
**THE CITY OF NEW YORK
DEPARTMENT OF BUSINESS SERVICES
DIVISION OF LABOR SERVICES**

**110 William Street, 2nd Floor
New York, New York 10038
(212) 513-6433 or 513-6323
Fax No. (212) 618-8899**

SUPPLY AND SERVICE EMPLOYMENT REPORT (ER)

A. GENERAL INFORMATION:

1. Your contractual relationship in this contract is:
 - a. Contractor _____ (e.g., Vendor, Prime, Other)
 - b. Subcontractor _____ (e.g., Supplier, Manufacturer, Other)

2. This ER is for Headquarters _____ Operating Facility _____

3. Employer / Identification Number: _____

4. Number of Employees at this facility (location): _____

5. This firm is a: _____ Minority Business Enterprise
_____ Minority / Woman Business Enterprise
_____ Woman-owned Business Enterprise
_____ Other

6. Industry Code: _____

B. PART I. CONTRACTOR / SUBCONTRACTOR INFORMATION*:

1. _____
Contractor / Subcontractor Name

1a. If subcontractor, name of prime contractor is _____

2. _____
Facility Address

City State Zip Code County

3. _____
Chief Operating Officer Telephone Number

4. _____
Name of Designated Equal Opportunity Telephone Number
Compliance Officer (or Name of Person to
contact concerning this Employment Report)

Address of Designated Equal Opportunity Fax Number
Compliance Officer

****Industrial Commercial Incentive Program applicants or developers please see page 16 which should be completed in addition to Part I.***

5. _____
Nature of Contract to be Performed

6. (a) _____
Contracting Agency (City Agency)

(b) _____ (c) _____
Contract Amount Term Of Contract

7. List each of the firm's facilities, the addresses and the number of employees, where this contract or parts of this contract will be performed. *(A facility is the headquarters or an operating location which makes its own personnel decisions. Please note that each separate location is not an independent operating facility unless hiring and termination decisions are made there).*

8. Is any part of this contract, in an amount exceeding \$ 50, 000, to be performed by a subcontractor?

Yes ____ No ____ Not Known At This Time _____. If yes, please list the name (s) and address(es) of the subcontractor(s), and either submit a copy of their Employment Report(s) or have them submit directly to the contracting agency. If subcontractors are unknown at his time, see the Employment Report Instructions for subcontractor submission requirements.

9a. Has the Division of Labor Services (DLS) within the past twenty-four (24) months reviewed an ER submission for your organization and issued a Certificate of Compliance, Administrative Certificate of Compliance, or a Recertification Certificate to your firm for the facility(ies) involved in the performance of this contract?

Yes ____ No ____.

9b. Has DLS within the past three (3) months reviewed an ER submission for your organization and issued a Conditional Certificate of Compliance, or Conditional Administrative Certificate of Compliance. Yes ____ No ____.

If yes to 9a or b, submit the following documents: ATTACH A COPY OF THE CERTIFICATE; a completed Part I of the ER; a copy of your equal employment opportunity (EEO) statement as it is presented in company publications and posted on bulletin boards; and a signed and notarized ER signature page.

NOTE: DLS WILL NOT ISSUE A CONTINUED COMPLIANCE CERTIFICATE OR RECERTIFICATION IN CONNECTION WITH THIS CONTRACT UNLESS THE REQUIRED CORRECTIVE ACTIONS IN PRIOR CONDITIONAL CERTIFICATES OF COMPLIANCE HAVE BEEN TAKEN WITHIN THREE MONTHS OF THE ISSUANCE OF SUCH DOCUMENT.

9c. Has an Employment Report already been submitted for a different contract (*not covered by this Employment Report*) for which you have not yet received a compliance certificate? Yes ____ No ____ If yes, for the facility(ies) covered by the Employment Report already submitted, and not yet approved, complete only Part I of the Employment Report and provide DLS with the date the Employment Report was submitted, the name of the City agency with whom the contract is made and the name and telephone number of the person whom the Employment Report was submitted.

Date submitted: _____

Agency to which submitted: _____

Name and Title of Agency Person: _____

Telephone: _____

10. Has your firm at the facility(ies) involved in the performance of this contract, in the past twenty-four (24) 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 twenty-four (24) months? Yes ____ No ____ If yes, ATTACH A COPY OF SUCH CERTIFICATE. NOTE: You may submit a copy of such certificate in lieu of completing Parts II & III of this Employment Report. Please sign and notarize the signature page of the ER on page 9 or it will not be accepted by DLS.

