Union Reporting Program Washington, DC 20507

EQUAL EMPLOYMENT OPPORTUNITY LOCAL UNION REPORT (EEO-3)

Approved by OMB No. 3046-0006 Expires: 12/31/04

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	Part A LOCAL UNI	ON IDENTIFICATION
	Full name of local union for which this report is filed. (Include local number.	b. Union office, if different from 2a.
••	if any.)	
		Number and street
	•	City
		City
2.	Mailing address.	County
8	t. Where official mail should be sent to the union.	
		State Zip Code
	Number and street	Indicate type of local union report by a check in applicable box:
	City	a. Report filed by local union in its own behalf b. Other (explain)
	4. ,	4a. Are you affiliated with or chartered by a national or international union
	County	or national federation? Yes No
	State	b. If "Yes" to item 4a, give name and address of such national or inter- national organization.
	Zip Code	
		5. Are you affiliated with the AFL-CIO? Yes No
	Part B. LOCAL U	INION PRACTICES
1.		2. If "No" to any items 1a, 1b, or 1c, (CHECK ALL APPLICABLE BOXES)
	any: Yes No	is this because the group or groups BLACK HISPANIC WOMEN
	a. Blacks (Non-Hispanic)?	1 (a) 1 (b) 1 (c)
	b. Hispanics?	a. Are not in the local community?
	c. Women?	b. Are not in the bargaining unit? c. Are excluded by provision in consti-
3.	To the best of your knowledge, has your international union	tution or bylaws?
	chartered a separate local within the same work and/or area jurisdiction which consists only of:	e. Have applied, but did not have a
	Yes No	sponsor?
	a. Persons of the same race/ethnic identity	qualifications other than sponsor-
	b. Persons of the same sex?	g. Other reason(s) (Explain)
	-	
	Part C. LOCAL UNION	NS REQUIRED TO FILE
	Yes	No .
1.	Has the local union had 100 or more members at any time since December 1 of the preceding year?	The union must complete the entire report if it answered "YES" to item 1, AND the answer is "YES" to any of the three questions in item 2.
2.	Does the local union, or any unit, division, or agent of the local union,	The union is not required to complete the entire report if it enswered "NO"
	or any labor organization which performs, within a specific jurisdiction, the functions ordinarily performed by a local union, whether or not it is	to item 1, OR "NO" to all three questions in item 2. If that is the case, the union must complete Parts A, B, C and E and return this form to the
	so designated: a. Operate a hiring hall or hiring office?	specified address.
	 b. Have an arrangement under which one or more employers are required to consider or hire persons referred by the local union or an agent of 	
	the local union? c. Have 10 percent or more of its members employed by employers which	
	customarily and regularly look to the union, or any agent of the union, for employees to be hired on a casual or temporary basis, for a speci-	
	fied period of time, or for the duration of a specified job?	

Par	t D., REMARKS
Part E. IDENTIF	FICATION AND SIGNATURE
to the best of my knowledge and belief, the information contained in this report the based on self-identification by individuals, this information was gathered only	is true and complete. It is further certified that to the extent any data in Schedule I, Items 1 or 2, rafter they were advised of its confidential nature and purposes.
1. Type or print name, title, address and telephone number for union business	of designated representative
Name	
Title	
Work address	
Telephone number (including area code)	
Signature of designated representative	3 Date
covers up by any trick, scheme, or device a material fact, or make	rtment or agency of the United States knowingly and willfully falsifies, conceals, or as any false, fictitious or fraudulent statements or representations, or makes or uses also, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 1001, United States Code.

SCHEDULE I-LOCAL UNION REPORT (EEO-3)

MEMBERSHIP, APPLICANT and REFERRAL INFORMATION

Method of identification	appli	Check all
How was information as to race/ethnic identification and sex in Item 2 below obtained?	a. Existing Record	
This information may be obtained by visual survey, from records made after employment, from personal knowledge or by self-identification. The self-identification method	b. Visual Survey	
may be used subject to the conditions set forth in the instructions. No State law pro-	c. Tally from Personal Knowledge	
hibiting the self-identification method applies, since the Equal Employment Opportunity Commission's regulations supersede such laws.	d. Self-Identification	
	e. Other (Specify)	

2. Statistics

No.			~~~	MALE					FEMALE		
	TOTAL		SPANIC IGIN	HISPANIC	ASIAN OR	AMERIÇAN INDIAN OR		SPANIC IGIN	HISPANIC	ASIAN OR	AMERICAN INDIAN OR
	(COLUMNS)	WHITE	BLACK	HISPANIÇ	PACIFIC ISLANDER	I ALACVANII	WHITE	BLACK	I THIST AITH	PACIFIC ISLANDER	ALASKAN NATIVE
	Α	В	С	D	E	F	G	Н	1	J	K
a. MEMBERSHIP IN REFERRAL UNIT									,		
(1) MEMBERS											
(2) APPLICANTS FOR MEMBERSHIP DURING THE PAST YEAR											
b. REFERRALS DURING 2-MONTH PERIOD											,
(1) NUMBER OF PERSONS REFERRED					•						
(2) NUMBER OF REFERRALS											
(3) APPLICANTS FOR REFERRAL		·									

3	Period	Used	For	Referrat	Date

Valuebould obtain the lig	was considered in Item 2	"Statistics" uning a	au 2 month period	behveen August 1	and November 30

Dates of 2-month Period	