

**Qualification Statement Form Q-7  
Supply and Service Employment Reports**



Please provide the following information which may be obtained from the Industrial Commercial Incentive Program Application.

[FOR ICIP APPLICANT/DEVELOPERS ONLY]

(a) Block (s) \_\_\_\_\_ (b) Lot(s) \_\_\_\_\_

(c) Property Address/Description \_\_\_\_\_

\_\_\_\_\_ (d) Borough \_\_\_\_\_

(e) Preliminary Application Number \_\_\_\_\_

(f) Applicant's Name \_\_\_\_\_

(g) Address \_\_\_\_\_

(h) Contact Person \_\_\_\_\_

(i) Telephone Number \_\_\_\_\_

(j) SS No. /Employer ID No. \_\_\_\_\_

(k) Consultant (s) \_\_\_\_\_

(l) Estimated Cost of Construction \_\_\_\_\_

(m) Projected Commencement of Work Date \_\_\_\_\_

(n) Projected Date of Completion \_\_\_\_\_

(o)  Construction Managers

General Contractors

**B. PART I. CONTRACTOR / SUBCONTRACTOR INFORMATION\*:**

1. \_\_\_\_\_  
Contractor / Subcontractor Name

1a. If subcontractor, name of prime contractor is \_\_\_\_\_

2. \_\_\_\_\_  
Facility Address

\_\_\_\_\_  
City State Zip Code County

3. \_\_\_\_\_  
Chief Operating Officer Telephone Number

4. \_\_\_\_\_  
Name of Designated Equal Opportunity Compliance Officer (or Name of Person to contact concerning this Employment Report) Telephone Number

\_\_\_\_\_  
Address of Designated Equal Opportunity Compliance Officer Fax Number

***\*Industrial Commercial Incentive Program applicants or developers please see page 16 which should be completed in addition to Part I.***

(p) Name \_\_\_\_\_

(q) Address \_\_\_\_\_

(r) Contact Person \_\_\_\_\_

(s) Proposed Contract Amount \_\_\_\_\_

(t) Are subcontractors being used on this project? \_\_\_\_ yes [ ] \_\_\_\_ no

(u) Name \_\_\_\_\_

(v) Address \_\_\_\_\_

(w) Contact Person \_\_\_\_\_

(x) Proposed Contract Amount \_\_\_\_\_

**(Use Additional Pages to Record Any Additional Information)**

FORM A: JOB CLASSIFICATION AND  
INCUMBENTS FORM

CONTRACTOR NAME \_\_\_\_\_

Occupational Category (circle one) MGRS PROF TECH SAL CLER SERV FARM  
CRFT OPER/LABR

Total number of incumbent(s)  
in this category \_\_\_\_\_

FACILITY LOCATION: \_\_\_\_\_

(1) Company Job Title	(2) Compan y Job No.	(3) Census Code	(4) Job Group Assignment for this occupational category					(5) Total in Title
			1	2	3	4	5	

Please include on each sheet information concerning only 1 occupational category (see ER instructions Appendix A, page 21 for the Occupational Categories)

\*\* See ER Instructions Appendix A, for Census Codes  
NOTE: Make as many copies of this form as you require for each occupational category.



MALES					FEMALES				
(6) W-non -Hisp	(7) B-non- Hisp.	(8) Hisp	(9) Asian	(10) Native Amer.	(11) W-non -Hisp	(12) B-non- Hisp.	(13) Hisp	(14) Asian	(15) Native Amer.

Please include on each sheet information concerning only 1 occupational category (see ER instructions Appendix A, page 21 for the Occupational Categories)

\*\* See ER Instructions Appendix A, for Census Codes

NOTE: Make as many copies of this form as you require for each occupational category.

CONTRACTOR NAME: \_\_\_\_\_

FORM B: NEW HIRES FORM/TRACKING EMPLOYEES HIRED OVER THE LAST THREE YEARS

FACILITY LOCATION: \_\_\_\_\_

Employee Characteristics			At-Hire Information				Current Information	
(1) SSN or Employee ID #	(2) Sex (a)	(3) Race Ethnic Code (b)	(4) Year of Hire	(5) Company Job # at Hire	(6) Matching Census- Code (c)	(7) Weekly Salary at Hire	(8) Current Company Job Number (d)	(9) Weekly Current Salary

I certify that there were no new hires in 199\_\_/199\_\_

NOTE: Make as many copies of this form as you require.

(a)  
M: Male  
F: Female

(b)  
W: White  
B: Black  
H: Hispanic  
A: Asian  
N: Native  
American

(c)  
see Appendix  
B for a listing  
of the 1990  
Cencisus  
codes

(d)  
V: Voluntarily terminated employment  
(Resigned)  
I: Involuntarily terminated employment  
(Discharge/Lay off)  
R: Retired  
D: Deceased



