## Side two...APPLICANT TRACKING INFORMATION

LIST EACH APPLICANT BY NAME	RACE	SEX	CURRENT WORK LOCATION	QUALIFIED CANDIDATE YES or NO	CONDUCTED	POSITION OFFERED YES or NO	OFFER ACCEPTED YES or NO	SUPPORTING INFORMATION FOR CANDIDATE SELECTION OR REJECTION (REFER TO INSTRUCTIONS, BELOW)

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, Direcotr of Equal Opportunity Assuance, DDS Central Office, 460 Capitol Ave., Hartford, CT 06106

**Director of Human Resources Sign-off:** 

Name \_\_\_\_\_

Title\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_