

ROWAN UNIVERSITY

EEO Hiring Record

Completion of this form by the appropriate Department Chair, Program Director, Chair of the Search Committee, or other university official is required for all positions and due at the conclusion of the search. Approval of this form by the appropriate Vice President, Provost, or Dean is required.

1. POSITION RANK/TITLE _____
DEPARTMENT/OFFICE _____
2. CHAIR, SEARCH COMMITTEE _____
3. MEMBERS OF SEARCH COMMITTEE: (NAMES) _____

4. **ATTACH** a copy of the **printed** advertisement(s) of the position (journals, newspapers, **not** website or internal announcement)

a. **ATTACH** a list of all the places where this position was advertised.

5. **ATTACH** a copy of interview questions and criteria used in screening and evaluating candidates (Include any notes or evaluation forms filled out by search committee members or used in open forums. Please note that an empty sample is not what is being requested)

6. TOTAL NUMBER OF APPLICANTS: _____
(Attach a list of all applicants in alphabetical order.)

All applicant were sent the request for EEO Data (can be hard copy or electronic at rowan.edu/eo) ___ YES ___ NO

After Provost/Vice President signature: Forward form and all attachments to the Office of Equity and Diversity for data collection and statistical purposes

7. Number of candidates INTERVIEWED _____

- **Attach a list of candidates interviewed including dates and location**
- **Attach resumes of all candidates interviewed**

8. Search committee recommendations :

- A. _____
- B. _____
- C. _____
- D. _____

EQUAL EMPLOYMENT OPPORTUNITY GUIDELINES WERE FOLLOWED IN THE SEARCH AND INTERVIEW PROCESS FOR THIS POSITION. THE CANDIDATE(S) RECOMMENDED IS THE CANDIDATE WHO MOST CLOSELY SATISFIES THE REQUIREMENTS FOR THIS POSITION.

As Search Committee Chair I verify that EEO guidelines were followed throughout this search. Print name of chairperson: _____

Signature: _____

9. NAME OF CANDIDATE SELECTED (TO BE COMPLETED BY PERSON MAKING SELECTION) **▶▶ ATTACH RATIONALE FOR SELECTION ◀◀**

- _____
- A. INITIATOR OF THE FORM _____ DATE _____
- B. DEAN/UNIT HEAD _____ DATE _____
- C. PROVOST OR VICE PRESIDENT _____ DATE _____

EEO Officer certification of compliance with EEO guidelines: _____