



CITY OF PHOENIX
EQUAL OPPORTUNITY DEPARTMENT
COMMUNITY AND BUSINESS RELATIONS DIVISION

Suppliers, Contractors, and Lessees wishing to enter into a business relationship with the City of Phoenix, must comply with either Article IV or V of Chapter 18 of the City Code, as appropriate.

Compliance is achieved by submission of the affirmative action reporting forms as indicated below:

Individuals or Firms Who Employ Fewer Than 15 people:

Complete only Part D

Your Company will be eligible to do business with the City for 24 months after the date our office receives the completed form.

Firms Who Employ 15 or More People:

1. Employer Information Report (Part A)
2. Employer EEO Workforce Profile (Part B)
3. An Affirmative Action Plan (Part C)

Your Company will be eligible to do business with the City for 12 months from the date our office receives the completed form.

These reports must be completed accurately and on file with the Equal Opportunity Department prior to bid opening, proposal submission, response to a request for quotation, response to a request for qualification or the date set forth as part of any other request-response process initiated by the City.

The above referenced reports must be submitted to:

Equal Opportunity Department
Community and Business Relations Division
251 W. Washington Street
Phoenix, AZ 85003-2107

Failure to comply with the affirmative action requirements outlined in the Articles will result in your being considered ineligible for any City business.

Questions may be directed to the City of Phoenix Equal Opportunity Department, Community and Business Relations Division at V/(602) 262-6790, TDD/534-1557, FAX 534-1785.

Thank you for your cooperation.

City of Phoenix
EQUAL OPPORTUNITY DEPARTMENT
COMMUNITY AND BUSINESS RELATIONS DIVISION

PHOENIX CITY CODE AFFIRMATIVE ACTION REQUIREMENTS

PART A: EMPLOYER INFORMATION REPORT

PLEASE PRINT OR TYPE

Firm Name: _____

Local Street Address _____
City State Zip

Local Mailing Address: _____
(if different than above) City State Zip

Corporate Mailing Address: _____
(if different than above) City State Zip

Previous Address: _____
City State Zip

Corporate Telephone: _____ Local Telephone: _____ FAX# _____

Please Provide E-mail Address: _____

Type of Business: _____
(Examples; Electrical Contractor, Lessee, Computer Sales, Architect, or Office Supplies)

Name, title and telephone number of company's Equal Employment Opportunity Officer/person responsible for this report:

Corporate Officer: _____ Telephone Number: _____

Local Officer: _____ Telephone Number: _____

So that your record may be properly cross referenced in our file, please indicate in the space provided below other company names used. Failure to provide this information could result in your loss of City business.

* * * * *

CONTINUE TO PART B

PART B: EMPLOYER EQUAL EMPLOYMENT OPPORTUNITY (EEO) WORKFORCE PROFILE

PLEASE PRINT OR TYPE

Instructions:

Do you have employees in the Phoenix metropolitan area? (includes Phoenix, Tempe, Mesa, Chandler, Scottsdale, Paradise Valley, Glendale, Peoria, Tolleson, Litchfield, Avondale, Buckeye and Goodyear).

Yes-Report only Phoenix Metro employees from your most recent payroll. If this is Less Than 15, use Part D, the Certificate of Less Than 15.

No-Report all Corporate employees from your most recent payroll. Your latest Federal EEO-1 may be substituted.

JOB CATEGORIES	NUMBER OF EMPLOYEES										
	OVERALL TOTALS (SUM OF COL. B THRU K) A	MALE					FEMALE				
		WHITE (NOT OF HISPANIC ORIGIN) B	BLACK (NOT OF HISPANIC ORIGIN) C	HISPANIC D	ASIAN OR PACIFIC ISLANDER E	AMERICAN INDIAN OR ALASKAN NATIVE F	WHITE (NOT OF HISPANIC ORIGIN) G	BLACK (NOT OF HISPANIC ORIGIN) H	HISPANIC I	ASIAN OR PACIFIC ISLANDER J	AMERICAN INDIAN OR ALASKAN NATIVE K
Officials and Managers											
Professionals											
Technicians											
Sales Workers											
Office and Clerical											
Craft Workers (Skilled)											
Operatives (Semi-Skilled)											
Laborers (Unskilled)											
Service Workers											
TOTALS											

FIRM NAME _____

CONTINUE TO PART C

PART C: AFFIRMATIVE ACTION PLAN

PLEASE PRINT OR TYPE

Instructions: If your firm has an Affirmative Action Plan, please submit a copy. If **not**, please complete a plan on your company letterhead utilizing the outline below. Your firm will be reviewed by city staff to determine if you are complying with your plan.

