State of California - Controller's Office

REPORT OF HIRING

Signature of Division Chief

EEO-001 (06-2023)

STATE C	ONTROLL	ER'S OFF	ICE – REPO	ORT OF I	HIRIN	G INFOR	MATIC	ON (ROH)		
Job Bulletin Number (4 digit No.)	Job Bulletin Issue Date		Job Classif	Job Classification Number			Job Title			
Name (Last, First, M.I.)				Appointee	ointment Da	nt Date Number of Applications Received				
Ethnic Group		Number of Applica		nts Interv	ı	Number of Applicants Selected				
		М	F		Total		М	F	Total	
American Indian or Alaska Native										
Asian										
Black or African American										
Hispanic or Latino										
Pacific Islander										
White										
Other										
Unknown										
		Number of Applicants Interviewe				d Number of Applicants Selected				
		М	F		Total		М	F	Total	
Disabled										
Military										
Name of Interviewer (Last, First, M.I.)	•	M/F	Ethnic	Group		Disabled		Job Title		
This report is necessary in orde	er to comply		ual Employm on procedure				on (EEC	DC) guidelines on	employment	
Comments by Division										
Form Completed by (Last, First, M.	.)		1 1	Phone Num	ber					

Please return original ROH form to the Equal Employment Opportunity Office and retain a copy for your records with your personnel liaison. This document contains Personal and Confidential Information. Do not distribute or duplicate.

Date