

THE CITY OF NEW YORK  
DEPARTMENT OF SMALL BUSINESS SERVICES  
DIVISION OF LABOR SERVICES  
110 William Street, 7th Floor  
New York, New York 10038

SUPPLY AND SERVICE  
EMPLOYMENT  
REPORT

DLS Contractor File No.

<b>To Be Completed By Contracting Agency</b>
Contracting Agency Name/ Division
Liaison/Telephone No.
Date Transmitted
Contracting Agency Contract No.

THE CITY OF NEW YORK  
DEPARTMENT OF SMALL BUSINESS SERVICES  
DIVISION OF LABOR SERVICES  
110 William Street, 7th Floor  
New York, New York 10038  
(212) 513-6433 or (212) 513-6323

**SUPPLY AND SERVICE EMPLOYMENT REPORT**

**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 Headquarter \_\_\_\_\_ 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 or designated Equal Opportunity Telephone Number  
Compliance Officer (or Name of Person to  
Contact Concerning this Employment Report  
  
\_\_\_\_\_  
Address of Designated Equal Opportunity Compliance Officer Facsimile Number

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, with 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 facility that makes its own personnel decisions. Please note that each separate location is not an independent operating facilities unless hiring and termination decisions are made there).

\_\_\_\_\_  
\_\_\_\_\_

8. Is any part of this contract, in an amount exceeding \$100,000.00, 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 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 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 to your firm for the facility(es) 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 9b, 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 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 DOCUMENTS

- 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 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 to 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?  
c. 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 and EXECUTIVE ORDER NO. 50 (1980) as amended and the implementing Rules. This includes the promulgation and dissemination of an EEO Statement which includes the protected groups race, color, age, sex, creed, national origin, disability, marital status, sexual orientation and citizenship status 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 action was agreed to or was taken, you may 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 may require 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 WOULD 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 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 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 AAP(S) and check the appropriate box(es) indicating which protected groups(s) are covered by the 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 or 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 complainants, 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 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 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? 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					
TECHNICANS					
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	
TECHNICANS	
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 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

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 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**

\_\_\_\_\_  
**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 AND REGULATIONS, 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.

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 CAMPLE DATA TABLE IN THE EMPLOYMENT REPORT INSTRUCTIONS.

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







DEPARTMENT OF SMALL BUSINESS SERVICES  
DIVISION OF LABOR SERVICES

LESS THAN FIFTY (50) EMPLOYEES CERTIFICATE

Contractor/Subcontractor: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

If Subcontractor Identify Prime Contractor: \_\_\_\_\_

Contracting Agency: \_\_\_\_\_

Contract Amount: \_\_\_\_\_

Nature of Contract: \_\_\_\_\_

**Names and contact information for all subcontractors, suppliers, manufacturers or vendors performing in excess of \$100,000.00 on this contract (if not known at this time, so state):**

\_\_\_\_\_  
I, (print the name of the authorized official signing) \_\_\_\_\_,  
hereby affirm 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), the implementing Rules.

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\_\_

\_\_\_\_\_  
Authorized Signature, Title

Date \_\_\_\_\_

\_\_\_\_\_  
Notary Public

It is the responsibility of the contractor to promptly inform all proposed subcontractors that each subcontract, like the prime contractor, must comply with the equal employment opportunity requirements of Chapter 56, E.O. 50, and the implementing Rules. Each covered subcontractor must submit to completed Employment Report for each of its operating facilities to the contracting agency before the fifth day following the award date (Comptroller's Office Registration Date) of the contract. DLS will review the subcontractor's Employment Report(s) for compliance.

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 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      , 200\_\_

Authorized Signature, Title

\_\_\_\_\_

Date \_\_\_\_\_

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