same person or team. The individual or team conducting the interview should have good knowledge of the position requirements.

During The Interview

The interviewer(s) should:

1. Make sure all candidates are asked the same questions or given the same exercises to complete. The interviewer should ask probing questions to obtain additional job-related information, if necessary.

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PROCEDURE (Continued)

During The Interview (continued)

2. Not discuss an applicant's disabilities during the interview. Applicants can be informed that should an offer of employment be made, issues related to disabilities will be discussed at that time.
3. Request that applicants provide a copy of their professional license/certification for positions that require licenses (physician, licensed clinician, CAC, nurse, vehicle operator).
4. Request that male applicants between the ages of 18 and 25 provide a copy of their Selective Service Registration Card. If the applicant has not registered with the Selective Service, you will not be able to hire that person.
5. Request that the applicant complete the Authorization for Release of Information (Attachment #8) which allows McIntosh Trail CSB to complete the finger printing process upon hire.
6. **Quote salary in monthly terms only.**

After The Interview

The hiring official must:

1. Complete three **professional** reference checks for the top one or two candidates using the Pre-employment Reference Check Form (Attachment #5).
2. Verify licensure for top physician candidates by accessing the State Board of Medical Examiners, website, www.medicalboard.georgia.gov. Conduct a search under the "For Consumers" tab. Forward copy of results along with Attachment #6.
3. Verify licensure for top nurse (RNs and LPNs) candidates by accessing Secretary of State website, www.sos.state.ga.us. Conduct a search under the Professional Licensure tab. Forward a copy of results along with Attach. 6.
4. Verify licensure for top pharmacist candidates by accessing Secretary of State website, www.sos.state.ga.us. Conduct a search under the Professional Licensure tab. Forward a copy of results along with Attach. 6.
5. Verify professional licenses (LPC, LCSW, LMFT, etc.) by accessing Secretary of State website, www.sos.state.ga.us. Conduct a search under the Professional Licensure tab. Forward a copy of results along with Attach. 6.
6. For direct service clinical positions, complete the Clinical Activities sections of the Clinical Activities Approval Form when applicable (see Attachment #7). The Human Resources Department will forward the Clinical Activities Form to UM Coordinator for approval of activities requested based on an assessment of the information from the hiring package and the job description. Clinical activities are granted in accordance with Utilization Guidelines for Service Provision.

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PROCEDURE (Continued)

7. For **residential sites and child and adolescent sites**, a pre-employment criminal background check must be submitted with the hiring package. This background check is done at the expense of the applicant. Hiring packages cannot be approved without this documentation.
8. Hiring packages will not be approved if credentials are unable to be verified and/or background checks are unacceptable.

SELECTION:

McIntosh Trail CSB hires only twice per month - on the 1st and the 16th of the month.

1. Put hiring package together following Hiring Package Checklist, Attach. #2. Hiring packages are to be submitted no less than 5 working days prior to requested hire date.
2. Submit completed hiring package to the Human Resources Office. The Personnel Manager will review the package for compliance. All professional level positions will be submitted to the Executive Director for final approval. Paraprofessional positions will be approved by the Personnel Manager. The Personnel Manager will contact the hiring official when the hiring package has been approved. The approval process will be completed within 5 work days of receipt. **No offer of employment is to be made until approval has been given by the Personnel Manager.**
3. Notify the selected candidate via phone or in writing (Attach. 10). An official offer of employment letter will be sent by the Human Resources Department.
4. Inform candidates who are in safety sensitive positions (Physician, Nurse series, Vehicle Operator series, Pharmacist, SA staff) that they will be required to have a drug test, at the agency's expense, within first 10 days of employment.
5. Inform all candidates that fingerprinting and TB testing will be required, at the agency's expenses, upon appointment.
6. Notify applicants not selected for employment in writing. Reasons for non-selection will not be provided (see sample letter - Attach. #11).
7. Make arrangements with the Training Coordinator for the new employee to attend General Orientation on their first day of employment.

ATTACHMENTS:

- #1 - McIntosh Trail CSB Job Announcement Request Form
- #2 - Hiring Package Checklist
- #3 - McIntosh Trail Personnel Request Form
- #4 - Applicant Selection Information Form
- #5 - Pre-employment Reference Check
- #6 - Primary Verification of Licensure Form
- #7 - Clinical Activities Approval Form
- #8 - Authorization of Release of Information
- #9 - Sample Applicant Screening Letter
- #10 - Sample Offer of Employment Letter
- #11 - Sample Notification of Non-Selection Letter

REFERENCE: Act 882

McIntosh Trail CSB Job Announcement Request Form

Position Title: _____ Position #: _____

Full-Time Part-Time _____% Job Code: _____

Program Name: _____

Work Site Address: _____

Position previously held by: _____

Brief description of job duties: _____

Minimum qualifications will be described on the job announcement from the requirements set forth by the State Personnel Administration. If you have additional qualifications (i.e. must have 2 years experience with child and adolescent population in a day treatment setting), these will be listed as preferred qualifications on the job announcement.

