

**Marquette University
Affirmative Action Form**

Department:	
Position Title:	Position Code:

Notice of Vacancy	
Name of Publication/Source (If more space needed, attach separate sheet) If a <i>Work for Marquette</i> was NOT issued, please attach verification of prior approval to bypass requirement.	Issue Date
1. <i>Work for Marquette</i> & MU Web Page	
2.	
3.	
4.	

Applicant Data		
Applicants are those who submit a resume/application for an open position before the completion of the search. The completion of the search is the application deadline date or the date that a verbal offer has been accepted.		
Total Number of Applicants:	Male:	Female:
Total Number of Interviews:	Male:	Female:
Name of Candidate(s) Hired: (Please list if more than one)	Gender: M or F	Ethnic Group* (if known):

Signatures

I certify that those recommended for hire are the best qualified candidates. I understand that the information supplied is required to satisfy the Equal Employment Opportunity/Affirmative Action obligations required by Executive Order No. 11246, as amended, and the regulations of the Office of Federal Contract Compliance Programs as well as the spirit and letter of the Marquette University's Affirmative Action Plan. The department will maintain the following information, which will be kept on file for three (3) years from the starting date of the position: resumes/applications; disposition of each applicant (not interviewed, phone interviewed/no offer, interviewed/no offer, declined interview, declined offer); copies of all notice of vacancy; names of interviewers; and any other records pertaining to search.

Search Coordinator:	Date:
Vice President/Provost/Dean/Dept. Head:	Date:
Affirmative Action Officer:	Date:

For Human Resource Use ONLY - Applicant Provided Data		
<i>Ethnic Group *</i>	<i>If Applicable</i>	<i>Summary of Referral Source Info</i>
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Disabled	_____
<input type="checkbox"/> Black		_____
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Vietnam Era Veteran	_____
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Vietnam Era & Disable Veteran	_____
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Other Eligible Veteran	_____
<input type="checkbox"/> Unknown	<input type="checkbox"/> Special Disabled Veteran	_____
Gender Male Female		