Attach additional page(s) for additional applicants.

Candidate Selected:__________________________________________________ Would the selection of this candidate meet an affirmative action goal? ( ) Yes ( ) No

An important note about supporting information for applicant selection or rejection (refer to final column, above):
It is essential that the supervisor or manager completing this report, include pertinent supporting information for each applicant. The final column (above), must not be left incomplete. Supporting information must be precise and relevant. Please avoid the phrase “best qualified.” Also, avoid the phrase “better candidate chosen.” Both of these comments are too generalized. Instead, provide information that specifically describes the deciding factors used in determining why an applicant was selected or rejected. Refer to specific experience requirements, education/training, specific skills, knowledge, etc.

Please check to see that you’ve fully completed both sides of this form and then send the completed report to:
Rita Kelley, Direcor of Equal Opportunity Assuance, DDS Central Office, 460 Capitol Ave., Hartford, CT 06106

Director of Human Resources Sign-off:
Name_________________________ Title_________________________ Signature ____________________ Date _____________