



# King County

## ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION

KING COUNTY REFERRAL AND PLACEMENT PROGRAM  
CAREER SUPPORT SERVICES  
KING COUNTY EXECUTIVE OFFICE

The following information is discussed with all King County employees who have been notified of being laid off.

**Recall Program Services**

- Referrals to County jobs at same pay range or lower
- Skill assessment
- Assistance with resume development
- Assistance with application form, letter of interest, supplemental questionnaires
- Pre-interview coaching and mock interviews
- Support during the six month probationary period to ensure successful placement
- Access to computer software tutorial resources
- Access to King County's Employment and Career Center

**Client Responsibilities and Expectations**

**Recall Program Policies, Guidelines and Other Information**

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| ▪ Length of Program Eligibility       | ▪ Pay Upon Placement                  |
| ▪ Purpose/Goal of Program             | ▪ Pay Upon Completion of Probation    |
| ▪ Hiring Preference                   | ▪ Merit Pay over the Top Continuation |
| ▪ Removal from Recall Program         | ▪ Probation                           |
| ▪ Medically Related Work Restrictions | ▪ Sick Leave and Vacation             |
| ▪ Dormant Status                      |                                       |

**Types of Referrals**

**Referral Process**

**Interview Process**

**Selection/Placement Process**

I certify that I have met with the King County Referral and Placement Program Administrator to receive information about the Referral and Placement Program's services, policies, employee responsibilities and expectations, and the referral and placement process.

I certify that I  DO  DO NOT wish to utilize King County's Referral and Placement Program's services.

\_\_\_\_\_  
PRINT NAME CLEARLY

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
REFERRAL AND PLACEMENT PROGRAM ADMINISTRATOR SIGNATURE

\_\_\_\_\_  
DATE