



**Unified Government of Wyandotte  
County/Kansas City, Kansas**

**Questionnaire on Personnel Practices  
Contract Compliance Department**

**701 North 7<sup>th</sup> Street, Room 421  
Kansas City, Kansas 66101**

**Phone: (913) 573-5443 Fax: (913) 573-5405**

**Email: [contractcompliance@wycokck.org](mailto:contractcompliance@wycokck.org)**

**Web: [www.wycokck.org/contractcompliance](http://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
--

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 \_\_\_\_\_

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

**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](mailto: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.**

**CONTRACT COMPLIANCE DEPARTMENT  
701 North 7th Street, Room 421  
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)