



Division of Labor Services

CONSTRUCTION EMPLOYMENT REPORT

GENERAL INFORMATION

- 1. Your contractual relationship in this contract is: Prime Contractor _____ Subcontractor _____
- 1a. Are M/WBE goals attached to this project? Yes _____ No _____
- 2. Would your company like information on how to certify with the City of New York as a:
 - _____ Minority Owned Business Enterprise _____ Locally based Business Enterprise
 - _____ Women Owned Business Enterprise _____ Emerging Business Enterprise
 - _____ Disadvantaged
- 3. Please indicate if you would like assistance from SBS in identify certified M/WBEs for contracting opportunities: Yes _____ No _____
- 4. Is this project subject to a Project labor Agreement? Yes _____ No _____

PART I: CONTRACTOR/SUBCONTRACTOR INFORMATION

- 5. _____
Employer Identification Number or Federal Tax I.D.
- 6. _____
Company Name
- 7. _____
Street Address City State Zip Code
- 8. _____
(Chief Operating Officer) First Name Last Name Telephone Number Fax Number
- 9. _____
Designated Equal Opportunity Compliance Officer (if same as Item #8, write "Same") Telephone Number
- 10. _____
Name of Prime Contractor and Contact Person (if same as item #6, write "Same")
- 11. Number of employees in your company: _____
- 12. Contract information:
 - (a) _____ Contracting Agency (City Agency)
 - (b) _____ Contract Amount
 - (c) _____ Procurement Identification Number (PIN)
 - (d) _____ Contract Registration Number (CT#)
 - (e) _____ Project Commence Date
 - (f) _____ Projected Completion Date

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(g) Description and location of proposed contract::

13. Has your firm been reviewed by the Division of Labor Services (DLS) within the past 36 months and issued a Certificate of Approval? Yes _____ No _____.

If Yes, attach a copy of the certificate.

14. Has DLS within the past month reviewed an Employment Report submission for your company and issued a Conditional Certificate of Approval? Yes _____ No _____

If Yes, 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

15. 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,

Date submitted: _____ Agency to which submitted: _____

Name of Agency Person: First Name _____ Last Name _____

Contract No. : _____ Telephone: _____

16. 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 24 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.

17. 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.

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- (a) Prior to the 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.

22. Do you have a written equal opportunity (EEO) policy? Yes _____ No _____

If Yes, list the document(s) and page number(s) where these written policies are located.

23. Does the company have a current affirmative action plan(s) (AAP)

- _____ Minorities and Women
- _____ Individuals with handicaps
- _____ Other. Please specify _____

24. 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.

25. 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.

26. 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.

27. Are there any jobs for which there are physical qualification? Yes _____ No _____

If Yes, list the job(s), submit a job description and state the reason(s) for the qualification(s).

28. 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).

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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 \$1,000,000 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 **A:** Asian **B:** Black **N:** Native American **H:** Hispanic **F:** Female

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FORM B: PROJECTED WORKFORCE TRADE CLASSIFICATION CODES

- (J)** Journey level 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: _____

		<u>Males</u>					<u>Females</u>						
		(1) White Non Hisp.	(2) Black Non Hisp.	(3) Hisp.	(4) Asian	(5) Native Amer.	(6) White Non Hisp.	(7) Black Non Hisp.	(8) Hisp.	(9) Asian	(10) Native Amer.		
Union Affiliation, if applicable:													
_____	J												
Total (Col. #1-10):													

Total Minority, Male & Female	H												
(Col. #2, 3, 4, 5, 7, 8, 9 & 10)													
_____	A												
Total Female	TRN												
(Col. #6 – 10):													
_____	TOT												

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

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FORM B: PROJECTED WORKFORCE TRADE CLASSIFICATION CODES

- (J)** Journey level 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: _____

