

# FORM D

## RECRUITMENT SUMMARY

### AUBURN UNIVERSITY

POSITION TO BE FILLED \_\_\_\_\_  
 DEPARTMENT \_\_\_\_\_  
 COLLEGE/VICE-PRESIDENT \_\_\_\_\_  
 POSITION NO. \_\_\_\_\_

Person Recommended \_\_\_\_\_

Date of Final Selection \_\_\_\_\_ Preferred Starting Date \_\_\_\_\_

Type of Appointment (Check as Appropriate):

Regular \_\_\_\_\_ Temporary \_\_\_\_\_ Visiting \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Annual Base Salary Rate \$ \_\_\_\_\_ for \_\_\_\_\_ mos. Current AU Employee? Yes \_\_\_\_\_ No \_\_\_\_\_

### SUMMARY OF RECRUITMENT PROCEDURES

**Note: Responses to questions 2 through 5 should be provided as an attachment to Form D.**

1. Which of the Recruitment Plan activities listed on Form A were used?

1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16   17   18

2. Please list any additional resources you used that were not included in your Recruitment Plan. (If there were none, please so indicate.)

3. If there were female or black applicants who were not interviewed, please explain why each was eliminated from further consideration. **Explanations should be job-related and specific to each individual.**

4. Please list a description of the criteria used in selecting the final candidate. (Do not simply attach a copy of the advertisement.) The listing should include:

- Minimum qualifications (the advertised qualifications with which all viable candidates were required to comply).
- Desirable qualifications (additional criteria which were used in evaluating the relative qualifications of candidates).

5. Please summarize briefly each interviewed candidate's qualifications and the criteria differentiating the recommended candidate from the others. Explain why the recommended candidate was chosen.

Obtain signatures and then mail all copies of this form to the AA/EEO Office, Suite 13, Quad Center.

\_\_\_\_\_  
 DEPARTMENTAL EXECUTIVE OFFICER      DATE      SIGNATURE OF PERSON FILLING OUT FORM      DATE

\_\_\_\_\_  
 COLLEGIATE DEAN OR VICE-PRESIDENT      DATE      DIRECTOR OF AFFIRMATIVE ACTION      DATE

**Note:** Please indicate how we should process the following forms after approval:

Form D:    \_\_\_ Call 4-\_\_\_\_\_ for pick up.                      UPO-100:    \_\_\_ Call 4-\_\_\_\_\_ for pick up.  
               \_\_\_ Mail (Address: \_\_\_\_\_)                                      \_\_\_ Mail (Address: \_\_\_\_\_)  
               \_\_\_ E-mail (Address: \_\_\_\_\_)                                      \_\_\_ E-mail (Address: \_\_\_\_\_)