

THE CITY OF NEW YORK
DEPARTMENT OF SMALL BUSINESS SERVICES
DIVISION OF LABOR SERVICES
110 WILLIAM STREET, 3RD FLOOR
NEW YORK, NEW YORK 10038
PHONE: (212) 513-6323
FAX: (212) 618-8899

CONSTRUCTION EMPLOYMENT REPORT

A. GENERAL INFORMATION:

1. Your contractual relationship in this contract is:

Contractor _____ Construction Manager _____

Subcontractor _____ Tenant _____

2. Employee Identification Number or Federal Tax I.D.:

3. This firm is a : _____ Minority Owned Business _____ Minority/Woman Own Business
_____ Woman Own Business _____ Locally-Based Enterprise

B. PART I. CONTRACTOR/SUBCONTRACTOR INFORMATION

1. _____
Company Name

2. _____
Address and Zip Code

3. _____
Chief Operating Officer and Business Telephone

4. _____
Name and Business Telephone of Designated Equal Opportunity Compliance Officer
(If same as Item #3, write "same")

5. _____
Name, Address and Contact Person of Prime Contractor (If same as Item #1, write "same")

6. (a) _____
Contracting Agency or Agency
Administering the Project

(b) _____
Contract Amount/Sub Amount

(c) _____
Project Developer (If applicable)

(d) _____
Project/Contract Number
(If applicable)

(e) _____
Block and Lot Number (If applicable)

(f) _____
Projected Commencement Date

(g) _____
Projected Completion Date

7. Description and Location of Proposed Contract.

8a. Has the Division of Labor Services (DLS) within the past twelve (12) months reviewed and issued a Certificate of Approval. Yes ____ No

8b. Has DLS within the past month reviewed an ER submission for your organization and issued a Conditional Certificate of Approval. Yes ____ No

If yes to 8a or b, ATTACH A COPY OF THE 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.

8c. Has an ER already been submitted for a different contract for which you have not yet received compliance approval? Yes ____ No

Date submitted: _____ Agency to which submitted:

Contract No: _____

Name of Agency Person: _____

Telephone: _____

9. Has your company in the past twelve (12) months, been audited by the U.S. Department of Labor, Office of Federal Contract Compliance Programs (OFCCP)? Yes ____ No ____

If yes,

(a) Provide the name and address and contact person of the OFCCP office.

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- (b) Were any deficiencies found?
Yes ____ No ____ (ATTACH A COPY OF SUCH FINDINGS)
- (c) Were any corrective actions required or agreed to?
Yes ____ No ____ (ATTACH A COPY OF SUCH REQUIREMENTS OR AGREEMENT)
- (d) Was a Certificate of Equal Employment Compliance issued?
Yes ____ No ____ (ATTACH A COPY OF SUCH CERTIFICATE)
10. 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.

C. PART II: EMPLOYMENT POLICIES & PROCEDURES (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, procedures or policies.

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.)

PLEASE ANSWER 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 a 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 the first three days on the job | Yes ___ No ___ | h) to all employees | Yes ___ No ___ |

12b. Explain where and how completed I-9 Forms, with supporting 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 the AAP.

- | | | |
|---|---|--|
| <input type="checkbox"/> Minorities and Women | <input type="checkbox"/> Individuals with Handicaps | <input type="checkbox"/> Other (specify) |
|---|---|--|

15. a) Does your firm or collective bargaining agreements have an internal grievance procedure with respect to EEO complaints? Yes ___ No ___ If yes, please attach a copy of this policy.

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

16. Has an employee(s), 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.), positions of the complainant(s), whether investigations were made and dispositions, if any. You need not submit the names of the complainants (if deemed necessary, DLS may require submission of the name(s)).

17. Has your firm or affiliate union(s), 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 was 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 or written tests? Yes ____ No ____ If yes, list the job(s), submit a job description and state the reason(s) for the qualification(s) or written test(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.

