

**EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
STATE AND LOCAL GOVERNMENT INFORMATION (EEO-4)**

APPROVED BY
OMB
3046-0008

EXCLUDE SCHOOL SYSTEMS AND EDUCATIONAL INSTITUTIONS
(Read attached instructions prior to completing this form)

DO NOT ALTER INFORMATION PRINTED IN THIS BOX

MAIL COMPLETED
FORM TO:

A. TYPE OF GOVERNMENT (Check one box only)

1. State 2. County 3. City 4. Township 5. Special District
 6. Other (Specify) _____

B. IDENTIFICATION

1. NAME OF POLITICAL JURISDICTION (If same as label, skip to Item C)

2. Address--Number and Street

CITY/TOWN

COUNTY

STATE/ZIP

EEOC USE
ONLY
A

B

C. FUNCTION

(Check one box to indicate the function(s) for which this form is being submitted. Data should be reported for all departments and agencies in your government covered by the function(s) indicated. If you cannot supply the data for every agency within the function(s) attach a list showing name and address of agencies whose data are not included.)

	<p>1. Financial Administration. Tax billing and collection, budgeting, purchasing, central accounting and similar financial administration carried on by a treasurer's, auditor's or comptroller's office and</p> <p>GENERAL CONTROL. Duties usually performed by boards of supervisors or commissioners, central administration offices and agencies, central personnel or planning agencies, all judicial offices and employees (judges, magistrates, bailiffs, etc.)</p>		<p>8. HEALTH. Provision of public health services, outpatient clinics, visiting nurses, food and sanitary inspections, mental health, alcohol rehabilitation service, etc.</p> <p>9. HOUSING. Code enforcement, low rent public housing, fair housing ordinance enforcement, housing for elderly, housing rehabilitation, rent control.</p>
	<p>2. STREETS AND HIGHWAYS. Maintenance, repair, construction and administration of streets, alleys, sidewalks, roads, highways and bridges.</p>		<p>10. COMMUNITY DEVELOPMENT. Planning, zoning, land development, open space, beautification, preservation.</p>
	<p>3. PUBLIC WELFARE. Maintenance of homes and other institutions for the needy; administration of public assistance. (Hospitals and sanatoriums should be reported as item 7.)</p>		<p>11. CORRECTIONS. Jails, reformatories, detention homes, halfway houses, prisons, parole and probation activities</p>
	<p>4. POLICE PROTECTION. Duties of a police department sheriff's, constable's, coroner's office, etc., including technical and clerical employees engaged in police activities.</p>		<p>12. UTILITIES AND TRANSPORTATION. Includes water supply, electric power, transit, gas, airports, water transportation and terminals.</p>
	<p>5. FIRE PROTECTION. Duties of the uniformed fire force and clerical employees. (Report any forest fire protection activities as item 6.)</p>		<p>13. SANITATION AND SEWAGE. Street cleaning, garbage and refuse collection and disposal. Provision, maintenance and operation of sanitary and storm sewer systems and sewage disposal plants.</p>
	<p>6. NATURAL RESOURCES. Agriculture, forestry, forest fire protection, irrigation drainage, flood control, etc., and PARKS AND RECREATION. Provision, maintenance and operation of parks, playgrounds, swimming pools, auditoriums, museums, marinas, zoos, etc.</p>		<p>14. EMPLOYMENT SECURITY STATE GOVERNMENTS ONLY</p>
	<p>7. HOSPITALS AND SANATORIUMS. Operation and maintenance of institutions for inpatient medical care.</p>		<p>15. OTHER (Specify on Page Four)</p>

D. EMPLOYMENT DATA AS OF JUNE 30

(Do not include elected/appointed officials. Blanks will be counted as zero)