		<u>Males</u>					<u>Females</u>						
		(1) White Non Hisp.	(2) Black Non Hisp.	(3) Hisp.	(4) Asian	(5) Native Amer.	(6) White Non Hisp.	(7) Black Non Hisp.	(8) Hisp.	(9) Asian	(10) Native Amer.		
Union Affiliation, if applicable:													
_____	J												
Total (Col. #1-10):													

Total Minority, Male & Female	H												
(Col. #2, 3, 4, 5, 7, 8, 9 & 10)													
_____	A												
Total Female	TRN												
(Col. #6 – 10):													
_____	TOT												

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

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FORM C: CURRENT WORKFORCE TRADE CLASSIFICATION CODES

- (J) Journey level 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: _____

	Males					Females				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	White Non Hisp.	Black Non Hisp.	Hisp.	Asian	Native Amer.	White Non Hisp.	Black Non Hisp.	Hisp.	Asian	Native Amer.
Union Affiliation, if applicable: _____ Total (Col. #1-10): _____	J									
Total Minority, Male & Female (Col. #2, 3, 4, 5, 7, 8, 9 & 10) _____	H									
Total Female (Col. #6 – 10): _____	A									
	TRN									
	TOT									

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

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Division of Labor Services

FORM C: CURRENT WORKFORCE TRADE CLASSIFICATION CODES

- (J) Journey level 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: _____

		Males					Females				
Union Affiliation, if applicable:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
_____		White Non Hisp.	Black Non Hisp.	Hisp.	Asian	Native Amer.	White Non Hisp.	Black Non Hisp.	Hisp.	Asian	Native Amer.
Total (Col. #1-10):	J										
Total Minority, Male & Female (Col. #2, 3, 4, 5, 7, 8, 9 & 10)	H										
_____	A										
Total Female (Col. #6 – 10):	TRN										
_____	TOT										

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

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Date _____

File Number _____

LESS THAN \$750,000 SUBCONTRACT CERTIFICATE

Are you currently certified as one of the following? Please check yes or no:

M/WBE Yes ___ No ___
WBE Yes ___ No ___

MBE Yes ___ No ___
LBE Yes ___ No ___

If you are certified as an **M/WBE, MBE, WBE,** or **LBE**, what city/state agency are you certified with? _____

Please check one of the following if your firm would like information on how to certify with the City of New York as a:

Minority Owned Business Enterprise **Locally based Business Enterprise**
 Women Owned Business Enterprise

Company Name *Employer Identification Number or Federal Tax I.D*

Company Address and Zip Code

Contact Person (First Name, Last Name) *Telephone Number*

Fax Number *E-mail Address*

Contracting Agency

Description and location of proposed subcontract:

Borough *Project Number* *Pin Number* *Contract Amount*

I, (print name of authorized official signing) _____ hereby certify 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.

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.

Signature of authorized official

Date

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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 requirement for the contractors and subcontractors working on this construction project. I also agree 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 Employment Report *Title*

Name of official authorized to sign on behalf of the contractor *Title*

Telephone Number

Signature of authorized official *Date*

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 contractor's workforce data and to implement an employment program.

Contractors who fail 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 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.

Please attach your M/WBE Compliance Report.

Only original signatures accepted.

Sworn to before me this _____ day of _____ 20 _____

Authorized Signature

Notary Public

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WHO MUST FILE AN EMPLOYMENT REPORT

An Employment Report (ER) must be filed if you meet the following conditions:

CONTRACTOR	CONTRACT VALUE	Submission Requirement
Prime Contractor	\$1,000,000 or greater (<i>city, state</i>)	Construction Employment Report
	\$10,000 or greater (<i>federally and/or federally assisted</i>)	
Subcontractor	\$750,000 or greater	Construction Employment Report
	Less than \$750,000	Less than \$750,000 Certificate
	\$10,000 or greater (<i>federally and/or federally assisted</i>)	Construction Employment Report

WHERE TO FILE

ERs must be filed directly with the Division of Labor Services (DLS).

