

MICHIGAN DEPARTMENT OF CIVIL RIGHTS

Cadillac Place Suite 3-600 · 3054 West Grand Boulevard · Detroit, Michigan 48202
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CERTIFICATION REVIEW FORM

REVIEW NUMBER

Contractors and Bidders doing business with the State of Michigan and/or who propose to do business with the State are subject to review by the Michigan Department of Civil Rights. The contract compliance review is a total evaluation of your activities relative to the equal employment standard of reasonable representation of minorities and women at all levels of your work force. The standard is determined by comparison with the approximate percentages of minorities and women among the available employment pool established by the latest United States Census for the geographical area where the contractor recruits its employees.

Failure to provide the requested information in the format provided will delay the review process and may adversely impact your eligibility for State of Michigan contracts. PLEASE CALL IF YOU HAVE QUESTIONS RELATING TO COMPLETING THIS FORM.

COMPANY NAME		FEDERAL TAX IDENTIFICATION NUMBER		
STREET ADDRESS		CITY	STATE	ZIP CODE
COUNTY	EMAIL ADDRESS	TELEPHONE NUMBER ()	FAX NUMBER ()	

NAME OF TOP OFFICIAL OF THE ORGANIZATION:	NAME OF THE EQUAL EMPLOYMENT OPPORTUNITY (EEO) COORDINATOR:
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NAME OF PERSON WE CAN CONTACT FOR ADDITIONAL INFORMATION:	CONTACT PERSON'S TELEPHONE NUMBER:
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TYPE OF OWNERSHIP (For Statistical Purposes Only)

<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> NON-PROFIT
<input type="checkbox"/> CERTIFIED MINORITY BUSINESS ENTERPRISE (Attach copy of Certificate)	<input type="checkbox"/> CERTIFIED PERSONS WITH DISABILITY BUSINESS ENTERPRISE (Attach copy of Certificate)	<input type="checkbox"/> CERTIFIED WOMEN BUSINESS ENTERPRISE (Attach copy of Certificate)	

BUSINESS TYPE
(Check all that apply)

<input type="checkbox"/> GENERAL / SPECIALTY CONSTRUCTION	<input type="checkbox"/> PROFESSIONAL SERVICES	<input type="checkbox"/> MANUFACTURING
<input type="checkbox"/> WHOLESALE	<input type="checkbox"/> SERVICE	<input type="checkbox"/> OTHER

IDENTIFY SPECIALTY AND/OR SKILLED TRADES:

EXPLAIN TYPE OF OPERATION (For Example, electrical, construction, architectural, etc.):

LIST OTHER LOCATIONS: *(Attach additional sheets as needed.)*

LIST MICHIGAN CONTRACTS ON WHICH YOU ARE CURRENTLY WORKING: *(Attach additional sheets as needed.)*

UNION NAME(S) AND LOCAL NUMBER(S) WITH WHICH YOU HAVE BARGAINING AGREEMENTS): IF NONE, CHECK BOX NONE

NOTE: This form is issued under the authority of Public Acts 220 & 453, Public Acts of 1976, as amended. This information is required in order to be considered for awardability certification.

NAME AND LOCATION OF CORPORATE HEADQUARTERS

(If different from above)

COMPANY NAME		COUNTY	
ADDRESS (STREET)	CITY	STATE	ZIP CODE

EMPLOYMENT SOURCES

(Check all that apply)

<input type="checkbox"/> STATE EMPLOYMENT AGENCY (Provide Name)	<input type="checkbox"/> UNIONS	<input type="checkbox"/> PRIVATE EMPLOYMENT AGENCIES	
<input type="checkbox"/> STATE VOCATIONAL REHABILITATION OFFICES	<input type="checkbox"/> WALK-IN APPLICANTS	<input type="checkbox"/> NEWSPAPER ADVERTISING (Please List Below)	
<input type="checkbox"/> WORD OF MOUTH	<input type="checkbox"/> EQUAL OPPORTUNITY EMPLOYMENT USED IN ADS	<input type="checkbox"/> INTERNET	<input type="checkbox"/> OTHER SOURCES (Please List Below)

