



11. Number of employees at this facility (location): \_\_\_\_\_

12. Industry code: \_\_\_\_\_

13. Contract information:

(a) \_\_\_\_\_  
Contracting Agency (City Agency)

(b) \_\_\_\_\_  
Contract Amount

(d) \_\_\_\_\_  
Procurement Identification Number (PIN)

(e) \_\_\_\_\_  
Contract Registration Number (CT#)

(d) \_\_\_\_\_  
Projected Commencement Date

(e) \_\_\_\_\_  
Projected Completion Date

(f) Description of contract:

\_\_\_\_\_

\_\_\_\_\_

14. 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Has the Division of Labor Services (DLS) within the past 24 months issued a Certificate of Approval or Administrative Certificate of Compliance to your firm for the facility(ies) involved in the performance of this contract? Yes\_\_\_ No\_\_\_

If yes, attach a copy of certificate.

17. 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 Compliance? 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.**

18. 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: \_\_\_\_\_

19. Has your company in the past 12 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 24 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.

20. 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**

21. 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?

22. 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___ |

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

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24. 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.

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25. 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.

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26. 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 \_\_\_\_\_

27. 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.

28. 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.

29. 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.

30. 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).  
 \_\_\_\_\_  
 \_\_\_\_\_

31. 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).  
 \_\_\_\_\_  
 \_\_\_\_\_

32. 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					

33. 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.



**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					(5) Total in Title	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
			W(non-Hisp)	B(non-Hisp)	Hisp	Asian	Nat Amer		W(non-Hisp)	B(non-Hisp)	Hisp	Asian	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.





