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PERSONNEL SERVICES

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CANDIDATE REQUEST FOR NAME/ADDRESS CHANGE OR RANKING ON ELIGIBLE LIST

NOTE: Attach a self-addressed stamped envelope, or provide a valid email address with this request in order to receive your **ranking on an eligible list**. We **cannot** send your ranking to you if you fail to provide the self-addressed stamped envelope or a valid email address. You do not need to send a self-addressed stamped envelope for address changes.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _(____) _____ SSN: _____-_____-_____

EMAIL: _____

NEW: NAME / ADDRESS INFORMATION *(if different from above)*

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _(____) _____ SSN: _____-_____-_____

EMAIL: _____

REQUEST FOR ELIGIBLE LIST RANKING ***NON-CONTINUOUS ONLY***

TITLE OF EXAM: _____

DATE OF EXAM: _____

SIGNATURE: _____ DATE: _____

ELIGIBLE LIST RANKING – FOR OFFICIAL USE ONLY

Per your request, your rank as of date processed is: _____

Thank you for your interest in Contra Costa County.

Date Processed: _____ By: (initials) _____