ATTACH A COPY OF YOUR EEO STATEMENT AS IT IS PRESENTED IN COMPANY PUBLICATIONS AND / OR POSTED ON BULLETIN BOARDS.

NOTE: Your firm must comply with the requirements of NEW YORK CITY CHARTER CHAPTER 56, EXECUTIVE ORDER NO. 50 (1980) and the implementing rules. This includes the promulgation and dissemination of an EEO statement which includes the protected groups identified by race, color, age, sex, creed, national origin, disability, marital status, sexual orientation and citizenship status as stated in Section 3 (i) of E.O. 50.

c. Were any corrective actions required or agreed to? Yes ____ No ____ If yes, ATTACH A COPY OF SUCH REQUIREMENTS OR AGREEMENTS. NOTE: If corrective actions were agreed to or were taken, you must submit documentation (including the letters of deficiency and the conciliation agreement) regarding these corrective measures in lieu of completing Parts II & III of this Employment Report. DLS requires the submission of all future reports concerning implementation of corrective measures and / or a completed Employment Report.

C. PART II: DOCUMENTS REQUIRED:

THE DOCUMENTS LISTED BELOW MUST BE SUBMITTED WITH THIS EMPLOYMENT REPORT. These documents may be in the form of printed booklets, brochures, manuals, memoranda, etc. Please make certain that you submit the MOST CURRENT DOCUMENT (S), including all applicable amendments to the plans or policies.

NOTE: IF EACH FACILITY PERFORMING ON THE CONTRACT USES EXACTLY THE SAME SET OF DOCUMENTS PLEASE INDICATE AND SUBMIT ONE COMPLETE SET. HOWEVER, IF ANY FACILITY HAS ADDITIONAL (FACILITY SPECIFIC) POLICIES AND PROCEDURES THEN COPIES OF THESE DOCUMENTS MUST BE SUBMITTED WITH EACH RESPECTIVE EMPLOYMENT REPORT. THE OMISSION OF SUCH FACILITY SPECIFIC DOCUMENTS WILL RENDER THE EMPLOYMENT REPORT INCOMPLETE.

11. Please submit the following documents or policies. If the policy (ies) are unwritten, attach a full explanation of the practices. List and submit each document and / or unwritten practice explanation and label it according to the question to which it corresponds (e.g. 11a, 11b, etc.)

Yes or No

___ 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?

12a. 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 ____ | e) to some applicants | Yes ____ No ____ |
| b) after conditional job offer | Yes ____ No ____ | f) to all applicants | Yes ____ No ____ |
| c) after a job offer | Yes ____ No ____ | g) to some employees | Yes ____ No ____ |
| d) within first 3 days on job | Yes ____ No ____ | h) to all employees | Yes ____ No ____ |

12b. Explain where and how completed I-9 Forms, with their supportive documentation, are maintained and made accessible. _____

13a. 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:

- 1) prior to a job offer Yes ____ No ____
- 2) after a conditional job offer Yes ____ No ____
- 3) after a job offer Yes ____ No ____
- 4) to all applicants Yes ____ No ____
- 5) only to some applicants Yes ____ No ____

If yes, for which applicants?

13b. Attach copies of all medical examination or questionnaire forms and instructions utilized for these examinations.

14a. Do you have a written equal employment opportunity (EEO) policy? Yes ____ No ____ If yes, list the document (s) and page number (s), etc. where these written policies are located. If the EEO Policy is contained in a document (s) other than that submitted in Part II of the Employment Report, ATTACH A COPY OF EACH DOCUMENT.

14b. Does the operating facility (ies) have a current affirmative action plan (s) (AAP) developed pursuant to U.S. Executive Order No. 11246 or other Federal Law. Yes ____ No ____ If yes, ATTACH A COPY (IES) OF THE AAP (S) and check the appropriate box (es) indicating which protected group (s) are covered by AAP.

Minorities and Women Individuals with Handicaps Other(specify) _____

15a. 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.

15b. If no, ATTACH a report-detailing your firm's unwritten procedure for handling EEO complaints.

16. Has any employee, within the past three years, filed a complaint pursuant to an internal grievance procedure with any official of your firm with respect to equal employment opportunity? Yes ____ No ____.

If the answer to question 16 is "Yes", attach an internal complaint log summarizing the nature of the complaints (e.g. allegation of failure to promote based on race, sexual harassment, etc.), not positions of the complainants, whether investigations were made and dispositions, if any. You need submit the names of the complainants (if deemed necessary, DLS may require submission of these names).

