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

# THE CITY OF NEW YORK DEPARTMENT OF BUSINESS SERVICES DIVISION OF LABOR SERVICES

110 William Street, 2nd Floor New York, New York 10038 (212) 513-6433 or 513-6323 Fax No. (212) 618-8899

## SUPPLY AND SERVICE EMPLOYMENT REPORT (ER)

#### A. GENERAL INFORMATION:

1.	Your c	our contractual relationship in this contract is:						
	a.	Contractor (e.g., Vendor, Prime, Other)						
	b.	Subcontractor (e.g., Supplier, Manufacturer, Other)						
2.	This El	R is for Headquarters Operating Facility						
3.	Employ	ver / Identification Number:						
4.	Numbe	r of Employees at this facility (location):						
5.	This fin	m is a: Minority Business Enterprise						
		Minority / Woman Business Enterprise						
		Woman-owned Business Enterprise						
		Other						
6.	Industry	/ Code:						

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)		
(g)		
(j)	SS No. /Employer ID No	
(k)	Consultant (s)	
(1)	Estimated Cost of Construction	
(m)	Projected Commencement of Work Date	e
(n)	Projected Date of Completion	·
(o)	☐Construction Managers	☐General Contractors

# 1. Contractor / Subcontractor Name If subcontractor, name of prime contractor is \_\_\_\_\_ 1a. 2. Facility Address City State Zip Code County 3. Chief Operating Officer Telephone Number 4. Name of Designated Equal Opportunity Telephone Number Compliance Officer (or Name of Person to contact concerning this Employment Report) Address of Designated Equal Opportunity Fax Number Compliance Officer

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

\*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 A INCUMBENTS FORM	AND CONTRA	CTOR N	IAME					
Occupational Category (circle one) CRFT OPER/LABR	MGRS	PROF	TECH	SAL	CLER	SERV	FARM	
Total number of incumbent(s) in this category	FACILI	TY LOC	ATION:_					

(1) Company Job Title	(2) Compan y	(3) Census Code	(4) Job Grou category	(5) Total in Title				
	Job No.		1	2	3	4	5	
								·
751 101101			i,					
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			γ.					

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

<sup>\*\*</sup> 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)

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

Employee C	haract	eristics		At-Hire In	formation		Current In	formation
(1) SSN or Empoyee 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 NOTE: Make	at there	were no n	ew hires in	n 199/199_ n as you requ	_ ire.			
(a) M: Male F: Female  W: White B: Black H: Hispanic A: Asian N: Native		B f of t Ce	(c) e Appendix or a listing the 1990 ncisus	(Resigned	l) tariyly termi e/Lay off)	ated employme		

CONTRACTOR NAME:

American

D: Deceased

CONTRACTOR NAME:
FORM C: TERMINATIONS FOR EMPLOYMENT TERMINATIONS OVER THE LAST THREE YEARS
FACILITY LOCATION:

(1) SSN/ Employee ID#	(2) Sex (a)	(3) Race Ethnic Code (b)	(4) Age at Termination	(5) Year of Hire	(6) Last –Company Job Number	(7) Year of Termination	(8) Type of Termination (c)
			·				
			,				

☐ 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 (non-Hisp)

B: Black (non-

Hisp)

H: Hispanic

A: Asian

(c)

V: Voluntarily terminated employment (Resigned)
I: Involuntarily terminated employment
(Discharge/retirement)

R: Retired

D: Deceased