

MICHIGAN DEPARTMENT OF CIVIL RIGHTS
 Cadillac Place · Suite 3-600 · 3054 West Grand Boulevard · Detroit, Michigan 48202
 Office (313) 456-3822 · Facsimile (313) 456-3826 · Web address www.michigan.gov/mdcr

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.

EMPLOYMENT STATISTICS

WORKFORCE SNAPSHOT

SNAPSHOT AS OF THIS DATE (Month, day, year):

(Snapshot must be current within 60 days of submission)

Job Categories	W	B	H	A	AI	NH	MR	MALE EMPLOYEES							FEMALE EMPLOYEES		TOTALS		
								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																			
TRADES																			
Forepersons																			
Journey persons																			
TRADES																			
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)

LIST MINORITY EMPLOYEES/FEMALE EMPLOYEES/EMPLOYEES WITH DISABILITIES WHO ARE CURRENTLY EMPLOYED. Starting with the top officials and managers list all minority employees/female employees/employees with disabilities who are currently in your workforce. If the workforce is large, list a maximum of 50 minority, 50 female and 50 persons with disabilities in the workforce. Attach additional sheets if needed.
 Identify each listed employee's race/ethnicity using codes at the bottom of this page.

NAME	RACE/ETHNICITY	SEX	HAS A DISABILITY ✓ IF YES	EMPLOYEE ID #	CLASSIFICATION OR TRADE	HIRE DATE	COUNTY OF WORK LOCATION

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

PROMOTIONS SINCE (Month, day, year) _____
 (Date of last workforce snapshot, or last 12 months for an initial certification)

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																	
SALESWORKERS																	
FOREPERSONS/ SUPERVISORS																	
CRAFT WORKERS/ SKILLED LABORERS																	
OFFICE & CLERICAL																	
OPERATIVES (Semi-skilled)																	
LABORERS (Unskilled)																	
SERVICE WORKERS																	
APPRENTICES																	
TOTAL																	

PROVIDE THE FOLLOWING INFORMATION FOR MINORITY EMPLOYEES, FEMALE EMPLOYEES AND EMPLOYEES WITH DISABILITIES WHO WERE PROMOTED IN THE PERIOD SINCE YOUR LAST WORKFORCE SNAPSHOT (OR IN THE LAST 12 MONTHS FOR AN INITIAL CERTIFICATION) :
 (Attach additional sheets as needed.)

NAME	RACE/ETHNICITY	SEX	HAS A DISABILITY ✓ IF YES	FORMER JOB	NEW JOB	DATE PROMOTED

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. Has the contractor received a copy of the *Directive to State Contractors and Bidders*? Yes No
8. 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.