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FORM A. CONTRACT BID INFORMATION: USE OF SUBCONTRACTORS/TRADES

1. Do you plan to subcontractor work on this contract? Yes _____ No _____
2. If Yes, complete the chart below.

Note: ALL PROPOSED SUBCONTRACTORS WITH A SUBCONTRACT IN EXCESS OF \$750,000 MUST COMPLETE AN EMPLOYMENT REPORT FOR REVIEW AND APPROVAL BEFORE THE CONTRACT MAY BE AWARDED AND WORK COMMENCES.

SUBCONTRACTOR'S NAME*	OWNERSHIP (ENTER APPROPRIATE CODE LETTERS BELOW)	WORK TO BE PERFORMED BY SUBCONTRACTOR	TRADE PROJECTED FOR USE BY SUBCONTRACTOR	PROJECTED DOLLAR VALUE OF SUBCONTRACT

***If subcontractor is presently unknown, please enter the trade (craft name).**

OWNERSHIP CODES

- W: White
- B: Black
- H: Hispanic
- A: Asian
- N: Native American
- F: Female

FORM B: PROJECTED WORKFORCE

TRADE CLASSIFICATION CODES

- (J) Journeylevel Workers (A) Apprentice
- (H) Helper (TRN) Trainee
- (TOT) Total by Column

For each trade to be engaged by your company for This project, enter the projected workforce for Males and Females by trade classification on the charts below.

Trade: _____

Union Affiliation, if applicable _____

Total (Col. #1-10): _____

Total Minority, Male & Female (Col. #2,3,4,5,7,8,9, & 10): _____

Total Female (Col. #6 - 10): _____

MALES

	(1)		(2)		(3)		(4)		(5)	
	White Non Hisp.	Black Non Hisp.	White Non Hisp.	Black Non Hisp.	Hisp.	Asian	Hisp.	Asian	Native Amer.	
J										
H										
A										
TRN										
TOT										

FEMALES

	(6)		(7)		(8)		(9)		(10)	
	White Non Hisp.	Black Non Hisp.	White Non Hisp.	Black Non Hisp.	Hisp.	Asian	Hisp.	Asian	Native Amer.	
J										
H										
A										
TRN										
TOT										

What are the recruitment sources for you projected hires (i.e., unions, government employment office, job tap center, community outreach)?

Trade: _____

Union Affiliation, if applicable _____

Total (Col. #1-10): _____

Total Minority, Male & Female
(Col. #2,3,4,5,7,8,9, & 10): _____

Total Female
(Col. #6 – 10): _____

MALES

	(1) White Non Hisp.		(2) Black Non Hisp.		(3) Hisp.		(4) Asian		(5) Native Amer.	
J										
H										
A										
TRN										
TOT										

FEMALES

	(6) White Non Hisp.		(7) Black Non Hisp.		(8) Hisp.		(9) Asian		(10) Native Amer.	
J										
H										
A										
TRN										
TOT										

What are the recruitment sources for you projected hires (i.e., unions, government employment office, job tap center, community outreach)?

FORM C: CURRENT WORKFORCE

TRADE CLASSIFICATION CODES

- (J) Journeylevel Workers (A) Apprentice
- (H) Helper (TRN) Trainee
- (TOT) Total by Column

For each trade currently engaged by your company, enter the current workforce for Males and Females trade classification on the charts below.

Trade: _____

Union Affiliation, if applicable _____

Total (Col. #1-10): _____

Total Minority, Male & Female (Col. #2,3,4,5,7,8,9, & 10): _____

Total Female (Col. #6 - 10): _____

MALES

	(1)		(2)		(3)		(4)		(5)	
	White Non Hisp.	Black Non Hisp.	White Non Hisp.	Black Non Hisp.	White Non Hisp.	Black Non Hisp.	White Non Hisp.	Black Non Hisp.	White Non Hisp.	Black Non Hisp.
J										
H										
A										
TRN										
TOT										

FEMALES

	(6)		(7)		(8)		(9)		(10)	
	White Non Hisp.	Black Non Hisp.	White Non Hisp.	Black Non Hisp.	White Non Hisp.	Black Non Hisp.	White Non Hisp.	Black Non Hisp.	White Non Hisp.	Black Non Hisp.
J										
H										
A										
TRN										
TOT										

What are the recruitment sources for you projected hires (i.e., unions, government employment office, job tap center, community outreach)?

