EQUAL OPPORTUNITY OFFICE
419 FULTON STREET RM 203
PEORIA, ILLINOIS 61602
TELEPHONE: 309-494-8530 (TTY: 309-494-8532)

EMPLOYER REPORT FORM CC-1

Please read instructions before completing this form. Improperly completed forms will not be processed. Use black or dark blue ink. Type or print legibly. Return the completed form to the above address or submit electronically to eoo@ci.peoria.il.us. Pursuant to Chapter 17 of the Peoria Municipal Code, a fifty-dollar ($50.00) processing fee must be submitted with each Employer Report Form CC-1.

SECTION I. PURPOSE FOR WHICH REPORT IS FILED

☐ Initial registration for contract eligibility
☐ Renewal registration ⇒ EEO number is

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SECTION II. TYPE OF REPORT SUBMITTED (Check one only)

☐ **SINGLE-ESTABLISHMENT REPORT.**
This employer conducts its operations from a single location. This report contains employment figures for that location.

☐ **MULTI-ESTABLISHMENT CONSOLIDATED REPORT.**
This employer operates from multiple locations. This report is filed by the headquarters and *consolidates the employment figures for all locations*.

SECTION III. COMPANY IDENTIFICATION

NAME			
ADDRESS			
CITY	COUNTY	STATE	ZIP
CONTACT PERSON / TITLE	CONTACT TELEPHONE		
E-MAIL:			

SECTION IV. FORM OF ORGANIZATION

☐ INDIVIDUAL OR SOLE PROPRIETOR
☐ PARTNERSHIP
☐ CORPORATION - FOR PROFIT
☐ CORPORATION - NOT FOR PROFIT
☐ GOVERNMENT ENTITY
☐ EDUCATIONAL INSTITUTION
☐ OTHER-EXPLAIN BELOW

SECTION V. CONTRACTING AGENCY

COMPANY WILL BE CONDUCTING BUSINESS WITH:
____CITY OF PEORIA _____COUNTY OF PEORIA ____GREATER PEORIA SANITARY DISTRICT

Disclosure of the information requested in this form is required of those companies seeking financial assistance from the City of Peoria or seeking to provide goods and/or services to the City of Peoria, County of Peoria, and/or the Greater Peoria Sanitary District (hereinafter GPSD) for remuneration. Improperly completed forms will not be processed. The $50 processing fee must be submitted with each Employer Report Form CC-1 or paid separately online at *www.illinoisepay.com* the only exception to payment of the processing fee is neighborhood associations. Make checks payable to the "City of Peoria."

Method of Payment ☐ Cash ☐ Check ☐ Credit Card (Epay)

SECTION VI. WORKFORCE INFORMATION (FULL TIME ONLY)

READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS SECTION

JOB CATEGORIES	**OVERALL TOTALS**		**WHITE (Not of Hispanic Origin)**		**BLACK OR AFRICAN AMERICAN**		**HISPANIC OR LATINO**		**ASIAN OR PACIFIC ISLANDER**		**AMERICAN INDIAN OR ALASKAN NATIVE**	
	M	F	M	F	M	F	M	F	M	F	M	F
Office & Managers												
Professionals												
Technicians												
Sales Workers												
Office & Clerical												
Craft Workers (Skilled)												
Operatives (Semi-Skilled)												
Laborers (Unskilled)												
Service Workers												
TOTAL												

M= MALE F=FEMALE

SECTION VII. GENERAL INFORMATION

1.DESCRIBE THE GOODS OR SERVICES PROVIDED BY THE EMPLOYER.	

	YES	**NO**
2. IS IT THE COMPANY'S POLICY TO RECRUIT, HIRE, TRAIN, UPGRADE, PROMOTE, AND DISCIPLINE PERSONS WITHOUT REGARD TO RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, VETERAN STATUS, AGE, MENTAL AND/OR PHYSICAL DISABILITY?		
3. HAS THE COMPANY DEVELOPED A WRITTEN AFFIRMATIVE ACTION PLAN?		
4. HAS THE COMPANY DEVELOPED A WRITTEN SEXUAL HARASSMENT POLICY STATEMENT? **ATTACH A COPY IF THIS IS THE FIRST TIME APPLYING FOR AN EEO CERTIFICATION NUMBER.**		
5. HAS THE COMPANY NOTIFIED ITS ADVERTISING AND RECRUITMENT SOURCES THAT IT IS AN EQUAL OPPORTUNITY EMPLOYER?		
6. HAS THE COMPANY BEEN CERTIFIED AS A MINORITY, WOMAN OR DISADVANTAGED BUSINESS ENTERPRISE BY A STATE OR FEDERAL AGENCY? CHECK STATUS ___MBE ___WBE ___DBE **ATTACH COPY IF NOT PREVIOUSLY SUBMITTED.**		
7. DOES THE CONTRACTOR UNDERSTAND AND AGREE THAT IT IS ILLEGAL TO MAINTAIN SEGREGATED FACILITIES FOR ANY OF ITS EMPLOYEES ON THE BASIS OF RACE, RELIGION, COLOR, NATIONAL?		
8. HAS THE COMPANY EVER BEEN DISQUALIFIED FROM CONDUCTING BUSINESS WITH A LOCAL, STATE, OR FEDERAL AGENCY? IF SO, PLEASE PROVIDE DATES AND THE REASONS FOR DISQUALIFICATION		

SECTION VIII. CERTIFICATION

I certify that the information provided in this report, and in any attachments thereto, is true and accurate to the best of my knowledge and belief. The employer filing this report agrees that all applicable ordinances and administrative policies, procedures regulating affirmative action and equal employment opportunity are hereby incorporated by the individual authorized to sign this form on behalf of the employer.

SIGNATURE	PRINT NAME & TITLE	TELEPHONE NUMBER	DATE