

## PERSONNEL DATA (FORM 2)

Type of Position: Faculty: Regular Appt. \_\_\_\_\_ Substitute Appt. \_\_\_\_\_ Visiting Appt./Other \_\_\_\_\_  
Non-Teaching Instructional Staff (CLT, HEO, Registrar, and Research Series)  
Research Foundation or Other Non Tax Levy Position  
Classified Staff

Search Committee Chair \_\_\_\_\_ Department / Position to be Filled \_\_\_\_\_ PVN \_\_\_\_\_

1. Number of applications received: Total \_\_\_\_\_ Men \_\_\_\_\_ Women \_\_\_\_\_

2. Candidates recommended for interview (attach additional sheets, if necessary):

Name	Gender	Ethnicity/ Other*	Referral Sources	Interview Date	Disposition**
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**CPLA Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

3. Candidates recommended to selecting official (second level screening). If a third level is necessary, please use box below.

Name	Gender	Ethnicity/ Other*	Disposition**
1.			
2.			
3.			
4.			
5.			
6.			

**CPLA Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

4. Candidates recommended to selecting official (third-level screening)

Name	Gender	Ethnicity/ Other*	Disposition**
1.			
2.			
3.			
4.			

\* See Ethnicity Codes designations on other side. Please provide a written explanation for each woman or other protected group candidate who is not the proposed selection. Attach additional sheets if necessary and check here:

\*\* See Disposition Codes on the other side. -

**Note:** (1) Please attach your rating sheets. -

(2) Please attach questions asked during the interviews.

(3) Please include names of persons recommended even if then withdrew.

4. Proposed Selection \_\_\_\_\_ Salary \$ \_\_\_\_\_ Rank \_\_\_\_\_

Proposed Selection \_\_\_\_\_ Salary \$ \_\_\_\_\_ Rank \_\_\_\_\_

Were candidates other than the person(s) listed in item 3 considered as proposed finalists for the position? If yes, fill in below:

Name	Disposition/Reasons for non-acceptance
1.	
2.	

Attach additional sheets if necessary and check here

**AUTHORIZING SIGNATURES:**

A. **President, Provost or Div. V.P.:** \_\_\_\_\_  
(Signature) \_\_\_\_\_ (Date)

**B. SEARCH COMMITTEE**

The signatures below attest that a good faith effort was made to conduct the search and selection process in accordance with the CUNY and York College Affirmative Action Program and Policy, and other relevant personnel policies and practices.

Members of the Search Committee (signatures).

(1) \_\_\_\_\_ (4) \_\_\_\_\_  
(2) \_\_\_\_\_ (5) \_\_\_\_\_  
(3) \_\_\_\_\_ (6) \_\_\_\_\_

**C. AFFIRMATIVE ACTION OFFICER**

CONCUR: \_\_\_\_\_

NOT APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

If not approved by AACD, approval must be obtained from the President.

Codes (for CUNY and Federal Statistical purposes)

**Race/Ethnicity/Other Group Status**

- (A) Unknown
- (B) White – (not Hispanic or Latino)
- (C) Black or African American  
(not Hispanic or Latino)
- (D) Hispanic or Latino (not Puerto Rican)
- (F) Asian (not Hispanic or Latino)
- (G) American Indian/Alaskan Native  
(not Hispanic or Latino)
- (H) Italian American
- (I) Native Hawaiian or Other Pacific Islander  
(not Hispanic or Latino)
- (J) Puerto Rican

**Referral Sources**

- 1. Internal Applicant
- 2. Discipline Journal
- 3. Chronicle of Higher Education
- 4. New York Times
- 5. Other (Explain) \_\_\_\_\_

**Veterans**

- (1) Known Disability
- (2) Vietnam Era Veteran
- (3) Special Disabled Veteran

**Disposition Codes**

- 1. Applicant withdrew from consideration
- 2. Unfavorable reference check
- 3. Other (Attach additional sheet stating reasons)

cc: **Human Resources**