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
   ___Women Owned Business Enterprise
   ___Locally Based 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 (Or name of person to contact concerning this report) Telephone Number
12. Name of Prime Contractor and Contact Person
   (If same as Item #8, write "same")

13. Number of employees at this facility (location):

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___
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:

<table>
<thead>
<tr>
<th>Job Category</th>
<th>Job Description</th>
<th>Promote from Within</th>
<th>External Hire</th>
<th>Job Posting</th>
<th>On-the-Job Training</th>
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</thead>
<tbody>
<tr>
<td>Managers</td>
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<td>Professional</td>
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<td>Technicians</td>
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<td>Sales Worker</td>
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<td>Clericals</td>
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<td>Operatives/Laborers</td>
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<td>Service Workers</td>
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</table>

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.

<table>
<thead>
<tr>
<th>Job Category</th>
<th>Relevant Geographic Recruitment or Labor Market Area(s)</th>
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</thead>
<tbody>
<tr>
<td>Managers</td>
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<td>Professional</td>
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<td>Technicians</td>
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<td>Operatives/Laborers</td>
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<td>Service Workers</td>
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</tbody>
</table>

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:______________________________________________

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

**CONTRACTOR NAME______________________________**  
**FACILITY LOCATION:____________________________________**

<table>
<thead>
<tr>
<th>Employee Characteristics</th>
<th>At-Hire Information</th>
<th>Current Information</th>
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</thead>
<tbody>
<tr>
<td>(1) Employee ID No.</td>
<td>(2) Sex (a)</td>
<td>(3) Race Ethnic Code (b)</td>
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<td>(4) Year of Hire</td>
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<td>(5) Company Job Number at Hire</td>
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<td>(6) Matching Census Code (c)</td>
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<td>(7) Weekly Salary at Hire</td>
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<td>(8) Current Company Job Number (d)</td>
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<td>(9) Weekly Current Salary</td>
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(a)  
- **M:** Male  
- **F:** Female  
- **W:** White(non-Hisp)  
- **B:** Black(non-Hisp)  
- **H:** Hispanic  
- **A:** Asian  
- **N:** Native American  

(b)  
- **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.
# FORM C: TERMINATIONS FORM

**EMPLOYMENT TERMINATIONS OVER THE LAST THREE YEARS**

**CONTRACTOR NAME**

**FACILITY LOCATION**

<table>
<thead>
<tr>
<th>(1) Employee ID No.</th>
<th>(2) Sex</th>
<th>(3) Race Ethnic Code</th>
<th>(4) Age at Termination</th>
<th>(5) Year of Hire</th>
<th>(6) Last Company Job Number</th>
<th>(7) Year of Termination</th>
<th>(8) Type of Termination</th>
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(a) M: Male  
F: Female  
W: White (non-Hisp)  
B: Black (non-Hisp)  
H: Hispanic  
A: Asian  
N: Native American

(b) See listing of occupational categories

(c) 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.