DHC HIRING RECOMMENDATION FORM

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| **Dept./**  **School:** |  | **Position Rank:** |  |
| **DHC Chair:** |  | **Position Num.:** |  |
| **Equity Advocate:** |  | **If applicable:** | Designated Indigenous position  Designated Equity position  Other [please specify]: |

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| **DETAILS OF RECOMMENDED CANDIDATE(S)** | | | |
| **Name of Candidate(s):** |  | **Country of Citizenship:** |  |
| **Rank Recommended for Candidate(s):** | Limited Term Faculty  Acting Assistant Professor  Assistant Professor  Associate Professor  Professor  CRC | **Current Province & Country of Residence:** |  |
| **Probationary Period [if less than 6 yrs]** |  | **Start Date [and End Date, if applicable]:** |  |
| **Has the candidate self-identified as:** | First Nations, Métis and Inuit peoples, Indigenous peoples of North America,  Racialized persons  Persons with disabilities  Women  2SLGBTQ+.  None of the above | | |
| **Is this candidate your first choice?** | Yes  No [please explain]: | | |
| **If recommending a foreign candidate or a permanent resident of Canada who has lived out of the country for an extensive period, have you consulted on immigration process and requirements?**  Yes  No | | | |

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| **EQUITY, DIVERSITY AND INCLUSION (EDI) DURING SEARCH PROCESS: to be completed by the Equity Advocate and the DHC Chair** | |
| What steps did the DHC take to enhance its EDI awareness? |  |
| What were your equity goals and what information were they based on? |  |
| How did your Selected and Appointed DHC members achieve your EDI goals? |  |
| What advertising and outreach efforts did you engage in and how did they serve your equity goals? |  |
| How did you use the Applicant Diversity Self-ID info.? |  |
| What steps did you take to minimize bias during screening and assessment of your candidates? |  |
| How were candidates with diversity of scholarship and career paths considered? |  |
| How will your recommended candidate help your dept/school achieve its EDI goals? |  |

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| **DETAILS OF YOUR APPLICANT POOL** | | | | |
| **Total applicants** | **Canadian** | **Foreign** | **Completed Diversity Self-ID** | **Did not complete Diversity Self-ID** |
|  |  |  |  |
| **Num. of candidates who self-identified as belonging to one or more of the following equity groups:** | | | | |
|  | **From the total pool of applicants** | **From your longlist** | **From your preferred candidate list** | **From your list of recommended candidates** |
| First Nations, Métis and Inuit peoples, Indigenous peoples of North America |  |  |  |  |
| Racialized |  |  |  |  |
| Disabled |  |  |  |  |
| Women |  |  |  |  |
| 2SLGBTQ+ |  |  |  |  |

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| **Please confirm that the following steps were completed by your DHC in relation to your shortlisted candidates [i.e. those on your preferred candidate list]. If any of these obligations have not been completed, please provide a brief explanation below:**    CVs made available to all faculty in the Dept/School and to the Dean [Article 4.2.K.]  Candidates were invited for an interview [Article 4.2.L.]  Candidates delivered a presentation to which individuals associated with the Dept/School were invited [Article 4.2.L.]  Dept/School faculty were invited to provide feedback on CVs and public presentations [Article 4.2.M].:  Comments: |
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| **ASSESSMENT OF YOUR RECOMMENDED CANDIDATE** | |
| Education (if recommending ABD candidate, indicate expected date of completion) |  |
| SRC |  |
| Teaching |  |
| Additional Criteria - e.g., professional licensing/designation (indicate expected completion date if license is pending) |  |
| Details from references: |  |
| Please explain how the recommended candidate is best qualified: |  |
| Please elaborate on, and provide rationale for, any special conditions being recommended (e.g., reduced probationary period, appointment with tenure, appointment at the Acting Assistant Professor rank, etc.). |  |
| If there was disagreement within the DHC, please provide votes (without names) and an explanation of the disagreement: |  |

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| **DHC’S SIGNATURES** | | | |
| Name & Signature: |  | Date: |  |
| Name & Signature: |  | Date: |  |
| Name & Signature: |  | Date: |  |
| Name & Signature: |  | Date: |  |
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