

SUPPLY AND SERVICES EMPLOYMENT REPORT

GENERAL INFORMATION

- 1. Your contractual relationship in this contract is:
Prime contractor _____ Subcontractor _____

- 2. This Employment Report is for:
Headquarters _____ Operating Facility _____

- 3. Would your firm like information on how to certify with the City of New York as a:

 Minority Owned Business Enterprise Locally Based Business Enterprise
 Women Owned Business Enterprise Emerging Business Enterprise
 Disadvantaged Business Enterprise

- 3a. If you are certified as an **MBE, WBE, LBE, EBE** or **DBE**, what city/state agency are you certified with? _____ Are you DBE certified? Yes _____ No _____

- 4. Please indicate if you would like assistance from SBS in identifying certified M/WBEs for contracting opportunities: Yes _____ No _____

- 5. Are you a Union contractor? Yes _____ No _____ If yes, please list which local(s) you affiliated with _____

- 6. Are you a Veteran owned company? Yes _____ No _____

PART I: CONTRACTOR/SUBCONTRACTOR INFORMATION

- 7. _____
Employer Identification Number or Federal Tax I.D./ E-mail Address

- 8. _____
Company Name

- 9. _____
Facility Address and Zip Code

- 10. _____
Chief Operating Officer Telephone Number

- 11. _____
Designated Equal Opportunity Compliance Officer Telephone Number
(Or name of person to contact concerning this report)

12. _____
 Name of Prime Contractor and Contact Person
 (If same as Item #8, write "same")
13. (a) Number of employees at this facility (location): _____ (b) Number of employees at company: _____
14. Industry code: _____
15. Contract information:
- | | |
|--|---|
| (a) _____
Contracting Agency (City Agency) | (b) _____
Contract Amount |
| (c) _____
Procurement Identification Number (PIN) | (d) _____
Contract Registration Number (CT#) |
| (e) _____
Projected Commencement Date | (f) _____
Projected Completion Date |
- (g) Description of contract:

16. List each of the firm's facilities, with addresses and the number of employees where this contract or parts of this contract will be performed. See instructions.

17. Is any or part of this contract, in an amount exceeding \$100,000 to be performed by a subcontractor? Yes___ No___ Not known at this time___
- If yes, please submit list the name(s) and address(es) of the subcontractor(s), and either attach a copy of their Employment Report(s) or have them submit directly to the contracting agency. If subcontractors are unknown at this time, see the instructions for subcontractor submissions.

18. Has the Division of Labor Services (DLS) within the past 36 months issued a Certificate of Approval or Administrative Certificate of Approval to your firm for the facility(ies) involved in the performance of this contract? Yes___ No___
- If yes, attach a copy of certificate.
19. Has DLS within the past three months reviewed an Employment Report submission for your firm and issued a Conditional Certificate of Approval or a Conditional Administrative Certificate of Approval? Yes___ No___

If yes, attach a copy of certificate.

NOTE: DLS WILL NOT ISSUE A CONTINUED CERTIFICATE OF APPROVAL IN CONNECTION WITH THIS CONTRACT UNLESS THE REQUIRED CORRECTIVE ACTIONS IN PRIOR CONDITIONAL CERTIFICATES OF APPROVAL HAVE BEEN TAKEN.

20. Has an Employment Report already been submitted for a different contract (not covered by this Employment Report) for which you have not yet received compliance certificate and includes the facility(ies) listed here? Yes___ No___

If yes,

Date submitted:

Agency to which submitted: _____

Name of Agency Person: _____

Contract No: _____

Telephone: _____

21. Has your company in the past 36 months been audited by the United States Department of Labor, Office of Federal Contract Compliance Programs (OFCCP)? Yes___ No___

If yes,

(a) Name and address of OFCCP office.

- (b) Was a Certificate of Equal Employment Compliance issued within the past 36 months?
Yes___ No___

If yes, attach a copy of such certificate.

