



Division of Labor Services

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

PART I: CONTRACTOR/SUBCONTRACTOR INFORMATION

- 5. _____
Employer Identification Number or Federal Tax I.D (Nine (9) Numbers)
6. _____
Company Name
7. _____
Facility Address and Zip Code Fax Number
8. _____
Chief Operating Officer Telephone Number
9. _____
Designated Equal Opportunity Compliance Officer Telephone Number
(Or name of person to contact concerning this report)
10. _____
Name of Prime Contractor and Contact Person (If same as Item #6, write "same")

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

12. Industry code: _____

13. 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: _____

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 36 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.

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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 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. (Note: A letter stating that your audit has been closed is not a Certificate of Equal Employment Compliance. You must fill out a complete ER).

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, non-union and union employees (whether company or union administered)

___(b) Disability, life, other insurance coverage/description

___(c) Employee Policy/Handbook

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- ____(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. _____

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.

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) (APP) Yes _____ No _____
 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					

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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.

	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.

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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

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SPECIAL NOTICE TO VENDORS/SUPPLIERS
WITH LESS THAN 150 EMPLOYEES

Vendors or Suppliers with less than 150 employees at the facility(ies) performing on this contract need only complete parts I and II (pages 1 – 6), the Signature Page (page 7) and the “Less Than 150 Employees Certificate below for each applicable facility.

NOTE: A separate Employment Report must be completed for each facility performing on the contract.

LESS THAN 150 EMPLOYEES CERTIFICATE

I, (fill/print in name of person signing) _____, hereby affirm that I am
authorized by (contractor name) _____

To certify that said contractor employs fewer than 150 people at the following facility listed below:

Facility Address:

Number of Employees:

I, (print the name of authorized official signing) _____
understand that the **WILLFUL OR FRADUDULENT FALSIFICATION OF ANY DATA OR INFORMATION
SUBMITTED HEREWITH MAY RESULT IN THE TERMINATION OF ANY CONTRACT BETWEEN THE CITY
AND THE BIDDER OF CONTRACTOR AND BAR THE BIDDER OR CONTRACTOR FROM PARTICIPATION
IN ANY CITY CONTRACT FOR A PERIOD OF UP TO FIVE YEARS. FURTHER, SUCH FALSIFICATION MAY
RESULT IN CRIMINAL PROSECUTION.**

Sworn to before me _____

This _____ day of _____, 20 _____

Authorized Signature, Title _____

Date _____

ATTENTION: THIS IS NOT A “LESS THAN 50 EMPLOYEES CERTIFICATE”

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LESS THAN 50 EMPLOYEES CERTIFICATE

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

Please indicate if your firm would 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

Company Name Employer Identification Number or Federal Tax I.D

Company Address and Zip Code

Chief Operating Officer Telephone Number

Prime Contractor (if Subcontractor) Contact Person Contracting Agency

Description of proposed contract_

Procurement Identification Number (PIN) Contract Registration Number (CT#)

Contract Amount Term of Contract

I, (print name of authorized official signing) _____ hereby certify that I am authorized by the above-named contractor to certify that said contractor currently employs _____ people. This affirmation is made in accordance with NYC Charter Chapter 56, Executive Order No. 50 (1980) and the implementing Rules. 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.

Signature of authorized official Title Date

Only original signatures accepted.

Sworn to before me this _____ day of _____ 20 _____

Notary Public Authorized Signature Date

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