DLS REVIEW PROCESS

In accordance with Executive Order 50 (EO 50), upon receipt by DLS of a completed ER, DLS conducts a review of the contractor's current employment policies, practices and procedures, as well as perform a statistical analysis of the contractor's workforce, if necessary. The process is as follows:

1. Within five (5) business days, DLS will review the ER for completeness and accuracy. If any information is omitted or incorrect, or if necessary documents are not submitted, the submission shall be deemed incomplete and DLS will inform the contractor. The substantive compliance review does not commence until the submission is complete. **An incomplete submission will delay the review process and may preclude or interrupt the contract approval.**
 - 1a. If the City is allocating funds to this project, you must provide the name of the contracting agency.
2. If the ER submission is complete, the compliance review will proceed, resulting in one of the following:

Certificate of Approval

The contractor is found to be in compliance with all applicable laws and regulations. The approval is valid for 36 months.

Continued Approval Certificate

The contractor has been issued a Certificate of Approval in the previous 36 months which is good for the applicable contract.

Conditional Certificate of Compliance

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The contractor is required to take corrective actions in order to be in compliance with EO 50. The contractor must meet the conditions within three months of the issue of the Conditional Certificate.

Determination of Nonperformance

The contractor has failed to take the required corrective actions stipulated in the Conditional Certificate. A determination of nonperformance may prevent a contractor from receiving an DLS Approval.

3. Please indicate if you would like assistance from SBS in identifying certified M/WBEs for contracting opportunities.
- 3a. Please provide a copy of your project labor agreement which is negotiated through an employer trade association.

HOW TO COMPLETE THE EMPLOYMENT REPORT

Contents

General Information

Part I: Company/Contract Information

Part II: Employment Policies and Practices

Part III: Contract Bid Information and Projected and Current Workforce Forms

Signature Page

PART I: CONTRACTOR/SUBCONTRACTOR INFORMATION

- Question 5: Please provide the Employer Identification Number or Federal Tax I.D.
- Questions 6 – 9: Please provide the requested company information. All contracts must have a designated Equal Employment Officer.
- Question 10: If you are a subcontractor, you must state the name of the contractor for whom you are providing the construction services.
- Question 11: Please indicate how many employees are in your company.
- Question 12 (a-f): Please provide all relevant information requested in 12 (a) to (f).
- Question 12(g): Provide a description of the trade work you will perform on this project and the address where the work will be performed. Subcontractors can obtain this information from the contract they have with their contractor.
- Questions 13 – 15: If your company has received a valid Certificate of Approval within the past 36 months, been audited by the United States Department of Labor, Office of Federal Contract Compliance Programs (OFCCP), or if your company has submitted an ER for a different contract for which you have not yet received a compliance certificate, then you only need to complete and submit the following:
- General Information section
 - Part I - Contractor/Subcontractor Information
 - Form B - Projected Workforce
 - Signature Page
- If your company is currently waiting for an approval on another contract previously submitted, be certain to identify the date on which you submitted the completed Employment Report, the name of the City contracting agency with which the contract was made, and the name and telephone number of the person to whom the Employment Report was submitted.
- If your company was issued a Conditional Certificate of Approval, all required corrective actions must have been taken or DLS will not issue a Continued Certificate.
- Question 16: If the company was audited by the OFCCP, also provide the following:
- Identify the reviewing OFCCP office by its name and address
 - If an unconditional certificate of compliance was issued by the OFCCP, attach a copy of the certificate in lieu of completing Parts II and III;

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- Include copies of all corrective actions and documentation of OFCCP's performance; and
- Provide a copy of all stated OFCCP findings.

Question 17: Please provide a copy of any Collective Bargaining Agreement(s) which is negotiated through an employer trade association on behalf of your organization or any of its affiliates.

PART II: EMPLOYMENT POLICIES AND PRACTICES

Remember to label all documents with the question number for which they are submitted.