- (c) Were any corrective actions required or agreed to? Yes___ No___

If yes, attach a copy of such requirements or agreements.

- (d) Were any deficiencies found? Yes___ No___

If yes, attach a copy of such findings.

22. Is your company or its affiliates a member or members of an employers' trade association which is responsible for negotiating collective bargaining agreements (CBA) which affect construction site hiring? Yes___ No___

If yes, attach a list of such associations and all applicable CBA's.

PART II: DOCUMENTS REQUIRED

23. For the following policies or practices, attach the relevant documents (e.g., printed booklets, brochures, manuals, memoranda, etc.). If the policy(ies) are unwritten, attach a full explanation of the practices. See instructions.

- (a) Health benefit coverage/description(s) for all management, nonunion and union employees (whether company or union administered)
- (b) Disability, life, other insurance coverage/description
- (c) Employee Policy/Handbook
- (d) Personnel Policy/Manual
- (e) Supervisor's Policy/Manual
- (f) Pension plan or 401k coverage/description for all management, nonunion and union employees, whether company or union administered
- (g) Collective bargaining agreement(s).
- (h) Employment Application(s)
- (i) Employee evaluation policy/form(s).
- (j) Does your firm have medical and/or non-medical (i.e. education, military, personal, pregnancy, child care) leave policy
- (k) Sexual Harassment Policy

24. To comply with the Immigration Reform and Control Act of 1986 when and of whom does your firm require the completion of an I-9 Form?

- | | |
|--|--------------|
| (a) Prior to job offer | Yes___ No___ |
| (b) After a conditional job offer | Yes___ No___ |
| (c) After a job offer | Yes___ No___ |
| (d) Within the first three days on the job | Yes___ No___ |
| (e) To some applicants | Yes___ No___ |
| (f) To all applicants | Yes___ No___ |
| (g) To some employees | Yes___ No___ |
| (h) To all employees | Yes___ No___ |

25. Explain where and how completed I-9 Forms, with their supportive documentation, are maintained and made accessible.

26. Does your firm or any of its collective bargaining agreements require job applicants to take a medical examination? Yes _____ No _____

If yes, is the medical examination given:

- (a) Prior to a job offer Yes___ No___
- (b) After a conditional job offer Yes___ No___
- (c) After a job offer Yes___ No___
- (d) To all applicants Yes___ No___
- (e) Only to some applicants Yes___ No___

If yes, list for which applicants below and attach copies of all medical examination or questionnaire forms and instructions utilized for these examinations.

27. Do you have a written equal employment opportunity (EEO) policy? Yes___ No___

If yes, list the document(s) and page number(s) where these written policies are located.

28. Does the company have a current affirmative action plan(s) (AAP)?

If yes, for which of the following groups?

___ Minorities and Women

___ Individuals with handicaps

___ Other. Please specify _____

29. Does your firm or collective bargaining agreement(s) have an internal grievance procedure with respect to EEO complaints? Yes___ No___

If yes, please attach a copy of this policy.

If no, attach a report detailing your firm's unwritten procedure for handling EEO complaints.

30. Has any employee, within the past three years, filed a complaint pursuant to an internal grievance procedure or with any official of your firm with respect to equal employment opportunity? Yes___ No___

If yes, attach an internal complaint log. See instructions.

31. Has your firm, within the past three years, been named as a defendant (or respondent) in any administrative or judicial action where the complainant (plaintiff) alleged violation of any anti-discrimination or affirmative action laws? Yes___ No___

If yes, attach a log. See instructions.

32. Are there any jobs for which there are physical qualifications? Yes___ No___

If yes, list the job(s), submit a job description and state the reason(s) for the qualification(s).

33. Are there any jobs for which there are age, race, color, national origin, sex, creed, disability, marital status, sexual orientation, or citizenship qualifications? Yes___ No___

If yes, list the job(s), submit a job description and state the reason(s) for the qualification(s).

