

FEDERAL-AID HIGHWAY CONSTRUCTION CONTRACTORS ANNUAL EEO REPORT

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|--|-------------------------------|--------------------|-------------------------------|---|
| 1. MARK APPROPRIATE BLOCK <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor | 2. COMPANY NAME, CITY, STATE: | 3. PROJECT NUMBER: | 4. DOLLAR AMOUNT OF CONTRACT: | 5. PROJECT LOCATION: (County and State) |
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This collection of information is required by law and regulation 23 U.S.C. 140a and 23 CFR Part 230. The OMB control number for this collection is 2125-0019 expiring in March 2025.

6. WORKFORCE ON FEDERAL-AID AND CONSTRUCTION SITE(S) DURING LAST FULL PAY PERIOD ENDING IN JULY 20 (INSERT YEAR)

| JOB CATEGORIES | TABLE A | | | | | | | | | | | | | | | | TABLE B | | | | | |
|-----------------------|----------------|---|-------------------------------|---|---------------------------|---|--------------------------|---|----------------------------------|---|-------|---|---|---|-------------------|---|------------------------------|---|-------------|---|---------------------|---|
| | TOTAL EMPLOYED | | TOTAL RACIAL/ ETHNIC MINORITY | | BLACK or AFRICAN AMERICAN | | WHITE/HISPANIC OR LATINO | | AMERICAN INDIAN OR ALASKA NATIVE | | ASIAN | | NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | | TWO OR MORE RACES | | WHITE/NON-HISPANIC OR LATINO | | APPRENTICES | | ON THE JOB TRAINEES | |
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| OFFICIALS | | | | | | | | | | | | | | | | | | | | | | |
| SUPERVISORS | | | | | | | | | | | | | | | | | | | | | | |
| FOREMEN/WOMEN | | | | | | | | | | | | | | | | | | | | | | |
| CLERICAL | | | | | | | | | | | | | | | | | | | | | | |
| EQUIPMENT OPERATORS | | | | | | | | | | | | | | | | | | | | | | |
| MECHANICS | | | | | | | | | | | | | | | | | | | | | | |
| TRUCK DRIVERS | | | | | | | | | | | | | | | | | | | | | | |
| IRONWORKERS | | | | | | | | | | | | | | | | | | | | | | |
| CARPENTERS | | | | | | | | | | | | | | | | | | | | | | |
| CEMENT MASONS | | | | | | | | | | | | | | | | | | | | | | |
| ELECTRICIANS | | | | | | | | | | | | | | | | | | | | | | |
| PIPEFITTER/PLUMBERS | | | | | | | | | | | | | | | | | | | | | | |
| PAINTERS | | | | | | | | | | | | | | | | | | | | | | |
| LABORERS-SEMI SKILLED | | | | | | | | | | | | | | | | | | | | | | |
| LABORERS-UNSKILLED | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | |

TABLE C (Table B data by racial status)

| | | | | | | | | | | | | | | | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| APPRENTICES | | | | | | | | | | | | | | | | | | | | | | |
| OJT TRAINEES | | | | | | | | | | | | | | | | | | | | | | |

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| 8. PREPARED BY: (Signature and Title of Contractors Representative) _____ | 9. DATE _____ | 10. REVIEWED BY: (Signature and Title of State Highway Official) _____ | 11. DATE _____ |
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