

**TENNESSEE DEPARTMENT OF HEALTH EEO REPORT**

In order to demonstrate compliance with Title VII of the Civil Rights Act and the Rehabilitation Act, complete the following information and return with the attached Certificate of Eligibles to the Division of Personnel.

**(NO CERTIFICATE OF ELIGIBLES WILL BE PROCESSED WITHOUT THIS ATTACHMENT)**

JOB TITLE \_\_\_\_\_ DATE \_\_\_\_\_

TYPE REGISTER: Appointment \_\_\_\_\_ Promotion \_\_\_\_\_ Service wide \_\_\_\_\_  
 Work Test List \_\_\_\_\_ Lay-Off List \_\_\_\_\_ Transfer List \_\_\_\_\_  
 NO. CONTACTED: Letter \_\_\_\_\_ Phone \_\_\_\_\_ Other \_\_\_\_\_  
 (Specify) \_\_\_\_\_

	Interviews Conducted	Total Hired	Disabled Interviewed	Disabled Hired
WHITE MALES	_____	_____	_____	_____
WHITE FEMALES	_____	_____	_____	_____
MINORITY MALES	_____	_____	_____	_____
MINORITY FEMALES	_____	_____	_____	_____
TOTAL:	_____	_____	_____	_____

Name of person selected \_\_\_\_\_

Was this a New Hire \_\_\_\_\_ Promotion \_\_\_\_\_ Transfer \_\_\_\_\_

Was a minority selected? Yes \_\_\_\_\_ No \_\_\_\_\_ If a minority was interviewed and not selected, list name(s) and explain non selection:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

INTERVIEWER(S) SIGNATURE \_\_\_\_\_

BUREAU \_\_\_\_\_ DIVISION \_\_\_\_\_ REGIONAL OFFICE \_\_\_\_\_

**NOTE: THIS REPORT MUST BE RETURNED WITH THE CIVIL SERVICE REGISTER**

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 Revised 4/87

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