AFFIRMATIVE ACTION PLAN

In order to comply with the Affirmative Action reporting requirements of Article IV or V of Chapter 18 of the Phoenix City Code, and to ensure equal employment opportunity, the following measures will be taken:

1. Equal and fair treatment will be provided to all employees regardless of race, color, religion, national origin, gender, age or disability.
2. A complete up-to-date workforce profile which records employees by race or ethnicity, gender, and job classification will be maintained and annual reports will be submitted to the City of Phoenix Affirmative Action Division.
3. All employees will be advised at time of employment that the firm is an Equal Opportunity / Reasonable Accommodation Employer and that hiring, promotion or demotion is based only on the individual's qualifications and ability to perform the work.
4. The firm will cooperate with and support apprenticeship training programs based on strict non-discrimination.
5. The firm has appointed _____ to serve as the Equal Employment Officer who is authorized to supply reports and represent this firm in all matters regarding this affirmative action plan.
6. The name, address and phone number of the Equal Employment Officer will be posted in a conspicuous place or places. This Officer will be responsible for:
 - a. Seeking to utilize minorities, females and disabled individuals to the same degree as all others, based on the following factors.
 - (1) Percentage of minorities, females and disabled individuals in the companies workforce as compared with the labor market in the area.
 - (2) Local availability of minorities, females and disabled individuals having the skills we employ.
 - (3) Availability of promotable minorities, females and disabled individuals in our company.
 - (4) Existence of training institutions to train minorities, females and disabled individuals in the area.
 - (5) The internal skills training our company offers for minorities, females and disabled individuals.
 - b. Supervision of periodic audits of employment practices including: (1) applicant flow (2) promotion (3) training.
 - c. Contacts with recruitment sources for qualified minorities, females and disabled individuals. Notification to employees regarding promotions or vacancies to ensure equal opportunity.
 - d. Instruction of all supervisory personnel regarding their responsibility for equal employment opportunity and non-discrimination requirements.
 - e. Periodic reviews with all supervisory personnel to ensure that the program is being implemented at all levels.

SIGNATURE AND TITLE _____

FIRM NAME _____

DATE _____

City of Phoenix
EQUAL OPPORTUNITY DEPARTMENT
COMMUNITY AND BUSINESS RELATIONS DIVISION

**PHOENIX CITY CODE
AFFIRMATIVE ACTION REQUIREMENTS**

PART D: EMPLOYER OF FEWER THAN 15

PLEASE PRINT OR TYPE

Instructions: If your firm employs 14 or fewer employees, complete & return only this form.

CITY OF PHOENIX
EQUAL OPPORTUNITY DEPARTMENT
COMMUNITY AND BUSINESS RELATIONS DIVISION
251 W. WASHINGTON STREET
PHOENIX, AZ 85003

If you have any questions or require assistance, contact the Community and Business Relations Division at:
V/(602) 262-6790 * TDD / 534-1557 * FAX 534-1785

Firm Name: _____

Street Address: _____

Mailing Address: _____ City State Zip

Corporate Mailing Address: _____ City State Zip

Telephone No.: _____ FAX # _____

Previous Address: _____ City State Zip

Please Provide E-mail Address: _____

So that your record may be properly cross referenced in our file, please indicate in the space provided below, other company names used. Failure to provide this information could result in your loss of City business.

In accordance with Chapter 18 of the Phoenix City Code, Article IV or V, I hereby certify that the above-named individual or firm currently employs

(insert number of employees).

PRINT NAME OF PERSON RESPONSIBLE FOR THIS REPORT.

SIGNATURE

TITLE

DATE