**Section A – TYPE OF REPORT**

Refer to instructions for number and types of reports to be filed.

1. Indicate by marking in the appropriate box(es) the type of reporting unit for which this report is submitted

 **Single Establishment Employer: Multi-establishment Employer:**

 Single Establishment Report Headquarters Report

 Establishment Report (Required for establishments of all sizes)

2. Total number of reports being filed by this Company (Answer on Headquarters Report only)

**Section B – COMPANY IDENTIFICATION** (To be answered by all employers)

|  |
| --- |
| 1. Headquarters  |
| Name of Headquarters (owns or controls establishment in item 2)  |
| Address (Number and Street) |
| City or Town | State | ZIP Code |
| 2. Establishment for which this report is filed. |
| 1. Name of establishment
 |
| Address (Number and Street) | City or Town | County | State | ZIP Code |
| 1. Employer identification No. (IRS 9-DIGIT Tax Number)
 |
| 1. Was an Equal Pay Report filed for this establishment last year? Yes No
 |

**Section C – CONTRACTOR/SUBCONTRACTOR INFORMATION** (To be answered by all contractors and subcontractors)

Please enter your:

 Dun and Bradstreet identification number (if you have one): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 North American Industry Classification System (NAICS) Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EEO-1 Unit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EEO-1 Company Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| EEO-1 Job Category | Job Category Number  |  **Section D – Male Employees** |
| Hispanic or Latino | Non-Hispanic or Latino | Total |
| White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or More Races |
| Total Employees |  W-2 Paid  | Total Work Hours | Total Employees |  W-2 Paid  | Total Work Hours | Total Employees |  W-2 Paid  | Total Work Hours | Total Employees |  W-2 Paid  | Total Work Hours | Total Employees |  W-2 Paid  | Total Work Hours | Total Employees |  W-2 Paid  | Total Work Hours | Total Employees |  W-2 Paid  | Total Work Hours | Total Employees | Total W-2 Pay | Total Work Hours |
| Executive/Sr Level Officials & Mgrs  |  1.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First/Mid-Level Officials & Mgrs | 1.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Professionals | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Technicians | 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sales Workers | 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Administrative Support Workers | 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Craft Workers | 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Operatives | 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Laborers and Helpers | 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Service Workers | 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total | 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| EEO-1 Job Category | Job Category Number  |  **Section D – Female Employees** |
| Hispanic or Latino | Non-Hispanic or Latino | Total |
| White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or More Races |
| Total Employees |  W-2 Paid  | Total Work Hours | Total Employees |  W-2 Paid  | Total Work Hours | Total Employees |  W-2 Paid  | Total Work Hours | Total Employees |  W-2 Paid  | Total Work Hours | Total Employees |  W-2 Paid  | Total Work Hours | Total Employees |  W-2 Paid  | Total Work Hours | Total Employees |  W-2 Paid  | Total Work Hours | Total Employees | Total W-2 Pay | Total Work Hours |
| Executive/Sr Level Officials & Mgrs  |  1.1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First/Mid-Level Officials & Mgrs | 1.2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Professionals | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Technicians | 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sales Workers | 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Administrative Support Workers | 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Craft Workers | 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Operatives | 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Laborers and Helpers | 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Service Workers | 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total | 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 **Section E – REMARKS (**Include in this section any remarks, explanations, or other pertinent information regarding this report)

 **Section F – REPRESENTATION & CERTIFICATION**

Check One: All the reports are accurate and were prepared in accordance with the instructions. (Check on Headquarters Report Only)

 This report is accurate and was prepared in accordance with the instructions.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Responsible Official | Title | Signature | Date |
| Contact Person for this Report | Title | Telephone Number (Including Area Code and Extension) | Email Address |