Form AA302 Rev. 11/11

STATE OF NEW JERSEY

Division of Purchase & Property Contract Compliance Audit Unit EEO Monitoring Program

EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11. For Instructions on completing the form, go to: http://www.state.nj.us/treasury/contract_compliance/pdf/aa302ins.pdf

				SEC	CTION A - CO	MPAN\	/ IDENT	IFICATIO	N					
1. FID. NO. OR SOCIAL SECURITY			2. TYPE OF BUSINESS 1. MFG 2. SERVICE 3. WHOLESA 4. RETAIL 5. OTHER						3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY					
4. COMPANY NAME	E							•						
5. STREET			CIT	Y	COUNTY			STATE ZIP CODE						
6. NAME OF PAREN	COMPANY (IF	NONE	NE, SO INDICATE)			Y STATE Z				ODE	_			
7. CHECK ONE: IS T	НЕ СОМРА	NY:	SINGLE-	ESTABI	LISHMENT EMI	PLOYER		□ _{MU}	ULTI-ESTAI	BLISHMENT	Г ЕМРЬОУ	ER	<u> </u>	
8. IF MULTI-EST 9. TOTAL NUMBER	OF EMPLO	YEES AT	ΓESTABLISHN										_	
10. PUBLIC AGENCY AWARDING C			TRACT		CITY	CO	COUNTY STATE			ZIP CODE				
Official Use Only			DATE RECEIV	/ED I	INAUG.DATE			SSIGNED CERTIFICATION NUMBER					_	
		I			SECTION B -	EMPLO	YMENT	DATA					<u> </u>	
11. Report all perman no employees in a part AN EEO-1 REPORT.														
IOD	ALL EMPLO		Took 2					Y/NON-MINORITY EMPLOYEE BREAKDOWN ************************************					ماد ماد ماد ماد ماد	
JOB CATEGORIES	COL. 1 TOTAL (Cols.2 &3)	COL. 2 MALE	COL. 3 FEMALE	BLAC		ALE***** AMER. INDIAN		NON MIN.	BLACK	HISPANIC	AMER.	ASIAN	NON	
Officials/ Managers														
Professionals														
Technicians														
Sales Workers														
Office & Clerical														
Craftworkers (Skilled)														
Operatives (Semi-skilled)														
Laborers (Unskilled)														
Service Workers														
TOTAL														
Total employment From previous Report (if any)														
Temporary & Part- Time Employees		Т	The data below	v shall	NOT be include	ded in th	ne figure	s for the	appropria	te categori	es above.			
										ı				
12. HOW WAS INFORMATION AS TO RACE OR ETHNIC C ☐ 1. Visual Survey ☐ 2. Employment Record ☐ 3. C					OUP IN SECTIO er (Specify)	Emplo	THIS THE Floyee Informated Submitted	ntion	REPOI	15. IF NO, DATE LAST REPORT SUBMITTED MO. 1DAY 1YEAR				
13. DATES OF PAYROLL PERIOD USED From: To:						1. YES	2. N	о	IVIO		. 24 110			
			SEC	TION (C - SIGNATURE A	AND IDEN	ITIFICATIO	ON						
16. NAME OF PERSON COMPLETING FORM (Print or Type)					SIGNA	ТІТ	LE		DATE MO	DAY	YEAR			
17. ADDRESS NO. 0	& STREET		CITY	<u> </u>	COUN	NTY	STA	I ATE ZI	P CODE F	PHONE (AR	EA CODE, 1	ı <u>1</u> NO.,EXTI	ENSION)	