WORKFORCE BREAKDOWN FORM

COMPANY NAME_____

ADDRESS_____

REPRESENTATIVE_____

TELEPHONE _____

Position, Title Class or Category	Total Number Employees in Each Position	Total Number Minority	Percent of Total	Total Number Female	Percent of Total	Total Number with Disabilities	Percent of Total

I swear or affirm under penalties of perjury that this workforce breakdown is accurate, to the best of my knowledge.

_____ _____

Date **Signature and Title of Representative**