CONTRACTORS (238000) OF SPECIALTY TRADE OCCUPATIONAL EMPLOYMENT REPORT

estimates by occupation.

U.S. Department of Labor In Cooperation with the

Please see our website at http://www.bls.gov/OES for more information on the OES Program, including a display of national, state and metropolitan area employment and wage date in Item 3, printed directly above your establishment name. The instructions on pages ii and iii explain how to provide the information. on this page. Mext, please provide the information requested beginning on page 1 for the employees who worked during or received pay for the pay period that included the reference What this report is about: This form asks for information about the occupations and wage ranges of the employees described in Item 3 below. Please complete Items 1 through 5

	E-mail address:	
	Phone: (
	:9ltiT	
NSE ONFA	Name:	
OFFICE	Please tell us who to contact if we have questions about your data.	
FOR		
	Yes NoEnter number of locations	
	Do all employees reported above work at one location?	
	nuemployment insurance	
	Workers not covered by	
·c	officers, and staff owners, and partners	
5.	to other units Workers on unpaid leave Unincorporated firms - proprietor Incorporated firms - proprietor	
	Workers assigned temporarily Morkers on upper leave	
	Workers on paid leave employees not on your payroll Moeklers sesigned temperarily.	lines provided and continue with the rest of the report.
сλ	Full or part-time paid workers Contractors and temporary agen	listed below. It they are not, please list your main products or services on the
	Include Do Not Include	Our records show that your main products or services are related to those
	Enter the number here	
	Enter the number here	
	מוב למל לפניסת תומר וווסומתכת מוב ובובובובוב ממנב לוווויבים ווו ניבוו ב:	New Address:
ճասոր (How many employees, both full and part-time , worked at this location(s the pay period that included the reference date printed in Item 3?	
paint (and the position amis-trea bas Illis diod appropriate work woll	Лем Иате:
		So to item 2.
		Sold or merged: Enter the new name and address below, then
		address at the top.
		Permanently out of business as of/ Return the form to the
		in the reply envelope provided.
		worked for pay, report "0" in section 4 of this page and return the form
		employees paid for work during the reference period. If no employees
		Temporarily closed during the reference period: Report data only for
		Operating: Go to item 2.
	Please make any needed address corrections.	Item 3 as of the reference date also printed in Item 3?
S of employment for these employees appears at the top right corner of the label.		Which of the following options describes the status of the location(s) in
ır estimate	This form asks for information about the employees described below. Ou	יין אין אין אין אין אין אין אין אין אין