## CITY OF URBANA HUMAN RELATIONS DIVISION 400 SOUTH VINE ST. URBANA, ILLINOIS 61801 (217) 384-2455 (phone); 328-8288 (fax)

hro@urbanaillinois.us

Office Use Only (09/15)				
Requested by:	Date:			
Approved by:	Date:			
Certification				
Date:				

## EQUAL EMPLOYMENT OPPORTUNITY (E.E.O.) WORKFORCE STATISTICS FORM

Please complete the sections below as instructed. Failure to properly complete this form may

result in a delay or denial of eligibility to bid or do business with the City of Urbana.						
Section I. Identification						
1. Company Name and Address:						
Name: CDS OFFICE 545TEMS, INC.						
d/b/a: CDS office TECHNOLOGIES						
Address: 612 5. DIRKSEN PKNY						
City/State/Zip: SPRINGFIELD, IL 62703						
Telephone Number(s) include area code: (217) 528-8736						
Check one of the following						
Corporation 🗸 Partnership Individual Proprietorship Limited Liability Corp.						
FEI Number: 37-1052665 Social Security Number:						
2. Name and Address of the Company's Principal Office (answer only if not the same as above)  Name:						
Address:						
City/State/Zip						
3. Major activity of your company (product or service): VALVE - ADDED RESELLER OF OFFICE						
4. Project on which your company is bidding:						
5. City of Urbana contact staff assigned to contract:						

## SECTION II. Policies and Practices

	Description of EEO Policies and Practices	YES	NO
Α.	Is it the Company's policy to recruit, hire, train, upgrade, promote and discipline persons without regard to race, color, creed, class, national origin, religion, sex, age, marital status, mental and/or physical disability, personal appearance, sexual preference, family responsibilities, matriculation, political affiliation, prior arrest, conviction record, or source of income?	<b>V</b>	
В.	Has someone been assigned to develop procedures, which will assure that the EEO policy is implemented and enforced by managerial, administrative, and supervisory personnel? If so, please indicate the name and title of the official charged with this responsibility.  Name: BRUEE EGOLF  Title: CFO  Telephone: (W) 753-6519  Email: bejolf O edorter	/	
C.	Does the company have a written Equal Employment Opportunity plan or statement? Note: If no, a copy of an E.E.O statement is enclosed. You must attach an EEO Statement in order to be considered eligible to do business with the City of Urbana. Questions? (217) 384-2455 or hro@city.urbana.il.us.	/	
D.	Has the company developed a written policy statement prohibiting Sexual Harassment? You must attach a copy of your company's Sexual Harassment Policy in order to be considered eligible to do business with the City of Urbana.	/	
E.	Have all recruitment sources been notified that the company will consider all qualified applicants without regard to race, color, creed, class, national origin, religion, sex, age, marital status, mental and/or physical disability, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, prior arrest, conviction record, or source of income?	/	
F.	If advertising is used, does it specify that all qualified applicants will be considered for employment without regard to race, color, creed, class, national origin, religion, sex, age, marital status, mental and/or physical disability, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, prior arrest, conviction record, or source of income?	/	
G.	Has the contractor notified all of its sub-contractors of their obligations to comply with the Equal Opportunity requirements either in writing, by inclusion in subcontracts or purchase orders?		
H.	Is the company a state certified minority/women owned business? If yes, please attach a copy of state certification.		/
l.	Does the company have collective bargaining agreements with labor organizations?		/
J.	If you answered yes to Question "I", have the labor organizations been notified of the company's responsibility to comply with the Equal Employment Opportunity requirements in all contracts with the City of Urbana?		
K.	Does your company perform construction, rehabilitation, alteration, conversion, demolition or repair of buildings, highways or other improvements to real property? (If yes, please complete Table B.)		/
L.	Are you currently seeking to renew an existing or expired Urbana EEO certification? (If yes, you need to complete Table C.)	1	

**SECTION III. Employment Information** 

IPORTANT: Please complete the company workforce analysis on the bottom of this page. Use the number of employees as of the most recent payroll perio ou must complete this form in its entirety, as instructed and submit your organization's (1) EEO Statement and (2) Sexual Harassment Policy order to be eligible to do business with the City of Urbana. For detailed descriptions of the Job Classifications see attached descriptions. If inorities and females are currently under-represented in your workforce, please attach a copy of an explanation of your plan to recruit and hire ralified minorities and females.

TABLE A - TOTAL CONTRACTOR/VENDOR WORKFORCE

Job Categories	Overall Totals		<b>White (</b> Not of Hispanic Origin)		Black or African- American (Not of Hispanic Origin)		Hispanic or Latino		Asian or Pacific Islander		American Indian or Alaskan Native	
	М	F	М	F	М	F	М	F	М	F	М	F
Officials & Mgrs	16	2	15	2							i	
Professionals	20	2	17	2			3					
Technicians												
Sales Workers	10	6	10	6								
Office & Clerical	4	19	3	19					í			
Craft Workers (Skilled)	22		21		l							
Operatives (Semi-Skilled)	7	1	6	- 1	1							
Laborers (Unskilled)							- 1- 1-					
Service Workers	1		1									
TOTAL	80	30	73	30	2		3		1		1	
M = MALE, Column B is sum F = FEMALE, Column C is su	of Rows D, F, H,	J and L. I. K and M.			•							
Date of above Data	: 5-29-	18			_							

## **SECTION IV. Certification**

			oing questions truthfully to the best of its of Urbana's Code of Ordinances (Section 2-
Signatur	w 5,27	BRUCE ELOUP Printed Name and Title	Cfo
beg	offo edsot.com		5-27-18 Date
E-mail A	tidress		Date
		SECTION V. Verifica	tion
Prior to	submitting this form, please che	ck the answers to the following que	estions to verify your completion of this form
1.	Did you fill in all of the appropri	ate boxes in the table in Section III,	including the "TOTAL" row?
	YES	NO	
2.	Have you enclosed your compa	ny's EEO statement?	
	YES	NO	
3.	Have you enclosed your compa	ny's Sexual Harassment policy?	
	VEG V	ΝΠ	