

PACKET "B"

SUB CONTRACTOR DATA

Firm's Name: _____

Address: _____

City, State: _____

Tel.: _____

REVIEW PERIOD:

Attachment 1S

Please submit the following information:

- Copies of all current bargaining agreements
- Sample copy of letterhead, fax sheet or invoice(s) containing the EEO clause
- Provide a list of any allegations of discrimination filed against your firm
 - Please include a statement of the status of any action TAKEN pertaining to employment practices by the Equal Employment Opportunity Commission (EEOC) or other Federal, State, or local agency regarding Discrimination Complaints or any actions taken against you
- Describe what type of training have been provided to your employees

Referral Sources

Please submit a list of recruitment sources utilized for this project:

Organization	
Contact Name	
Street Address	
City	
State	
Zip Code	
Telephone	
Organization	
Contact Name	
Street Address	
City	
State	
Zip Code	
Telephone	

Attachment 2S

(Print copies for additional resources)

Organization	
Contact Name	
Street Address	
City	
State	
Zip Code	
Telephone	
Organization	
Contact Name	
Street Address	
City	
State	
Zip Code	
Telephone	

INSTRUCTIONS: FOR PROJECT _____, COMPLETE THE EMPLOYMENT STATISTICS FOR THE PERIOD COVERING _____

CONTRACTOR NAME _____

WORK HOURS OF EMPLOYMENT														TOTAL EMPLOYMENT			
JOB CATEGORIES	UNION LOCAL #s	TABLE A															
		TOTAL EMPLOYEES HOURS		BLACK HOURS		HISPANIC HOURS		AMER.INDIAN ALASKIAN NAT. HOURS		ASIAN/PACIFIC ISLANDER HOURS		WHITE HOURS		ALL EMPLOYEES		MINORITY EMPLOYEES	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
OFFICIALS (MANAGERS)																	
SUPERVISORS																	
FOREPERSON																	
CLERICAL																	
EQUIP. OPERS.																	
MECHANICS																	
TRUCK DRIVERS																	
IRONWORKERS																	
CARPENTERS																	
CEMENT MASONS																	
ELECTRICIANS																	
PIPEFITTER, PLUMBER																	
PAINTERS																	
LABORER, SEMI-SKILLED																	
LABORER, UNSKILLED																	
OTHER																	
TOTALS																	

TABLE B

APPRENTICES																	
ON THE JOB TRAINEES																	

PREPARED BY _____

DATE _____

PROJECT TERMINATION DATA SHEET

Project # _____

NAME	RACE & SEX	INITIAL DATE OF HIRE	JOB TITLE	DATE OF TERMINATION OR LAYOFF	REASONS FOR TERMINATION

IF THERE WERE NO TERMINATIONS , PLEASE CHECK THIS BOX

Referral Sources

Please submit a list of recruitment sources utilized for this project:

Organization	
Contact Name	
Street Address	
City	
State	
Zip Code	
Telephone	
Organization	
Contact Name	
Street Address	
City	
State	
Zip Code	
Telephone	

Attachment 2S

(Print copies for additional resources)

Organization	
Contact Name	
Street Address	
City	
State	
Zip Code	
Telephone	
Organization	
Contact Name	
Street Address	
City	
State	
Zip Code	
Telephone	