

**UNIVERSITY SYSTEM OF GEORGIA
AFFIRMATIVE ACTION CHECKLIST***

**GEORGIA INSTITUTE OF TECHNOLOGY
Institution**

Department/Unit

VP/College/School

1. Position Applied For _____
2. Applicant Employed (Full Name) _____
3. PVA number _____
4. Sex _____ 5. Race: _____
6. Date of Application _____ / _____ / _____
7. Date Position Offered _____ / _____ / _____
8. Date Accepted _____ / _____ / _____
9. Employment Begins _____ / _____ / _____
10. Total Number of Applicants: _____

| | White (1) | Black (2) | Asian (3) | Native American (4) | Pacific Islander (5) | Hispanic (6) | Multi-Racial (7) | Unknown (8) | TOTAL |
|--------------|-----------|-----------|-----------|---------------------|----------------------|--------------|------------------|-------------|-------|
| Female | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Male | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Unknown | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Total Number of Applicants Considered for final Review: _____

11.

| | White (1) | Black (2) | Asian (3) | Native American (4) | Pacific Islander (5) | Hispanic (6) | Multi-Racial (7) | Unknown (8) | TOTAL |
|--------------|-----------|-----------|-----------|---------------------|----------------------|--------------|------------------|-------------|-------|
| Female | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Male | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Unknown | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Total Number of Applicants Invited to Campus (Interviewed): _____

12.

| | White (1) | Black (2) | Asian (3) | Native American (4) | Pacific Islander (5) | Hispanic (6) | Multi-Racial (7) | Unknown (8) | TOTAL |
|--------------|-----------|-----------|-----------|---------------------|----------------------|--------------|------------------|-------------|-------|
| Female | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Male | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Unknown | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

13. Number of applicants Declining Offered Position: _____

| Date of Offer | Date of Refusal | Sex | Race |
|-------------------|-------------------|-------|-------|
| _____/_____/____/ | _____/_____/____/ | _____ | _____ |
| _____/_____/____/ | _____/_____/____/ | _____ | _____ |

14. Detail special efforts to attract statistically underutilized applicants for this position. **[attach a separate sheet as needed]**

15. Specific reason/qualification(s) for hiring. **[attach a separate sheet as needed]**

16. Demographics of person(s) making hiring decision*:

| | White | Black | Asian | Native American | Pacific Islander | Hispanic | Multi-Racial | TOTAL |
|--------------|-------|-------|-------|-----------------|------------------|----------|--------------|-------|
| Female | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Male | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

*** Include all members of search committee (if applicable)**

Hiring Unit Contact Person Name _____ Telephone# _____

Signed _____

Title _____ Date _____ / _____ / _____

*Maintain original for unit/departmental file for three years

*Submit 1 copy with each appointment form

*Send 1 copy to your EEO Unit Coordinator