Preferred Qualifications: _____

Does position require computer skills? Required Helpful N/A

Computer Programs: Microsoft Word Excel

Other: _____

Position is open to: McIntosh Trail CSB employees only
 All qualified Applicants (not on internet)
 All qualified applicants (utilize internet)

Name and address of person applications are to be submitted to:

Contact Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Program Director Signature: _____ Date: _____

HIRING PACKAGE CHECKLIST

Forms to be forwarded to the Personnel Office for approval prior to notifying applicant.

- ___ 1. McIntosh Trail Personnel Request Form.
- ___ 2. Copy of job announcement (can only be "N/A" if position is an hourly position and a job announcement was not sent out).
- ___ 3. Copy of advertisements (if any).
- ___ 4. Completed Applicant Selection Information Form.
- ___ 5. Merit System Application for **each** applicant.
- ___ 6. List of **standardized** questions with **each** applicant's responses.
- ___ 7. References on top one or two candidates (most current).
- ___ 8. Copy of current professional license on all **LPN, RN, MD, and Pharmacist** positions.
- ___ 9. Copy of current professional licenses or certifications for LPC, LMFT, LCSW, CAC I/II, NCAC I/II, CCS, etc.
- ___ 10. Original Primary Verification of Licensure form, if applicable.
- ___ 11. Clinical Activities Approval Form for **direct service positions**.
- ___ 12. Copy of current driver's license for all **Vehicle Operator** positions. CDLs for all positions that require driving a 16 passenger van.
- ___ 13. Copy of Selective Service Registration Card for all males between ages of 18 and 25.
- ___ 14. Authorization for Release of Information for **top** applicants.
- ___ 15. Pre-employment Criminal Background Check results (residential and child/adolescent staff only).

**MCINTOSH TRAIL CSB
PERSONNEL REQUEST FORM**

CURRENT EMPLOYEE OR NEW EMPLOYEE INFORMATION

Effective Date: _____ Time Status: Full Time Part Time → % : _____

Employee Status: Classified Unclassified Hourly

Employee Name: _____ Job Title: _____

Position #: _____ Job #: _____ Dept. #: _____ Dept. Name: _____
(If split between more than one Dept., use comments section to show split, must = 100%)

Pay Grade _____ Rate of Pay: _____

Did this employee transfer from another: Program within McIntosh Trail CSB State Agency

EMPLOYEE STATUS CHANGE

Promotion Demotion Lateral Time Status → New % _____

New Title: _____ New Position #: _____ New Job #: _____

New Dept. #: _____ New Pay Grade: _____ New Rate of Pay: _____
(If split between more than one Dept., use comments section to show split, must = 100%)

SEPARATIONS

Resignation (attach resignation letter and Separation Clearance Checklist)

Transfer to another agency

Would you rehire this employee? Yes No If no, attach justification. Name of Agency _____

LEAVE OF ABSENCE (Attach copy of LWOP Request form if applicable)

For ER use only

| Date(s) on Leave | # Hours LWOP | Authorized <input type="checkbox"/> |
|------------------|--------------|-------------------------------------|
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |

Unauthorized

- Family Leave with pay
- Family Leave w/o pay
- Suspension with pay
- Suspension w/o pay
- Workers Comp.

COMMENTS

APPROVAL SECTION

Immediate Supervisor _____ Date _____ Clinical Director of MH/AD or _____ Date _____
Director of DD Services

Program Manager _____ Date _____ Approving Authority _____ Date _____

FOR ER USE ONLY

SS# _____ DOB: _____ Home Phone: _____

Address: _____
 Street _____ City _____ State _____ Zip _____ County _____

Race: Native American White Hispanic African American Asian Multi-racial

Sex: Male Female

High School graduate or GED: Yes No

Highest Grade Completed _____ Degree _____ License Type: _____ Expires: _____

Employee # _____ Payroll Entry: _____ PS Entry: _____ MM Entry: _____

APPLICANT SELECTION INFORMATION

Program Name _____

Location _____

Position # _____ Title _____

Date Position Vacated _____

NUMBER OF APPLICANTS INTERVIEWED:

MALE

| | | | | | |
|-------|-------|----------|-------|--------------|-----------------|
| White | Black | Hispanic | Asian | Multi-Racial | Native American |
| _____ | _____ | _____ | _____ | _____ | _____ |

FEMALE

| | | | | | |
|-------|-------|----------|-------|--------------|-----------------|
| White | Black | Hispanic | Asian | Multi-Racial | Native American |
| _____ | _____ | _____ | _____ | _____ | _____ |

SELECTION INFORMATION:

Race, sex, and age of applicant selected: _____

Requested date of appointment: _____

Primary reason for selection: _____

Race and sex of 2nd choice: _____

Print name and title of person making selection decision: _____

Date: _____ Signature: _____

PREEMPLOYMENT REFERENCE CHECK FORM

APPLICANT _____ POSITION _____

COMPANY CONTACTED _____ TELEPHONE _____

PERSON CONTACTED _____ TITLE _____

What was your employment relationship with the applicant? _____

How long did you supervise (work with) this person? _____

What were the applicant's job title and duties? _____

How would you compare him/her with others doing the work? _____

Strong points _____

Areas for improvement _____

If I were going to be this person's supervisor, what advice would you have for me to maximize his/her performance on the job? _____