17. 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? (i.e. Title VII of the 1964 Civil Rights Act; Age Discrimination in Employment Act; Rehabilitation Act of 1973; Americans with Disabilities Act of 1990; Executive Order No. 11246; Civil Rights Act of 1866 (42 U.S.C. §1981); state or local fair employment practices laws) Yes ____ No ____

If the answer to question 17 is "Yes" attach a log, including the name (s) of the complainant, the Administrative agency or court in which the action is filed, the nature and current status or Disposition. ATTACH A COPY (IES) OF ANY ORDER, CONSENT DECREE OR DECISION resulting from any action explained by this response.

18. 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).

19. Are there any jobs for which there are age, race, color, national origin, sex, creed, disability, marital status, sexual orientation or citizenship status qualifications? Yes ____ No ____ If yes, list the job (s), submit a job description (s), and state the reason (s) for the qualification.

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

| | Job Description | Promote from Within | External Hire | Job Posting | On-the-Job Training |
|---------------------------------|------------------------|----------------------------|----------------------|--------------------|----------------------------|
| Managers | | | | | |
| Professionals | | | | | |
| Technicians | | | | | |
| Sales Workers | | | | | |
| Clericals | | | | | |
| Craftworkers | | | | | |
| Operatives/ Laborers | | | | | |
| Service Workers | | | | | |

21. 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 | |
| Professionals | |
| Technicians | |
| Sales Workers | |
| Clericals | |
| Craftworkers | |
| Operatives/Laborers | |
| Service Workers | |

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, 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

I, (print name of authorized official signing) _____

UNDERSTAND THAT THE WILLFUL OR FRAUDULENT FALSIFICATION OF ANY DATA OR INFORMATION SUBMITTED HEREWITH MAY RESULT IN THE TERMINATION OF ANY CONTRACT BETWEEN THE CITY AND 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 _____ 199 _____

Notary Public

X _____
Authorized Signature Date

THIS PAGE MUST BE COMPLETED IN ITS ENTIRETY. IT MUST BE SIGNED AND NOTARIZED. ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED.

CONFIDENTIALITY POLICY: TO THE EXTENT PERMITTED BY LAW AND CONSISTENT WITH THE PROPER DISCHARGE OF THE DIVISION OF LABOR SERVICES' RESPONSIBILITIES UNDER NYC CHARTER CHAPTER 56, EXECUTIVE ORDER NO. 50 (1980), AS AMENDED, AND THE IMPLEMENTING RULES ALL INFORMATION PROVIDED BY A CONTRACTOR TO DLS SHALL BE CONFIDENTIAL.

D. PART III: EMPLOYMENT DATA TABLES / SIGNATURE PAGE:

PART III consists of the following:

- A. JOB CLASSIFICATION AND INCUMBENTS FORM
- B. NEW HIRES FORM/TRACKING OF EMPLOYEES HIRED OVER THE LAST THREE YEARS
- C. TERMINATIONS FORM/EMPLOYMENT TERMINATIONS OVER THE LAST THREE YEARS

YOU ARE REQUIRED TO COMPLETE ALL INFORMATION – IF ANY INFORMATION IS NOT AVAILABLE YOU MUST CONTACT THE CITY AGENCY WITH WHOM YOU ARE CONTRACTING (CONTRACTING AGENCY) OR IF YOU ARE CONTRACTING THROUGH THE DEPARTMENT OF GENERAL SERVICES/DIVISION OF MUNICIPAL SUPPLIES, YOU MUST CONTACT THE DIVISION OF LABOR SERVICES DIRECTLY. SUBMIT AN EXPLANATION DETAILING WHY THIS INFORMATION IS NOT AVAILABLE.

CONTRACTORS AND SUBCONTRACTORS HAVING THE CAPABILITY TO DO SO MAY PROVIDE DLS WITH A COMPUTER DISKETTE CONTAINING THE REQUIRED INFORMATION FROM EACH OF THE THREE DATA TABLES. COMPLETE THE INSTRUCTIONS FOR DISK SUBMISSIONS CAN BE OBTAINED FROM DLS UPON SPECIFIC REQUEST.

PLEASE DO NOT ATTEMPT TO COMPLETE THIS SECTION WITHOUT CAREFULLY READING THE INSTRUCTIONS FOR EACH FORM. INCOMPLETE OR INACCURATE DATA TABLES WILL BE RETURNED.

EACH DATA TABLE IS EXPLAINED AND ILLUSTRATED BY A SAMPLE DATA TABLE IN THE EMPLOYMENT REPORT INSTRUCTIONS.

NOTE: MAKE AS MANY COPIES OF EACH FORM AS YOU REQUIRE.

