

<p align="center">CITY OF URBANA HUMAN RELATIONS DIVISION 400 SOUTH VINE ST. URBANA, ILLINOIS 61801 (217) 384-2455 (phone); 328-8288 (fax) hro@urbanaininois.us</p>	Office Use Only (09/15)	
	Requested by:	Date:
	Approved by:	Date:
	Certification Date: Certificate Expiration 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: *JACK-A-SCAB CONST. INC*

d/b/a:

Address: *761 CR 1850 N*

City/State/Zip: *SULLIVAN, IL 61951*

Telephone Number(s) include area code: *217-358-4141*

Check one of the following

Corporation	<input checked="" type="checkbox"/>	Partnership	<input type="checkbox"/>	Individual Proprietorship	<input type="checkbox"/>	Limited Liability Corp.	<input type="checkbox"/>
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FEI Number: *90-0997731* 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): *concrete lifting/found. repair*

4. Project on which your company is bidding: *mudjacking*

5. City of Urbana contact staff assigned to contract: *JOHN COLLINS*

SECTION II. Policies and Practices

Description of EEO Policies and Practices		YES	NO
A.	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?	X	
B.	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: <u>Angela Heady</u> Title: <u>Office Mngr</u> Telephone: <u>217-358-4141</u> Email: <u>a.jackastab@yahoo.com</u>		
C.	Does the company have a written Equal Employment Opportunity plan or statement? Note: If no, a copy of an EEO 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.	X	
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.	X	
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?	X	
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?	X	
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?	N/A	
H.	Is the company a state certified minority/women owned business? If yes, please attach a copy of state certification.		X
I.	Does the company have collective bargaining agreements with labor organizations?		X
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.)	X	
L.	Are you currently seeking to renew an existing or expired Urbana EEO certification? (If yes, you need to complete Table C.)		X

SECTION III. Employment Information

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

TABLE A - TOTAL CONTRACTOR/VENDOR WORKFORCE

Job Categories	Overall Totals		White (Not of Hispanic Origin)		Black or African-American (Not of Hispanic Origin)		Hispanic or Latino		Asian or Pacific Islander		American Indian or Alaska Native	
	M	F	M	F	M	F	M	F	M	F	M	F
Officials & Mgrs	1		1									
Professionals												
Technicians												
Sales Workers												
Office & Clerical		3		3								
Craft Workers (Skilled)												
Operatives (Semi-Skilled)	5		5									
Laborers (Unskilled)	3		2				1					
Service Workers												
TOTAL	9	3										
M = MALE. Column B is sum of Rows D, F, H, J and L. F = FEMALE. Column C is sum of Rows E, G, I, K and M. Date of above Data: <u>4/25/2018</u>												

SECTION IV. Certification

By signing below, the company certifies that it has answered all of the foregoing questions truthfully to the best of its knowledge and belief and agrees that it/he/she will comply and abide by the City of Urbana's Code of Ordinances (Section 2-119).

Angela S. Heady
Signature

Angela S. Heady office manager
Printed Name and Title

ajackaslabe@yahoo.com
E-mail Address

4/25/2018
Date

SECTION V. Verification

Prior to submitting this form, please check the answers to the following questions to verify your completion of this form:

1. Did you fill in all of the appropriate boxes in the table in Section III, including the "TOTAL" row?
YES X NO _____
2. Have you enclosed your company's EEO statement?
YES X NO _____
3. Have you enclosed your company's Sexual Harassment policy?
YES X NO _____