**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:_____

| | | | | | | | | | MALES | | | | | FEMALES | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) Company Job Title | (2) Company Job No. | (3) Census Code** | (4) Job Group Assignment for this occupational category 1 | 2 | 3 | 4 | 5 | (5) Total in Title | (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 |
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*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.


FOR OFFICIAL USE ONLY: File No._____

**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)<br>Social Security No.<br>or Employee ID No. | (2)<br>Sex (a) | (3)<br>Race Ethnic Code (b) | (4)<br>Year of Hire | (5)<br>Company Job Number at Hire | (6)<br>Matching Census Code (c) | (7)<br>Weekly Salary at Hire | (8)<br>Current Company Job Number (d) | (9)<br>Weekly Current Salary |
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(a)

**M**: Male
**F**: Female

(b)

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

(c)

See listing of occupational categories

(d)

**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.


FOR OFFICIAL USE ONLY: File No._____

**FORM C: TERMINATIONS FORM EMPLOYMENT TERMINATIONS OVER THE LAST THREE YEARS**

CONTRACTOR NAME_____

FACILITY LOCATION_____

| (1)<br>Social Security No.<br>or Employee ID No. | (2)<br>Sex (a) | (3)<br>Race Ethnic<br>Code (b) | (4)<br>Age at<br>Termination | (5)<br>Year of<br>Hire | (6)<br>Last Company<br>Job Number | (7)<br>Year of<br>Termination | (8)<br>Type of Termination(d) |
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(a)

**M**: Male
**F**: Female

(b)

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

(c)

See listing of
occupational categories

(d)

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

☐ I certify that there were no terminations in 20___ /20___

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


FOR OFFICIAL USE ONLY: File No._____

**JOB DESCRIPTION FORM**

Complete this form only if you are unable to assign a particular job number or title to an occupational category, or to assign a census code to a particular job number or title.

Job Title: _____

Entry Level: _____ YES _____ NO

Routine Duties:

_____
_____
_____
_____

Occasional Duties:

_____
_____
_____
_____

Requisite Skills and Experience:

_____
_____
_____
_____

Type(s) of Jobs From Which Promotions into this Job Occur:

_____Managerial
_____Professional
_____Clerical
_____Sales
_____Technical
_____Service
_____Operatives
_____Laborers

Jobs titles from which promotions into this job occur:

_____
_____
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