Supervisory ability _____

Describe how he/she got along with people _____

Attendance/punctuality _____

Did this person exhibit any common personality traits that interfered with work performance? _____

Examples: _____

Reason for leaving _____

Would you rehire? _____

Position for which best qualified _____

Additional comments _____

Checker's comments _____

Reference checked by _____ Date _____

PRIMARY VERIFICATION OF LICENSURE

This form is to be used when conducting a primary telephone verification of licensure for Physician, Pharmacy, Nursing and Professional licenses.

Applicant's Name _____

Type of License _____

License Number _____

Expiration Date _____

Verified By _____ Date _____

To verify licensure for Physicians, access www.medicalboard.georgia.gov.

To verify licensure for Pharmacists, Nurses, Professional Counselors, Social Workers, and Marriage and Family Therapists, access www.sos.state.ga.us.

CLINICAL ACTIVITIES APPROVAL FORM

EMPLOYEE NAME: _____

PROGRAM: _____

SECTION I - QUALIFICATIONS

Education: _____

Training: _____

Experience: _____

Licensure, Registration, and/or Certification: _____

SECTION II - AGE & DISABILITY

- Behavioral Healthcare Practitioners (Adult Psychiatric-Geropsychiatric)
- Chemical Dependency Practitioners
- Child and Adolescent Practitioners
- Mental Retardation Practitioners

SECTION III - DELINEATION OF CLINICAL ACTIVITIES

Clinical Activities Requested (See Clinical Activities Definitions for complete explanations)- Check appropriate boxes:

- | | |
|--|---|
| <input type="checkbox"/> Individual Counseling | <input type="checkbox"/> Physician Assessment |
| <input type="checkbox"/> Family Counseling | <input type="checkbox"/> Assessment of medical history |
| <input type="checkbox"/> Group Counseling | <input type="checkbox"/> Medication Management |
| <input type="checkbox"/> MH/AD Bio-psychosocial Assessment | <input type="checkbox"/> Involuntary Inpatient Commitment |
| <input type="checkbox"/> DD Bio-psychosocial Assessment | <input type="checkbox"/> AIMS |
| <input type="checkbox"/> Clinical Screening | <input type="checkbox"/> Withdrawal Assessment |
| <input type="checkbox"/> Nursing Assessment | <input type="checkbox"/> Withdrawal Management (Detox) |
| <input type="checkbox"/> AD Nursing Assessment | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Venipuncture | <input type="checkbox"/> Pharmacy Management |
| <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Psychological Testing |
| <input type="checkbox"/> Waive testing | <input type="checkbox"/> Seclusion |

COMPETENCY IN THE PERFORMANCE OF THESE CLINICAL ACTIVITIES WILL BE PROVEN BY COMPLETING THE APPROPRIATE INITIAL COMPETENCY ASSESSMENT AND REVIEWED ANNUALLY.

SECTION IV - APPROVAL/DENIAL OF CLINICAL ACTIVITIES ER USE ONLY

- All activities approved Activities approved with exceptions Activities denied

Explanation: _____

DATE APPROVED: _____ UTILIZATION MANAGEMENT COORD.

SAMPLE APPLICANT SCREENING LETTER

Date:

Name
Address
City, State

Dear

Your application for the _____(job title)_____ position with the _____(center/program)_____ has been received and reviewed. Due to the large volume of applications received for this position, we have selected for personal interviews those candidates whose experience and/or education most closely meet the needs of this position. Your application will, therefore, receive no further consideration for this position.

We appreciate your interest in this position and wish you luck in your future employment endeavors.

Sincerely,

Name
Title

SAMPLE OFFER OF EMPLOYMENT - MAY BE PERSONALIZED

Date

Name
Address
City, State

Dear

This letter will confirm our verbal offer and your acceptance of the ____ (job title) ____ position at the ____ (Center/Program) ____ effective ____ (date) ____ . Your salary will be on ____ (pay grade/increment) ____ which is \$ ____ per month.

Your office will be located in ____ (Room/building) ____ . You are to report to ____ (supervisor) ____ to receive your assignments.

We look forward to having you with us. Please let me know if you have any questions or concerns regarding the information in this letter.

Sincerely,

Name
Title

cc: Personnel Office

SAMPLE NOTIFICATION OF NON-SELECTION LETTER

Date

Name
Address
City, State

Dear

Thank you for your interest in the ____ (job title) ____ position with the
____ (Program/Center) ____ . After careful consideration of all applicants, we have
selected another individual whose knowledge, skills and abilities most closely suit
the needs of this position.

We appreciate your interest in employment with our office and wish you well in your
future employment endeavors.

Sincerely,

Name
Title