



**Unified Government of Wyandotte
County/Kansas City, Kansas
Questionnaire on Personnel Practices
Procurement and Contract Compliance Department
701 North 7th Street, Room 649
Kansas City, Kansas 66101
(913) 573-5440 Fax: (913) 573-5444
Email: contractcompliance@wycokck.org
Web: www.wycokck.org/contractcompliance**

This information is to be submitted as a Contracting Company, Firm or Agency in accordance with the requirements of the Code of Ordinances on Equal Employment Opportunity for the Unified Government of Wyandotte County/Kansas City, Kansas.

A. Name of Contracting Company, Firm or Agency

B. Address: _____

Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

FEIN #: _____

EVALUATION (For Office Use Only) ____ COMPLIANCE ____ EEO ____ NO EEO ____/____/____ Date
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C. Agency Contractor Professional Services Supplier

D. Name of Company, Firm or Agency President: _____

E. Minority Owned Business: Yes* _____ No _____

Woman Owned Business: Yes* _____ No _____

Ethnicity: 1 - Black 2 - Hispanic 3 - Asian-Pacific Islander 4 - American Indian-Alaskan

Native 5 - Caucasian (check all that apply)

***Your company must be certified in order to be recognized as an M/WBE by the Unified Government; however, lack of certification does not preclude a firm from doing business with the Unified Government. If you checked "Yes," please attach a copy of your certification to your email when submittin information. All statements made on the Questionnaire on Personnel Practices and the Work Force Report Form will be subject to investigation; misrepresentation of facts will disqualify the Bidder.**

POLICIES AND PRACTICES

A. Does your company, firm or agency affirm that it will not discriminate against any employee or applicant for employment because of race, religion, color, sex, age, disability, national origin or ancestry as stated on all contracts with the Unified Government of Wyandotte County/Kansas City, Kansas?

YES _____ NO _____

B. Does your company, firm or agency have a written policy to recruit, hire, train, upgrade, promote and discipline persons without regard to race, religion, color, sex, age, disability, national origin or ancestry? ***If so please attach a copy of your written E.E.O. policy to your email when submitting this form.**

YES _____ NO _____

C. Has responsibility been assigned to develop procedures which will assure that this policy is understood and carried out by managerial, administrative and supervisory personnel?

YES _____ NO _____

If so, name person responsible _____
(EQUAL EMPLOYMENT OPPORTUNITY OFFICER)

D. Have all recruitment sources been notified that your company, firm or agency will consider all qualified applicants without regard to race, religion, color, sex, age, disability, national origin or ancestry?

YES _____ NO _____

E. If advertising for employment opportunities is used, does it specify that your company, firm or agency is an equal employment opportunity employer?

YES _____ NO _____

Primary means of advertisement for employment opportunities (check all that apply).

_____ newspaper (specify*) _____
_____ radio or TV (specify) _____
_____ trade journals (specify) _____
_____ other (specify) _____

***please attach a copy of your last advertisement.**

F. Does your company, firm or agency have bargaining agreements with employee organizations?

YES _____ NO _____

G. If yes, have such organizations been notified of your company, firm or agency responsibility to comply with the non-discrimination clause as it applies to apprentices and other employees?

YES _____

NO _____

H. Identity of employee organizations.

LOCAL UNION NUMBER

INTERNATIONAL UNION NUMBER

I. Has your company, firm or agency notified all of its sub-contractors of their obligation to comply with the non-discrimination clause?

YES _____

NO _____

J. Does your company, firm or agency plan to hire additional employees within the next year?

YES _____

NO _____

1. Approximately how many? _____

2. Are there specific plans for recruitment of minority/female employees? _____

K. Have notices of non-discrimination been posted in a conspicuous place in your company, firm or agency?

YES _____

NO _____

L. List actions taken which show upgrading, recruitment or recruitment advertising, rate of pay or other forms of compensation and selection for training, including apprenticeship, on-the-job or in-service training.

M. Does your company, firm or agency submit an EEO-1 Report or any other Federal report to the Equal Employment Opportunity Commission? ***If so please attach a copy of your most recent EEO-1 or federal Report to your email when submitting this form.**

YES _____ NO _____

WORK FORCE REPORT FORM							
(Occupational Category - use most recent figures)							
		TOTAL	WHITE	BLACK	HISPANIC	ASIAN - PAC.ISL.	AM.IND. - ALASK.NAT.
Administrative/ Managerial	M						
	F						
Professional	M						
	F						
Technical	M						
	F						
Protective Services	M						
	F						
Office/Clerical	M						
	F						
Skilled Workers	M						
	F						
Semi-skilled & Unskilled	M						
	F						
Apprentices/ Para-Professional	M						
	F						
Seasonal, Temporary & Part Time	M						
	F						

TOTAL MALE _____ **TOTAL FEMALE** _____ **TOTAL MALE & FEMALE** _____

Name and Title of person(s) completing this form:

In keeping with our Equal Employment Opportunity, this questionnaire will be reviewed bi-annually.

This department may request your personnel records whenever necessary.

Please call the Contract Compliance Department if you have any questions.

IMPORTANT - PLEASE READ

Please look over the form before sending it in to make sure that you have filled it out completely and not left anything blank. After you click the red Submit Form button, a message box will open up giving you two options to send the form electronically to our email address at contractcompliance@wycokck.org. The next step will be for you to attach any required documentation to your email before sending it. All required documentation was signified by an asterisk and highlighted in yellow. After receiving and approving the form, your Bi-Annual Certificate of Compliance will be sent to you electronically. We will send you an email to remind you when your Bi-Annual Certificate of Compliance will expire.

**PROCUREMENT AND CONTRACT COMPLIANCE DEPARTMENT
701 North 7th Street, Room 649
Kansas City, Kansas 66101**

**EQUAL EMPLOYMENT
OPPORTUNITY DECLARATION**

This is to certify that _____
(Name of Company, Firm or Agency)

will adhere to a Program of Equal Employment Opportunity satisfactory to the local, state and federal laws and mandates and that this company will adhere to Equal Employment Opportunity in all its employment procedures including advertising, recruiting, hiring, training, promotions and upgrading.

This company, firm or agency will agree to undergo a periodic on-site review to determine the effectiveness of this Declaration.

Dated this _____ day of _____, 20_____

Company, Firm or Agency Name _____

Address _____

_____ Zip Code _____

Email _____

By typing your name and checking the box below, you confirm that all information contained in this form is true and accurate.

(Authorized Official) _____

(Signature)

(Title)