

City of Oakland Local Employment Program Core Employee Identification Form

PROJECT NAME: _____
 PRIME CONTRACTOR: _____
 CONTACT PERSON: _____

PROJECT #: _____
 ADDRESS: _____
 TELEPHONE #: _____

	Prime/Subcontractor	Job Classification	Total Hours.	Minority		Female		Resident		# of Employees	# of new Hires
				Hrs.	%	Hrs.	%	Hrs.	%		
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
Totals											

Under penalty of perjury the undersigned agrees that the foregoing is true and correct.

_____ Name & Title

_____ Date