1. FULLTIME EMPLOYEES (Temporary employees are not included)

JOB CATEGORIES	ANNUAL SALARY (In thousands 000)	RACE/ETHNICITY														Total Col A-N
		HISPANIC OR LATINO		NON-HISPANIC OR LATINO												
		Male	Female	MALE					FEMALE							
				White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or more races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or more races	
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
OFFICIALS ADMINISTRATORS	1. \$0.115.9															
	2. 16.019.9															
	3. 20.024.9															
	4. 25.032.9															
	5. 33.042.9															
	6. 43.054.9															
	7. 55.069.9															
	8. 70.0 PLUS															
PROFESSIONALS	9. \$0.115.9															
	10. 16.019.9															
	11. 20.024.9															
	12. 25.032.9															
	13. 33.042.9															
	14. 43.054.9															
	15. 55.069.9															
	16. 70.0 PLUS															
TECHNICIANS	17. \$0.115.9															
	18. 16.019.9															
	19. 20.024.9															
	20. 25.032.9															
	21. 33.042.9															
	22. 43.054.9															
	23. 55.069.9															
	24. 70.0 PLUS															
PROTECTIVE SERVICE	25. \$0.115.9															
	26. 16.019.9															
	27. 20.024.9															
	28. 25.032.9															
	29. 33.042.9															
	30. 43.054.9															
	31. 55.069.9															
	32. 70.0 PLUS															
PARA-PROFESSIONALS	33. \$0.115.9															
	34. 16.019.9															
	35. 20.024.9															
	36. 25.032.9															
	37. 33.042.9															
	38. 43.054.9															
	39. 55.069.9															
	40. 70.0 PLUS															
ADMINISTRATIVE SUPPORT	41. \$0.115.9															
	42. 16.019.9															
	43. 20.024.9															
	44. 25.032.9															
	45. 33.042.9															
	46. 43.054.9															
	47. 55.069.9															
	48. 70.0 PLUS															

D. EMPLOYMENT DATA AS OF JUNE 30 (Cont.)

(Do not include elected/appointed officials. Blanks will be counted as zero)

1. FULLTIME EMPLOYEES (Temporary employees are not included)

CATEGORIES	ANNUAL SALARY (In thousands 000)	RACE/ETHNICITY														Total Col A-N	
		HISPANIC OR LATINO		NON-HISPANIC OR LATINO													
		Male	Female	MALE							FEMALE						
				White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or more races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or more races		
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O			
SKILLED CRAFT	49. \$0.115.9																
	50. 16.019.9																
	51. 20.024.9																
	52. 25.032.9																
	53. 33.042.9																
	54. 43.054.9																
	55. 55.069.9																
56. 70.0 PLUS																	
SERVICE MAINTENANCE	57. \$0.115.9																
	58. 16.019.9																
	59. 20.024.9																
	60. 25.032.9																
	61. 33.042.9																
	62. 43.054.9																
	63. 55.069.9																
64. 70.0 PLUS																	
65. TOTAL FULL TIME (LINES 1 - 64)																	
2. OTHER THAN FULLTIME EMPLOYEES (Including temporary employees)																	
66. OFFICIALS/ADMIN																	
67. PROFESSIONALS																	
68. TECHNICIANS																	
69. PROTECTIVE SERVICE																	
70. PARAPROFESSIONAL																	
71. ADMIN. SUPPORT																	
72. SKILLED CRAFT																	
73. SERVICE/MAINTENANCE																	
74. TOTAL OTHER THAN FULL TIME (LINES 66 - 73)																	
3. NEW HIRES DURING FISCAL YEAR Permanent full time only JULY 1 - JUNE 30																	
75. OFFICIALS/ADMIN																	
76. PROFESSIONALS																	
77. TECHNICIANS																	
78. PROTECTIVE SERVICE																	
79. PARAPROFESSIONAL																	
80. ADMIN. SUPPORT																	
81. SKILLED CRAFT																	
82. SERVICE/MAINTENANCE																	
83. TOTAL NEW HIRES (LINES 75 - 82)																	

REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)

LIST AGENCIES INCLUDED ON THIS FORM

CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)

NAME OF PERSON TO CONTACT REGARDING THIS FORM

TITLE

ADDRESS (Number and Street, City, State, Zip Code)

TELEPHONE NUMBER

extension:

FAX NUMBER

DATE

TYPED NAME/TITLE OF AUTHORIZED OFFICIAL

SIGNATURE

E-MAIL