

**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: [https://www.nj.gov/treasury/contract\\_compliance/documents/pdf/forms/aa302ins.pdf](https://www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa302ins.pdf)**

**SECTION A - COMPANY IDENTIFICATION**

|                                                                                                                                            |                                                                                                                                                                                                          |                                              |        |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------|----------|----------|
| 1. FID. NO. OR SOCIAL SECURITY                                                                                                             | 2. TYPE OF BUSINESS<br><input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE<br><input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 5. OTHER | 3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY |        |          |          |
| 4. COMPANY NAME                                                                                                                            |                                                                                                                                                                                                          | COMPANY E-MAIL                               |        |          |          |
| 5. STREET                                                                                                                                  | CITY                                                                                                                                                                                                     | COUNTY                                       | STATE  | ZIP CODE |          |
| 6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE)                                                                             |                                                                                                                                                                                                          | CITY                                         | STATE  | ZIP CODE |          |
| 7. CHECK ONE: IS THE COMPANY: <input type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER |                                                                                                                                                                                                          |                                              |        |          |          |
| 8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ                                                               |                                                                                                                                                                                                          |                                              |        |          |          |
| 9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT                                                          |                                                                                                                                                                                                          |                                              |        |          |          |
| 10. PUBLIC AGENCY AWARDED CONTRACT                                                                                                         |                                                                                                                                                                                                          |                                              |        |          |          |
|                                                                                                                                            |                                                                                                                                                                                                          | CITY                                         | COUNTY | STATE    | ZIP CODE |

|                          |               |            |                               |
|--------------------------|---------------|------------|-------------------------------|
| <b>Official Use Only</b> | DATE RECEIVED | INAUG.DATE | ASSIGNED CERTIFICATION NUMBER |
|                          |               |            |                               |

**SECTION B - EMPLOYMENT DATA**

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. **DO NOT SUBMIT AN EEO-1 REPORT.**

| JOB CATEGORIES                                                                            | ALL EMPLOYEES | PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN |        |        |                 |          |             |       |         |                 |                  |          |             |       |         |                 |
|-------------------------------------------------------------------------------------------|---------------|----------------------------------------------------|--------|--------|-----------------|----------|-------------|-------|---------|-----------------|------------------|----------|-------------|-------|---------|-----------------|
|                                                                                           |               | COL. 1                                             | COL. 2 | COL. 3 | ***** MALE***** |          |             |       |         |                 | *****FEMALE***** |          |             |       |         |                 |
|                                                                                           |               | Total<br>(Cols.2 & 3)                              | Male   | Female | BLACK           | HISPANIC | AMER INDIAN | ASIAN | NON MIN | 2 OR MORE RACES | BLACK            | HISPANIC | AMER INDIAN | ASIAN | NON MIN | 2 OR MORE RACES |
| Officials/Managers                                                                        |               |                                                    |        |        |                 |          |             |       |         |                 |                  |          |             |       |         |                 |
| Professionals                                                                             |               |                                                    |        |        |                 |          |             |       |         |                 |                  |          |             |       |         |                 |
| Technicians                                                                               |               |                                                    |        |        |                 |          |             |       |         |                 |                  |          |             |       |         |                 |
| Sales Workers                                                                             |               |                                                    |        |        |                 |          |             |       |         |                 |                  |          |             |       |         |                 |
| Office & Clerical                                                                         |               |                                                    |        |        |                 |          |             |       |         |                 |                  |          |             |       |         |                 |
| Craftworkers (Skilled)                                                                    |               |                                                    |        |        |                 |          |             |       |         |                 |                  |          |             |       |         |                 |
| Operatives (Semi-skilled)                                                                 |               |                                                    |        |        |                 |          |             |       |         |                 |                  |          |             |       |         |                 |
| Laborers (Unskilled)                                                                      |               |                                                    |        |        |                 |          |             |       |         |                 |                  |          |             |       |         |                 |
| Service Workers                                                                           |               |                                                    |        |        |                 |          |             |       |         |                 |                  |          |             |       |         |                 |
| <b>TOTAL</b>                                                                              |               |                                                    |        |        |                 |          |             |       |         |                 |                  |          |             |       |         |                 |
| Total employment From previous Report (if any)                                            |               |                                                    |        |        |                 |          |             |       |         |                 |                  |          |             |       |         |                 |
| The data below shall NOT be included in the figures for the appropriate categories above. |               |                                                    |        |        |                 |          |             |       |         |                 |                  |          |             |       |         |                 |
| Temporary & Part-Time Employees                                                           |               |                                                    |        |        |                 |          |             |       |         |                 |                  |          |             |       |         |                 |

|                                                                                                                                                                                                                  |                                                                                                                                    |                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| 12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED?<br><input type="checkbox"/> 1. Visual Survey <input type="checkbox"/> 2. Employment Record <input type="checkbox"/> 3. Other (Specify) | 14. IS THIS THE FIRST Employee Information Report Submitted?<br><br>1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> | 15. IF NO, DATE LAST REPORT SUBMITTED<br><br>MO.   DAY   YEAR |
| 13. DATES OF PAYROLL PERIOD USED<br>From: _____ To: _____                                                                                                                                                        |                                                                                                                                    |                                                               |

**SECTION C - SIGNATURE AND IDENTIFICATION**

|                                                    |           |        |                                                       |
|----------------------------------------------------|-----------|--------|-------------------------------------------------------|
| 16. NAME OF PERSON COMPLETING FORM (Print or Type) | SIGNATURE | TITLE  | DATE<br>MO   DAY   YEAR                               |
| 17. ADDRESS NO. & STREET                           | CITY      | COUNTY | STATE    ZIP CODE    PHONE (AREA CODE, NO.,EXTENSION) |