# FEDERAL-AID HIGHWAY CONSTRUCTION CONTRACTORS ANNUAL EEO REPORT

OMB NO. 2125-0019

Report For

JULY _____ 19 ____

| 1. CHECK APPROPRIATE BLOCK | 2. NAME AND ADDRESS OF FIRM | 3. FEDERAL-AID PROJECT NUMBER | 4. TYPE OF CONSTRUCTION |
|---|---|---|---|
| ☐ Contractor<br>☐ Subcontractor | | | |

| 5. COUNTY AND STATE | 6. PERCENT COMPLETE | 7. BEGINNING CONSTR. DATE | 8. DOLLAR AMOUNT OF CONTRACT | 9. ESTIMATED PEAK EMPLOYMENT | |
|---|---|---|---|---|---|
| | | | | Month and Year (a) | Number of Employees (b) |
| | | | | | |

10. **EMPLOYMENT DATA**

**Table A**

| JOB CATEGORIES | TOTAL EMPLOYEES | | TOTAL MINORITIES | | BLACK *Not of Hispanic Origin* | | HISPANIC | | AMERICAN INDIAN OR ALASKAN NATIVE | | ASIAN OR PACIFIC ISLANDER | | WHITE *Not of Hispanic Origin* | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| OFFICIALS *(Managers)* | | | | | | | | | | | | | | |
| SUPERVISORS | | | | | | | | | | | | | | |
| FOREMEN / WOMEN | | | | | | | | | | | | | | |
| CLERICAL | | | | | | | | | | | | | | |
| EQUIPMENT OPERATORS | | | | | | | | | | | | | | |
| MECHANICS | | | | | | | | | | | | | | |
| TRUCK DRIVERS | | | | | | | | | | | | | | |
| IRONWORKERS | | | | | | | | | | | | | | |
| CARPENTERS | | | | | | | | | | | | | | |
| CEMENT MASONS | | | | | | | | | | | | | | |
| ELECTRICIANS | | | | | | | | | | | | | | |
| PIPEFITTERS, PLUMBERS | | | | | | | | | | | | | | |
| PAINTERS | | | | | | | | | | | | | | |
| LABORERS, SEMI-SKILLED | | | | | | | | | | | | | | |
| LABORERS, UNSKILLED | | | | | | | | | | | | | | |
| **TOTAL** | | | | | | | | | | | | | | |

**Table B**

| APPRENTICES | | ON THE JOB TRAINEES | |
|---|---|---|---|
| M | F | M | F |
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**Table C**

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| APPRENTICES | | | | | | | | | | | | | | | | | | |
| ON THE JOB TRAINEES | | | | | | | | | | | | | | | | | | |

| 11. PREPARED BY: *(Signature and Title of Contractors Representative)* | DATE | REVIEWED BY: *(Signature and Title of State Highway Official)* | DATE |
|---|---|---|---|
| | | | |

*This report is required by law and regulation (23 U.S.C. 140a and 23 CFR Part 230). Failure to report will result in noncompliance with this regulation.*