**Employer Information Report EEO-1**

**Parent Company**

Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business Filing Report (omit if same as above)**

Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Identification Number (9 digits) \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  
Was an EEO-1 report filed for this organization last year? \_\_\_Yes \_\_\_N0

**Employer Questionnaire**

1. Does the company for which you are filing have at least 100 employees on its payroll for this reporting period?
2. Is your company affiliated with, owned by or managed by any enterprise with more than 100 employees on payroll?
3. Does the company or any of its divisions/affiliates have (a.) more than 50 employees, AND (b.) no 41 CRF 60-1.5 exemption, AND (c.) act as a contractor, subcontractor or prime contractor or have a purchase order amounting in over $50,000 or serve as a depository for U.S. Government funds or act as a financial institution issuing Government Savings Bonds and Savings Notes?  
     
   If yes, enter your 9-digit Dun and Bradstreet ID number: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

**Employment Data**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Male** | | | | | **Female** | | | | |
| **Job Categories** | **Caucasian** | **Black** | **Hispanic** | **Asian** | **First Nations** | **Caucasian** | **Black** | **Hispanic** | **Asian** | **First Nations** |
| Office and Managers |  |  |  |  |  |  |  |  |  |  |
| Professionals |  |  |  |  |  |  |  |  |  |  |
| Technicians |  |  |  |  |  |  |  |  |  |  |
| Sales Workers |  |  |  |  |  |  |  |  |  |  |
| Craft Workers |  |  |  |  |  |  |  |  |  |  |
| Operatives |  |  |  |  |  |  |  |  |  |  |
| Laborers |  |  |  |  |  |  |  |  |  |  |
| Service Workers |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |

1. Payroll dates of employment used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does this employer employ apprentices? \_\_Yes \_\_No

**Establishment Information**

Please briefly describe the industry and major activity of this business:

**Comments**

You may add any information that you feel helps to explain any of the information about or may be relevant to the EEOC in any way:

**Certification**

**\_\_\_** The information in this report accurately reflects the employment records of this business.

\_\_\_ This report has been prepared in accordance to EEOC instructions.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of certifying official | Title | Signature | Date | | |
| Contact person | Address | | | | |
| Title | City, State | Zip Code | Telephone Number | Extension |