

FEDERAL-AID HIGHWAY

1. MARK APPROPRIATE BLOCK

- Contractor
- Subcontractor

2. COMPANY NAME, CITY,

This collection of information is required by law and regulation.

6. WORKFORCE ON FEDERAL-AID AND CONSTRUCTION

JOB CATEGORIES	TOTAL EMPLOYED		TOTAL RACIAL/ETHNIC MINORITY		BLACK or AFRICAN AMERICAN	
	M	F	M	F	M	F
OFFICIALS	0	0	0	0		
SUPERVISORS	0	0	0	0		
FOREMEN/WOMEN	0	0	0	0		
CLERICAL	0	0	0	0		
EQUIPMENT OPERATORS	0	0	0	0		
MECHANICS	0	0	0	0		
TRUCK DRIVERS	0	0	0	0		
IRONWORKERS	0	0	0	0		
CARPENTERS	0	0	0	0		
CEMENT MASONS	0	0	0	0		
ELECTRICIANS	0	0	0	0		
PIPEFITTER/PLUMBERS	0	0	0	0		
PAINTERS	0	0	0	0		
LABORERS-SEMI SKILLED	0	0	0	0		
LABORERS-UNSKILLED	0	0	0	0		
TOTAL	0	0	0	0	0	0

APPRENTICES	0	0				
OJT TRAINEES	0	0				

8. PREPARED BY:

(Signature and Title of Contractors Representative)

FEDERAL-AID HIGHWAY CONST

1. STATE:	2. NUMBER OF PROJECTS:

This collection of information is required by law and regulation 23 U.S.C. 140.

7. WORKFORCE ON FEDERAL-AID AND CONSTRUCTION SITE

TABLE

JOB CATEGORIES	TOTAL EMPLOYED		TOTAL RACIAL / ETHNIC MINORITY		BLACK or AFRICAN AMERICAN		HISPANIC OR LATINO		AMER INDIA ALA NAT
	M	F	M	F	M	F	M	F	M
OFFICIAL	0	0	0	0					
SUPERV	0	0	0	0					
FOREM	0	0	0	0					
CLERICAL	0	0	0	0					
EQUIPM	0	0	0	0					
MECHAN	0	0	0	0					
TRUCK	0	0	0	0					
IRONWO	0	0	0	0					
CARPEN	0	0	0	0					
CEMENT	0	0	0	0					
ELECTR	0	0	0	0					
PIPEFIT	0	0	0	0					
PAINTER	0	0	0	0					
LABORER	0	0	0	0					
LABORER	0	0	0	0					
TOTAL	0	0	0	0	0	0	0	0	0

TABLE C

APPREN	0	0							
OJT TRA	0	0							

8. PREPARED BY: (Signature and Title of Contractors Representative)	9. DATE

CONSTRUCTION CONTRACTORS ANNUAL EEO REPORT

3. TOTAL DOLLAR VALUE:	4. TOTAL WORKFORCE:	

and 23 CFR Part 230. The OMB control number for this collection is 2125-0019 expiring in

PERIOD(S) DURING LAST FULL PAY PERIOD ENDING IN JULY 20__

A									
AMERICAN INDIAN OR ALASKA NATIVE	ASIAN		NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		TWO OR MORE RACES		WHITE		APPROXIMATE
F	M	F	M	F	M	F	M	F	M
									0
									0
									0
									0
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0	0	0	0	0	0	0	0	0	0

(Table B data by racial status)

10. REVIEWED BY: _____ (SIGNATURE <u>and</u> TITLE OF STATE HIGHWAY OFFICIAL)	11. DATE: _____