34. Please check below whether the following policies and practices apply to the job categories listed:

Job Category	Job Description	Promote from Within	External Hire	Job Posting	On-the-Job Training
Managers					
Professional					
Technicians					
Sales Worker					
Clericals					
Operatives/Laborers					
Service Workers					

35. **FOR CONTRACTORS EMPLOYING 150 OR MORE EMPLOYEES:** Please indicate below the relevant geographic recruitment or labor market area(s) (i.e. nation, specific county or specific metropolitan, statistical area) for each job category employed at this facility.

Job Category	Relevant Geographic Recruitment or Labor Market Area(s)
Managers	
Professional	
Technicians	
Sales Worker	
Clericals	
Operatives/Laborers	
Service Workers	

IF YOU EMPLOY LESS THAN 150 EMPLOYEES: Please indicate below. Contractors with less than 150 employees do not need to complete Part III.

I certify that there are fewer than 150 people at the facilities listed in this Employment Report.

SIGNATURE PAGE

I, (print name of authorized official signing) _____ hereby certify that the information submitted herewith is true and complete to the best of my knowledge and belief and submitted with the understanding that compliance with New York City's equal employment requirements, as contained in Chapter 56 of the City Charter, Executive Order No. 50 (1980), as amended, and the implementing Rules and Regulations, is a contractual obligation.

Contractor's Name

Name of person who prepared this Employment Report Title

Name of official authorized to sign on behalf of the contractor Title

Telephone Number

Signature of authorized official Date

Willful or fraudulent falsifications of any data or information submitted herewith may result in the termination of the contract between the City and the bidder or contractor and in disapproval of future contracts for a period of up to five years. Further, such falsification may result in civil and/or criminal prosecution.

To the extent permitted by law and consistent with the proper discharge of DLS' responsibilities under Charter Chapter 56 of the City Charter and Executive Order No. 50 (1980) and the implementing Rules and Regulations, all information provided by a contractor to DLS shall be confidential.

Only original signatures accepted.

Sworn to before me this _____ day of _____ 20 _____

Notary Public Authorized Signature Date

FORM A: JOB CLASSIFICATION AND INCUMBENTS FORM

Occupational Category (CIRCLE ONE)* MGRS PROF TECH SAL CLER SERV FARM CRFT OPER LABR

Total number of incumbents in this category

CONTRACTOR NAME _____

FACILITY LOCATION: _____

(1) Company Job Title	(2) Company Job No.	(3) Census Code**	(4) Job Group Assignment for this occupational category					(5) Total in Title	MALES					FEMALES						
									(6) W(non -Hisp)	(7) B(non -Hisp)	(8) Hisp	(9) Asian	(10) Nat Amer	(11) W(non -Hisp)	(12) B(non -Hisp)	(13) Hisp	(14) Asian	(15) Nat Amer		
			1	2	3	4	5													

*Please include on each sheet, information concerning only 1 occupational category.
 **See listing of occupational categories.

NOTE: Make as many copies of this form as you require for each occupational category.

FORM B: NEW HIRES FORM/TRACKING EMPLOYEES HIRED OVER THE LAST THREE YEARS

CONTRACTOR NAME _____

FACILITY LOCATION: _____

Employee Characteristics

At-Hire Information

Current Information

(1) Employee ID No.	(2) Sex (a)	(3) Race Ethnic Code (b)	(4) Year of Hire	(5) Company Job Number at Hire	(6) Matching Census Code (c)	(7) Weekly Salary at Hire	(8) Current Company Job Number (d)	(9) Weekly Current Salary

(a)

(b)

(c)

(d)

M: Male
F: Female

W: White(non-Hisp)
B: Black(non-Hisp)
H: Hispanic
A: Asian
N: Native American

See listing of occupational categories

V: Voluntarily terminated employment (Resigned)
I: Involuntarily terminated employment (Discharged/Lay off)
R: Retired
D: Deceased

I certify that there were no new hires in 20__/20__

NOTE: Make as many copies of this form as you require.