DO YOU USE TARGETING RECRUITING TECHNIQUES TO INCREASE THE NUMBER OF WOMEN, MINORITY GROUP PERSONS, AND PERSONS WITH DISABILITIES WHO APPLY FOR EMPLOYMENT? (Please specifically identify each recruitment technique, e.g., name the newspapers in which you will advertise, or the schools or organizations you will contact.) *(Attach additional sheets as needed.)*

HIRING PROCEDURES

Applicant Processing Methods You Use: (Check all that apply)

<input type="checkbox"/> WRITTEN APPLICATION (Send a copy of current application if not provided previously.)	<input type="checkbox"/> RESUME	<input type="checkbox"/> ORAL	<input type="checkbox"/> UNION
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Testing Methods You Use: (Check all that apply)

<input type="checkbox"/> WRITTEN	<input type="checkbox"/> OTHER (DESCRIBE):
<input type="checkbox"/> ORAL	

HIRING AUTHORITY

NAME:	TITLE:
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TRAINING PROGRAMS

ON-THE-JOB PROGRAMS (DESCRIBE):

FORMAL / INFORMAL:

EXPLAIN:

MANAGEMENT OR COLLEGE TRAINEE PROGRAMS / HIGH SCHOOL CO-OP PROGRAMS:

EXPLAIN:

Pages 3 through 8 require information regarding the race of persons you currently employ or who you have employed. Please use the following definitions of race/ethnicity groups when entering information on these pages:

American Indian (AI) or Alaska Native. A person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment. *Verification of American Indian status, such as tribal card, a birth certificate or some other written status verification, is required for all employees listed as American Indian and must be submitted with the completed certification review form.*

Asian (A). A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, India, Japan, Korea, Thailand, and Vietnam.

Black (B) or African American. A person having origins in any of the black racial groups of Africa.

Hispanic (H) or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Native Hawaiian (NH) or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Multiracial (MR). A person having parents of one or more minority racial groups. This classification and definition is provided under Michigan law.

White (W). A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

PLEASE NOTE: WHEN USING ATTACHMENTS FOR PAGES 3 THROUGH 7, FOLLOW THE EXACT FORMAT AS THE CERTIFICATION REVIEW FORM.

*OUT-OF-STATE CONTRACTORS: Provide Additional Snapshot for Michigan Work Force.

EMPLOYMENT STATISTICS

SNAPSHOT AS OF THIS DATE (Month, day, year):
 (Snapshot must be current within 60 days of submission)

WORKFORCE SNAPSHOT

JOB CATEGORIES	MALE EMPLOYEES							FEMALE EMPLOYEES							TOTALS		
	W	B	H	A	AI	NH	MR	W	B	H	A	AI	NH	MR	Total Employees	Total Minority	Total Female
OFFICIALS & MANAGERS																	
PROFESSIONALS																	
TECHNICIANS																	
SALES WORKERS																	
OFFICE & CLERICAL																	
CRAFTS WORKERS / SKILLED LABORERS																	
TRADES Forepersons																	
Journey persons																	
Apprentices																	
TRADES Forepersons																	
Journey persons																	
Apprentices																	
TRADES Forepersons																	
Journey persons																	
Apprentices																	
CRAFTS WORKER TOTALS																	
OPERATIVES																	
LABORERS																	
SERVICE WORKERS																	
COLUMN TOTALS																	
TOTAL PERSONS WITH DISABILITIES																	

Persons listed as American Indian must provide verification of American Indian status, such as a tribal card, a birth certificate or some other written status verification and the verification must be submitted along with the completed Certification Review form. Racial minority categories are defined on page 2.

W - White B - Black H - Hispanic A - Asian AI - American Indian NH - Native Hawaiian MR - Multi-racial (Provide Ethnicity)

NEW HIRES SINCE (Month, day, year) _____ (For example: New hires, rehires, return from lay-off, temporary hires, return from leave of absence, (Date of last workforce snapshot, or last 12 months for an initial certification) interns, etc.)

Note: Racial category abbreviations are defined at the bottom of this page.