Questions 18a – j: You must respond to the questions as to whether or not your firm has documents reflecting written policies, benefits and procedures. If so, then you must identify by name each document in which the policy(ies), procedure(s) and benefit(s) is located and submit copies of all of the document(s). If your firm follows unwritten practices or procedures, include an explanation of how they operate. Please submit the most current document(s), including all applicable amendments. Label each document and/or unwritten practice according to the question to which it corresponds (e.g. 18a, 18b, etc.)

Questions 19a – h: Inquires about the manner/methods by which you comply with the requirements of the Immigration Reform and Control Act of 1986 (IRCA).

Question 20: Inquires into where and how I-9 forms are maintained and stored.

Questions 21a – e: Inquires into whether or not there is a requirement that an applicant or employee be subjected to a medical examination at any given time. Copies of the medical information questionnaire and instructions must be submitted with the Employment Report.

Question 22: Indicate the existence and location of all statements of your firm's Equal Employment Opportunity policy and attach a copy of each statement.

Question 23: Submit any current Affirmative Action Plan(s) created pursuant to Executive Order 11246.

Question 24: If your firm or collective bargaining agreement has an internal grievance procedure, indicate this and submit a copy of the policy and procedure. If unwritten, explain its nature and operation. Explain how your firm's procedure addresses EEO complaints.

Question 25: If your employees have used the procedure in the last three (3) years, please submit an explanation in the format indicated below:

1. Number of complaint(s)	2. Nature of the complaint(s)	3. Position(s) of the complainant(s)	4. Was an investigation conducted? Y/N	5. Current status of the disposition
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Question 26: Indicate whether in the past three (3) years complaints have been filed with a court of law or administrative agency, naming your company as a defendant (or respondent) in a complaint alleging violation of any anti-discrimination or affirmative action laws. If yes, develop and submit a log to show, for each administrative/and or judicial action filed, the following information:

1. Name(s) of complainant(s)	2. Administrative agency or court in which action was filed	3. Nature of the complaint(s)	4. Current status	5. If not pending, the complaint's disposition
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Question 27: Identify each job for which a physical qualification exists. Identify and explain the physical qualification(s) for each stated job. Submit job descriptions for each job and the reasons for the qualifications.

Question 28: Identify each job for which there exists any qualification related to age, race, color, national origin, sex, creed, disability, marital status, sexual orientation or citizenship status. Identify and explain the specific related qualification for each job stated. Submit job descriptions for each job and the reasons for the qualifications.

PART III: CONTRACT BID INFORMATION AND PROJECTED AND CURRENT WORKFORCE FORMS

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

Your projections for the utilization of subcontractors on the proposed contract are to be provided in this section. A chart has been provided for the identification of subcontractors. Information is to be provided to the extent known at the time the ER is filed for review by DLS. If the subcontractor's name is unknown, then write "unknown". Under "ownership", enter the appropriate race/ethnic and gender code. If the contract is federally funded or assisted and the subcontractor is being utilized in accordance with applicable federal requirements with respect to Minority Business Enterprise or Woman Business Enterprise requirements, enter the appropriate code. This will also apply to state funded contracts with similar requirements for minority and female owned businesses.

FORM B: PROJECTED WORKFORCE FOR WORK TO BE PERFORMED ON THIS PROJECT

For each trade to be engaged by your company for this project, enter the projected workforce for Males and Females by trade classification in the charts provided.

FORM C: CURRENT WORKFORCE FOR WORK TO BE PERFORMED ON THIS PROJECT

For each trade *currently* engaged by your company for all work performed in NYC, enter the current workforce for Males and Females by trade classification in the charts provided.

SIGNATURE PAGE

The signatory of this Employment Report and all other documents submitted to DLS must be an official authorized to enter into a binding legal agreement. The signature page must be completed in its entirety and notarized. Only original signatures will be accepted.

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