Trade: _____

MALES

FEMALES

Union Affiliation, if applicable

Total (Col. #1-10): _____

Total Minority, Male & Female
 (Col. #2,3,4,5,7,8,9, & 10): _____

Total Female
 (Col. #6 – 10): _____

	(1)		(2)		(3)		(4)		(5)		(6)		(7)		(8)		(9)		(10)	
	White Non Hisp.	Black Non Hisp.	White Non Hisp.	Black Non Hisp.	Hisp.	Asian	Native Amer.	White Non Hisp.	Black Non Hisp.	White Non Hisp.	Black Non Hisp.	Hisp.	Asian	Native Amer.	White Non Hisp.	Black Non Hisp.	Hisp.	Asian	Native Amer.	
J																				
H																				
A																				
TRN																				
TOT																				

What are the recruitment sources for you projected hires (i.e., unions, government employment office, job tap center, community outreach)?

**DEPARTMENT OF BUSINESS SERVICES/DIVISION OF LABOR SERVICES
LESS THAN \$750,000 SUBCONTRACTOR CERTIFICATE**

SUBCONTRACTOR _____

ADDRESS _____

TELEPHONE NUMBER _____ FAX NUMBER _____

CONTRACTING AGENCY _____

CONTRACT AMOUNT _____

PROJECT NUMBER _____

DESCRIPTION AND ADDRESS OF PROPOSED CONTRACT

I, (fill in name of person signing) _____

hereby affirm that I am authorized by the above-named subcontractor to certify that said subcontractor's proposed contract with the above named owner or City agency is less than \$750,000.

DATE

SIGNATURE

***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 THREE YEARS. FURTHER,
SUCH FALSIFICATION MAY RESULT IN CRIMINAL PROSECUTION.***

SIGNATURE PAGE

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) and the implementing Rules is a requirement for the contractors and subcontractors working on this construction project.

For City funded prime contracts in excess of \$1 million or subcontractors in excess of \$750,000, and Federally assisted contracts with Community Development (CD) or Urban Development Action (UDAG) funds in excess of \$10,000.

I agree, by signature, on behalf of the company to submit a certified copy of payroll records to the Division of Labor Services on a monthly basis.

CONTRACTOR'S NAME

NAME OF PERSON WHO PREPARED THIS REPORT

TITLE

NAME OF OFFICIAL AUTHORIZED TO SIGN ON BEHALF OF THE CONTRACTOR

TITLE

BUSINESS TELEPHONE NUMBER

SIGNATURE OF AUTHORIZED OFFICIAL

DATE

ONLY ORIGINAL SIGNATURES ARE ACCEPTABLE

IF CONTRACTORS ARE FOUND TO BE UNDERUTILIZING MINORITIES AND FEMALES IN ANY GIVEN TRADE BASED ON CHAPTER 56 SECTION 3H, THE DIVISION OF LABOR SERVICES RESERVES THE RIGHT TO REQUEST THE CONTRACTORS' WORKFORCE DATA AND TO IMPLEMENT AN EMPLOYMENT PROGRAM.

CONTRACTORS WHO FAILS TO COMPLY WITH THE ABOVE-MENTIONED REQUIREMENTS OR ARE FOUND TO BE IN NONCOMPLIANCE MAY BE SUBJECT TO THE WITHHOLDING OF FINAL PAYMENT.

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. FURTHER, SUCH FALSIFICATIONS MAY RESULT IN CIVIL AND/OR CRIMINAL PROSECUTION.

Sworn to before me on this _____ day of _____, 200

Notary Public

Authorized Signature, Date

CONFIDENTIALITY POLICY: 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), the implementing Rules, and all information provided by a contractor to DLS shall be confidential.

FOR OFFICIAL USE ONLY

AGENCY _____ FILE NO. _____

REGISTER _____ CONTRACT NO. _____

FUNDING SOURCE _____ BID DATE _____