	MEN							WOMEN							PERSONS WITH DISABILITIES		
	TOTAL	W	B	H	A	AI	NH	MR	W	B	H	A	AI	NH	MR	MALE	FEMALE
OFFICIALS & MANAGERS																	
PROFESSIONALS																	
TECHNICIANS																	
SALES WORKERS																	
FOREPERSONS/ SUPERVISORS																	
SKILLED CRAFT WORKERS																	
OFFICE & CLERICAL																	
OPERATIVES (Semi-skilled)																	
LABORERS (Unskilled)																	
SERVICE WORKERS																	
APPRENTICES																	
TOTAL																	

SEPARATIONS SINCE (Month, day, year) _____ (For example: Discharges, lay-offs, leave of absence, voluntary (Date of last workforce snapshot, or last 12 months for the initial certification) terminations, etc.)

	MEN							WOMEN							PERSONS WITH DISABILITIES		
	TOTAL	W	B	H	A	AI	NH	MR	W	B	H	A	AI	NH	MR	MALE	FEMALE
OFFICIALS & MANAGERS																	
PROFESSIONALS																	
TECHNICIANS																	
SALESWORKERS																	
FOREPERSONS/ SUPERVISORS																	
SKILLED CRAFT WORKERS																	
OFFICE & CLERICAL																	
OPERATIVES (Semi-skilled)																	
LABORERS (Unskilled)																	
SERVICE WORKERS																	
APPRENTICES																	
TOTAL																	

W - White B - Black H - Hispanic A - Asian AI - American Indian NH - Native Hawaiian MR - Multi-racial

1. Is contractor aware of laws that prohibit discrimination based on religion or national origin? Yes No
2. Is contractor aware of laws that prohibits discrimination based on age? Yes No
3. Is contractor aware of current requirements for equal employment opportunity for persons with disabilities? Yes No
4. Has contractor either solicited or assisted businesses that are minority-owned, woman-owned or owned by persons with disabilities to perform work for the State of Michigan? Yes No
5. List Name, Address, and Telephone number of Minority and/or Woman-Owned Subcontractors, Suppliers and Joint Ventures, that you contracted with over the past twelve (12) months. *(Attach additional sheets as needed)*
Include estimated dollar value of the Subcontracts and/or Joint Venture Projects.

NAME	ADDRESS	TELEPHONE NO.	CERTIFIED		MINORITY OWNED	WOMAN OWNED	DISABILITY OWNED	DOLLAR AMOUNT
			YES	NO				

6. Does the company agree to use, on state contracts, only those subcontractors, vendors or suppliers who are reported to the company to be in compliance or awardable by the Contract Compliance Team of the Michigan Department of Civil Rights? Yes No
7. List all open civil rights employment complaints against your company by any state, local or federal civil rights agency in any location where you do business. *(Attach additional sheets as needed.)*

PLEASE READ THIS CHECK LIST BEFORE SIGNING AND RETURNING YOUR CERTIFICATION REVIEW FORM. DID YOU REMEMBER TO:

- Include workforce dates in the format requested (Month/Day/Year) on pages 3, 6 and 7.
- Provide row and column totals on page 3 and column totals on pages 6 and 7.
- Provide tribal cards, birth certificate, or written verification for those listed as American Indians.
- Provide employee ID numbers (if using Social Security numbers, only use the last four digits).
- Provide correct New Hire and Separation dates on page 5: (1) For those reapplying, start with the date of your previous workforce snapshot, ending with your current workforce snapshot (Example: 02-10-03 - 02-10-04. (2) For initial certifications, your hires and separations within the last twelve (12) months.
- For re-certifications, did you reconcile your reported hires and separations with your prior workforce snapshot. (Formula: Prior workforce snapshot + Hires - Separations = Current workforce snapshot.)
- When using attachments for pages 3 through 7, follow the exact format as the Certification Review Form.
- Out-of-State contractors: Also provide copies of pages 3 through 7 for your Michigan workforce, and/or call for instructions.

On behalf of this business, I certify that it is an equal opportunity employer and does not discriminate based on race, sex, age, color, religion, national origin, marital status, disability, weight, height and misdemeanor arrest record in any employment practices.

I certify that the information I have provided on pages 1 through 8 of this form is correct, to the best of my knowledge.

Sign and date: _____
 (Corporate Officer) (Title) (Date)

Print Name of Signer: _____

Please retain a copy of the Certification Review Form for company file.