

EQUAL EMPLOYMENT REVIEW CERTIFICATE

POSITION INFORMATION

1. JOB TITLE OF POSITION BEING FILLED	2. POSITION NUMBER	3. EEO CODE/JOB GROUP
4. BUREAU/ORGANIZATIONAL UNIT NAME		
5. ADDRESS OF BUREAU/ORGANIZATION UNIT	6. PAY SCALE GROUP	7. <input type="checkbox"/> CIVIL SERVICE <input type="checkbox"/> NON-CIVIL SERVICE

CANDIDATE INFORMATION

8. NAME	9. SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> UNDECLARED	10. SOCIAL SECURITY NO.	11. <input type="checkbox"/> VETERAN
12. IS THE RECOMMENDED CANDIDATE A MEMBER OF A MINORITY GROUP? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF "YES," CHECK THE APPROPRIATE BOX:			
<input type="checkbox"/> 1 - BLACK/AFRICAN-AMERICAN	<input type="checkbox"/> 2 - HISPANIC/LATINO	<input type="checkbox"/> 4 - NATIVE AMERICAN/ALASKAN	<input type="checkbox"/> 7 - TWO OR MORE RACES
<input type="checkbox"/> 5 - NATIVE HAWAIIAN/PACIFIC ISLANDER	<input type="checkbox"/> 6 - ASIAN		

<p>13A. TYPE OF PERSONNEL ACTION (CHECK THE APPROPRIATE BOX)</p> <p><input type="checkbox"/> APPOINTMENT</p> <p><input type="checkbox"/> PROMOTION</p> <p><input type="checkbox"/> DEMOTION (VOLUNTARY & INVOLUNTARY)</p> <p><input type="checkbox"/> TRANSFER</p> <p><input type="checkbox"/> REASSIGNMENT</p> <p><input type="checkbox"/> (31) RECLASSIFICATION INITIATED BY EMPLOYER</p> <p><input type="checkbox"/> (32) RECLASSIFICATION - EMPLOYEE/UNION GRIEVANCE</p> <p><input type="checkbox"/> (33) RECLASSIFICATION - SETTLEMENT, PHRC, EEOC, UNION, SCSC, ETC.</p> <p><input type="checkbox"/> (34) FURLOUGH</p> <p><input type="checkbox"/> (35) REINSTATEMENT - SETTLEMENT, PHRC, EEOC, UNION, SCSC, ETC.</p>	<p>14A. WAS AN EQUAL OPPORTUNITY OBJECTIVE ESTABLISHED FOR THIS JOB GROUP/ IF YES, CHECK THE APPROPRIATE BOX.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>RACE CODE: 1 2 3 4 5 6 7</p> <p>MALE: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>FEMALE: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>UNDECLARED: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>13B. WHAT TYPE OF CIVIL SERVICE CERTIFICATION LIST WAS USED? (CHECK ALL THAT APPLY)</p> <p><input type="checkbox"/> EMPLOYMENT LIST</p> <p><input type="checkbox"/> INTER-AGENCY PROMOTION LIST</p> <p><input type="checkbox"/> INTRA-AGENCY PROMOTION LIST</p> <p><input type="checkbox"/> PWOE - COMPETITIVE (4)</p> <p><input type="checkbox"/> PWOE - NON-COMPETITIVE (5)</p> <p><input type="checkbox"/> LATERAL TRANSFER (6)</p> <p><input type="checkbox"/> REASSIGNMENT (7)</p> <p><input type="checkbox"/> DEMOTION (8)</p> <p><input type="checkbox"/> REINSTATEMENT (9)</p> <p><input type="checkbox"/> SELECT CERT (B)</p> <p><input type="checkbox"/> NON-RECLASS ACTION, ETC.</p> <p><input type="checkbox"/> OTHER (SPECIFY)</p>	<p>14B. WILL THE PROJECTED OBJECTIVE BE MET AS A RESULT OF THIS RECOMMENDATION?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF NOT, WHAT EFFORTS WILL BE MADE TO ACHIEVE THE PROJECTED OBJECTIVES DURING THIS CALENDAR YEAR: (IF NECESSARY, USE AN 8 1/2 X 11 SHEET OF PAPER)</p>
<p>13C. WAS VETERANS' PREFERENCE UTILIZED IN THE RECOMMENDATION OF THIS CANDIDATE?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>14C. RACE CODE</p> <p>1-BLACK/AFRICAN-AMERICAN</p> <p>2-HISPANIC/LATINO</p> <p>3-WHITE</p> <p>4-NATIVE AMERICAN/ALASKAN</p>
<p>13D. IF NON-CIVIL SERVICE, WAS CANDIDATE REFERRED BY BUREAU OF TALENT ACQUISITION?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>5-NATIVE HAWAIIAN/PACIFIC ISLANDER</p> <p>6-ASIAN</p> <p>7-TWO OR MORE RACES</p>