**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 1-7), the Signature Page (page 8) and the "Less Than 150 Employees Certificate" below for each applicable facility. DO NOT COMPLETE PART III (pages 9-11)

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

LESS THAN 150 EMPLOYEES CERTIFICATE

I, (fill 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:

| <u>Facility Address</u> | <u>Number of Employees</u> |
|-------------------------|----------------------------|
| | |
| | |

I, (print the name of authorized official signing) _____,
understand that the WILLFUL OR FRAUDULENT FALSIFICATION OF ANY DATA OR
INFORMATION SUBMITTED HEREWITH MAY RESULT IN THE TERMINATION OF ANY
CONTRACT BETWEEN THE CITY AND THE BIDDER OR 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 _____, 200__

Notary Public

X _____
Authorized Signature, Title

Date

ATTENTION: THIS IS NOT A "LESS THAN 50 EMPLOYEES CERTIFICATE"

JOB DESCRIPTION FORM

DO NOT COMPLETE THIS FORM UNLESS YOU ARE UNABLE TO ASSIGN A PARTICULAR JOB NUMBER/TITLE TO AN OCCUPATIONAL CATEGORY OR TO ASSIGN A CENSUS CODE TO A PARTICULAR JOB NUMBER/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:

| | |
|----------------------------|--------------------------|
| <u> </u> Managerial | <u> </u> Technical |
| <u> </u> Professional | <u> </u> Service |
| <u> </u> Clerical | <u> </u> Operatives |
| <u> </u> Sales | <u> </u> Laborers |

Job Titles From Which Promotions into this Job Occur:

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

| | |
|----------------------------|--------------------------|
| <u> </u> Managerial | <u> </u> Technical |
| <u> </u> Professional | <u> </u> Service |
| <u> </u> Clerical | <u> </u> Operatives |
| <u> </u> Sales | <u> </u> Laborers |

Job Titles to Which Promotions From this Job occur:

Please provide the following information which may be obtained from the Industrial Commercial Incentive Program Application.

[FOR ICIP APPLICANT/DEVELOPERS ONLY]

(a) Block (s) _____ (b) Lot(s) _____

(c) Property Address/Description _____

_____ (d) Borough _____

(e) Preliminary Application Number _____

(f) Applicant's Name _____

(g) Address _____

(h) Contact Person _____

(i) Telephone Number _____

(j) SS No. /Employer ID No. _____

(k) Consultant (s) _____

(l) Estimated Cost of Construction _____

(m) Projected Commencement of Work Date _____

(n) Projected Date of Completion _____

(o) Construction Managers

General Contractors

(p) Name _____

(q) Address _____

(r) Contact Person _____

(s) Proposed Contract Amount _____

(t) Are subcontractors being used on this project? ____ yes [] ____ no

(u) Name _____

(v) Address _____

(w) Contact Person _____

(x) Proposed Contract Amount _____

(Use Additional Pages to Record Any Additional Information)

CONTRACTOR NAME: _____

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

FACILITY LOCATION: _____

| Employee Characteristics | | | At-Hire Information | | | | Current Information | |
|-----------------------------------|-------------------|--------------------------------------|------------------------|------------------------------------|---------------------------------------|------------------------------------|---|------------------------------------|
| (1) SSN or Employee ID # | (2) Sex (a) | (3) Race Ethnic Code (b) | (4) Year of Hire | (5) Company Job # at Hire | (6) Matching Census Code (c) | (7) Weekly Salary at Hire | (8) Current Company Job Number (d) | (9) Weekly Current Salary |
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I certify that there were no new hires in 199__/199__
 NOTE: Make as many copies of this form as you require.

(a)
 M: Male
 F: Female

(b)
 W: White
 B: Black
 H: Hispanic
 A: Asian
 N: Native American

(c)
 see Appendix B for a listing of the 1990 Cencisus codes

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

CONTRACTOR NAME: _____

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

FACILITY LOCATION: _____

| (1) SSN/ Employee ID # | (2) Sex (a) | (3) Race Ethnic Code (b) | (4) Age at Termination | (5) Year of Hire | (6) Last Company Job Number | (7) Year of Termination | (8) Type of Termination (c) |
|---------------------------------|-------------------|--------------------------------------|------------------------------|------------------------|---|-------------------------------|--------------------------------------|
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I certify that there were no new hires in 199__/199__

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

(a)
M: Male
F: Female

(b)
W: White (non-Hisp)
B: Black (non-Hisp)
H: Hispanic
A: Asian

(c)
V: Voluntarily terminated employment (Resigned)
I: Involuntarily terminated employment (Discharge/retirement)
R: Retired
D: Deceased