

COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES FORMS

STATE OF CONNECTICUT EMPLOYER REPORT OF COMPLIANCE STAFFING LABOR DEPARTMENT

Department _____ Approved Pending Investigation
Compliance Officer _____ Disapproved Investigation Requested
Date _____

This form should reflect the number of permanent employees on your payroll on date of submission.

Name of Contracting Firm _____
Type of Report _____ Prime Contractor Subcontractor

EMPLOYEE INFORMATION

Total Employed:

White _____ African American _____ Spanish Surname _____ Other (specify) _____

Does your firm have a collective bargaining agreement or other contract or understanding with a labor organization or employment agency for the recruitment of labor? Yes* No*

* If yes, list the name and address of the agency or organization.

Name _____

Address/City/State/Zip _____

* If no, indicate the usual methods of recruitment.

- Connecticut State Employment Service
- Private Employment Agency
- Newspaper Advertisement
- Walk-In
- Other (specify) _____

SIGNATURE

The signer certifies that its practices and policies, including but not limited to matters concerning personnel, training, apprenticeship, membership, grievance and representation, and upgrading, do not discriminate on grounds of race, color, religious creed, age, sex, or national origin, or ancestry of any individual, and that the signer agrees it will affirmatively cooperate in the implementation of the policy and provisions of Executive order Number Three, and consent and agreement is made that recruitment, employment and the terms and conditions of employment under the contract shall be in accordance with the purpose and provisions of Executive Order Number Three.

Is firm in minority ownership? (51% of assets in control of minorities) Yes No

I certify that the above is correct to the best of my knowledge.

Employer _____

Business Name _____ Date _____

Signature _____

Title _____