RECRUITMENT INFORMATION

15. WHAT EFFORTS WERE MADE TO RECRUIT MINORITIES AND WOMEN APPLICANTS? (DESCRIBE FULLY THE RESULTS OF EFFORTS SUCH AS ADVERTISING, POSTING, SITE VISITS, PERSONAL CONTACTS, ETC. IF NECESSARY, USE AN 8 1/2 X 11 SHEET OF PAPER)

16A. NUMBER OF PERSONS REFERRED FOR THIS POSITION BY HUMAN RESOURCES?

16B. HOW MANY PERSONS WERE INTERVIEWED?

17. DID YOU REQUEST THAT THE AGENCY HUMAN RESOURCE OFFICE SEND THIS JOB POSITION TO OTHER STATE AGENCIES?
 YES NO

18. NUMBER OF APPOINTABLE APPLICANTS INTERVIEWED BY SEX AND RACE/ETHNICITY:
 A - NUMBER OF PERSONS REFERRED BY HR
 B - NUMBER OF PERSONS INTERVIEWED

MALES	APPLICANTS		FEMALES	APPLICANTS		UNDECLARED	APPLICANTS	
	A	B		A	B		A	B
1-BLACK/AFRICAN-AMERICAN			1-BLACK/AFRICAN-AMERICAN			1-BLACK/AFRICAN-AMERICAN		
2-HISPANIC/LATINO			2-HISPANIC/LATINO			2-HISPANIC/LATINO		
3-WHITE			3-WHITE			3-WHITE		
4-NATIVE AMERICAN/ALASKAN			4-NATIVE AMERICAN/ALASKAN			4-NATIVE AMERICAN/ALASKAN		
5-NATIVE HAWAIIAN/PACIFIC ISLANDER			5-NATIVE HAWAIIAN/PACIFIC ISLANDER			5-NATIVE HAWAIIAN/PACIFIC ISLANDER		
6-ASIAN			6-ASIAN			6-ASIAN		
7-TWO OR MORE RACES			7-TWO OR MORE RACES			7-TWO OR MORE RACES		

PLACEMENT INFORMATION

19. WHY IS THE SELECTED CANDIDATE CONSIDERED THE MOST QUALIFIED?

20. INDIVIDUAL MAKING RECOMMENDATION/TITLE SIGNATURE OF INDIVIDUAL MAKING RECOMMENDATION

SUPERVISOR'S NAME DATE

21. HUMAN RESOURCE OFFICE RECOMMENDATION APPROVAL DISAPPROVAL

22. EQUAL OPPORTUNITY OFFICE RECOMMENDATION APPROVAL DISAPPROVAL

21A. REASON FOR DISAPPROVAL: 22A. REASON FOR DISAPPROVAL:

HUMAN RESOURCE OFFICER'S SIGNATURE (OR DESIGNEE) DATE EQUAL OPPORTUNITY MANAGER'S/SPECIALIST'S SIGNATURE DATE

HUMAN RESOURCE OFFICER'S SIGNATURE (OR DESIGNEE) DATE

IF EITHER OF THE ABOVE DISAPPROVE, FORWARD ORIGINAL AND COPY TO THE DEPUTY FOR FURTHER REVIEW

APPROVED DISAPPROVED

DEPUTY'S SIGNATURE DATE

THIS ACTION HAS BEEN CONDUCTED IN ACCORDANCE WITH ALL APPLICABLE FEDERAL AND STATE LAWS MANDATING EQUAL EMPLOYMENT OPPORTUNITY, INCLUDING, BUT NOT LIMITED TO, THE UNITED STATES CIVIL RIGHTS ACT OF 1964, THE PENNSYLVANIA HUMAN RELATIONS ACT, AND THE GOVERNOR'S EXECUTIVE ORDER 2016-04.