

STATE OF CONNECTICUT
DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT
CONTRACT COMPLIANCE DATA FORM

(IF your organization files a Federal EEO-1 or EEO-4 form, substitute it for this form.)

1. PRIME CONTRACTOR (Name) _____ PRINCIPAL OFFICER (Name) _____ (Title)

ADDRESS (Street) _____

(TOWN) _____

(ZIP) _____

Use figures for pay period ending nearest 15th of previous month.

JOB Categories	OVERALL Totals Male/Female	A.	B.	C.	D.
		WHITE (Non-Hispanic) Male/Female	BLACK (Non-Hispanic) Male/Female	HISPANIC Male/Female	OTHER Male/Female
Officials & Managers					
Professionals					
Technicians					
Sales Workers			-		
Office & Clerical					
Craft Workers (skilled)					
Operatives (semi-skilled)					
Laborers (unskilled)					
Service-Workers					
TOTALS ABOVE					
TOTALS ONE YEAR AGO					
APPRENTICES					

Is the composition of your work force at or near parity when compared to the racial and sexual composition of the work force in the relevant labor market areas? Yes[] No[]

Does the contractor promise to set aside a portion of the contract for legitimate minority business enterprises? Yes[] No[]

CONTRACTOR'S AUTHORIZED SIGNATURE _____

DATE _____