

**EQUAL EMPLOYMENT OPPORTUNITY DATA REPORTING FORM**

**INSTRUCTIONS:**

The Board of Regents, State of Iowa asks your cooperation in completing this form, which is designed to gather data relative to your work force. Please include the completed form as part of your bid documents.

**EMPLOYMENT DATA:** In the first column, include the current total number of employees. These figures should be indicative of your present work force, not those employees working on a particular Regents project.

|                         | Total No. of Employees | Minorities | Females |
|-------------------------|------------------------|------------|---------|
| Officials & Managers    |                        |            |         |
| Professionals           |                        |            |         |
| Office & Clerical       |                        |            |         |
| Plumbers & Steamfitters |                        |            |         |
| Electrical Workers      |                        |            |         |
| Bricklayers             |                        |            |         |
| Carpenters              |                        |            |         |
| Laborers                |                        |            |         |
| Ironworkers             |                        |            |         |
| Operating Engineers     |                        |            |         |
| Painters                |                        |            |         |
| Sheet Metal Workers     |                        |            |         |
| Elevator Constructors   |                        |            |         |
| Asbestos Workers        |                        |            |         |
| Boilermakers            |                        |            |         |
| Roofers                 |                        |            |         |
|                         |                        |            |         |

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Official Completing this Report

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