

MIDDLE TENNESSEE STATE UNIVERSITY

Equal Employment Opportunity Informational Form Number 1
(EEO6 Code 1- Administrative & 3-Professional)

Department/Division: _____

Name of Candidate: _____

Academic Rank/Job Title: _____

Position No. _____ Full-time _____ Part-time _____ Grant Position: Yes _____ No _____

Replacement for: _____

Recommended full-time Salary \$ _____ If less than full-time, salary at _____ % \$ _____

Date of Employment: _____

Social Security Number: _____ *Date of Birth: _____

Highest degree earned: _____

Institution and State where highest degree obtained: _____

Experience (Indicate number of years): MTSU _____ Other College _____

High School Teaching _____ Related _____ Other _____

Applicant References Checked by: _____ Date checked: _____

*Sex: _____ *Race: _____

*Disabled: YES _____ NO _____ If yes, state disability: _____

*Veteran: YES _____ NO _____ If yes, state service dates: _____

THE EMPLOYMENT OFFICE WILL COMPLETE THE FOLLOWING INFORMATION

Date Background Check Submitted: _____ Date Completed: _____

Number of applicants: (Include both successful and unsuccessful)

<u>Race Code</u>		<u>Unknown</u>	<u>Female</u>	<u>Male</u>	<u>Totals</u>
1	White	_____	_____	_____	_____
2	Black	_____	_____	_____	_____
3	Hispanic	_____	_____	_____	_____
4	Asian or Pacific Islander	_____	_____	_____	_____
5	American Indian/Alaskan Native	_____	_____	_____	_____
6	Unknown	_____	_____	_____	_____
	TOTALS	_____	_____	_____	_____

Number of applicants reviewed: _____ Contacted: _____

Number of Applicants Formally Interviewed: _____

Blacks: _____ Non-Black Minorities: _____ Females: _____ Males: _____

Affirmative Actions Taken to Obtain Applications Forms

Blacks: _____

Non-black minorities: _____

Females: _____

Recruitment and selection efforts for this position followed University
Equal Employment Opportunity/Affirmative Action and/or desegregation policies/guidelines.

DEPARTMENT HEAD/DIVISION _____ DATE _____

EMPLOYMENT MANAGER _____ DATE _____
(Salary and Qualification Review)

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION DIRECTOR _____ DATE _____

Approval is given for recommended applicant to be placed on Middle Tennessee State University's payroll.

APPROVING AUTHORITY _____ TITLE _____ DATE _____

PLEASE RETURN TO THE EMPLOYMENT OFFICE

*For statistical and reporting purposes only

*MIDDLE TENNESSEE STATE UNIVERSITY
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER*