CITY OF OXNARD HUMAN RESOURCES DEPARTMENT SELECTION INTERVIEW CONFIDENTIALITY STATEMENT/AGREEMENT

This form is to be completed by persons who assist in any part of the recruitment process including as subject matter experts, application reviewers, and interviewers. The purpose of this form is to document your participation in the process and your agreement to follow necessary confidentiality procedures.

| Name: | Work Phone: |
|--|-------------|
| Current Employer: | Job Title: |
| Department: | Division: |
| I am acquainted with one or more individuals being interviewed for this position (e.g. colleague, co-worker, casual acquaintance). | |
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| If YES, please list with whom, how you know them (your relationship to), and whether your acquaintance with this individual will impact your ability to be objective in this recruitment process. | |
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| I understand all information concerning this recruitment and interviewing process is of a highly confidential nature. I understand and agree my participation in the process requires I maintain absolute confidentiality in all matters related to this recruitment. I will not discuss any information regarding this recruitment or interviews, including the rankings of any of the candidates with any person not involved with the recruitment and selection process and will refer all inquiries about the recruitment to the Human Resources Department. | |
| SIGNATURE: | DATE: |
| | |
| Please do not write in this area; HR representative will complete. | |
| Exam Plan : | |
| Recruitment Step: Screening/Testing Interview Final Interview | |
| □ Other: | |
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