

# Equal Opportunity Assurance Employee Selection Report

(Including Applicant Tracking Information)

This form must be completed (2 pages) by any DDS manager or supervisor who has been authorized to fill a position vacancy. The form must be completed whether a position is filled via promotion, transfer layoff list or any other employment selection process.

1. Indicate Region, Southbury Training School or Central Office \_\_\_\_\_
2. Vacancy, Job Title \_\_\_\_\_ 3. PC# \_\_\_\_\_
4. Check one: ( ) Permanent ( ) Temporary or Durational
5. Check one: ( ) Full Time ( ) Part Time
6. Worksite, Town/City \_\_\_\_\_ 7. Start Date: \_\_\_\_\_
8. Indicate (check one or more below), the affirmative action outreach efforts you initiated:
  - ( ) Utilized, DDS Human Resource (Personnel) Office
  - ( ) Utilized media advertising ...Describe \_\_\_\_\_
  - \_\_\_\_\_
  - ( ) Utilized outside referral resources, e.g., Hispanic community organization, NAACP, college or university placement office, etc. Describe \_\_\_\_\_
  - \_\_\_\_\_
  - ( ) Encouraged employees, who are participants in the DDS Upward Mobility Program, to apply for the available opportunity.
  - ( ) Contacted other supervisors or managers for assistance in identifying employees who are participants in the DDS Upward Mobility Program.
  - ( ) Identified all 'Protected Status' applicants whose names appeared on Employment/Certification List and sent invitations to interview for vacancy opportunity (applies to competitive vacancies)
  - ( ) Requested assistance from the DDS Equal Opportunity Assurance Division.
  - ( ) Other 'affirmative action' initiatives... Describe: \_\_\_\_\_
  - \_\_\_\_\_
  - ( ) Implemented none of the above
9. Check the underutilized groups/goal identified in Affirmative Action Plan applicable to the vacancy:
  - ( ) White male ( ) White female ( ) Black male ( ) Black female
  - ( ) Hispanic male ( ) Hispanic female ( ) Other male ( ) Other female
10. Name, Job Title and work - phone # of selecting supervisor/manager:
  - Name \_\_\_\_\_
  - Job Title \_\_\_\_\_ Work Phone \_\_\_\_\_
11. List all candidates, considered for the vacancy/opportunity, on the **REVERSE SIDE** of this form.  
**FOR ASSISTANCE** contact the the Equal Opportunity Assurance Division in Hartford (860 418-6115).