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00000000011111111112222222222333333333344444444445555555555666666666677777777778888888888999999999900000000001111111111222222222233
123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
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01        CO=XXXXXX-X                          EQUAL EMPLOYMENT OPPORTUNITY                                                PAGE 1 of 1
02         U=XXXXXX-X                      19XX EMPLOYER INFORMATION REPORT EEO-1
03 NAICS/SIC=XXXXXX/XXXX                     SINGLE-ESTABLISHMENT EMPLOYER REPORT
04                                                                                   SECTION C - TEST FOR FILING REQUIREMENT
05 SECTION B - COMPANY IDENTIFICATION
06                                                                                   1-X  2-X  3-X  DUNS NO.: XX-XXX-XXXX
07 1. <----NAME OF PARENT COMPANY (35)--->    2.a. <------COMPANY NAME--------------->
08    <----ADDRESS OF PARENT COMPANY----->         <------COMPANY ADDRESS------------>     SECTION E - ESTABLISHMENT INFORMATION
09    CITY---------->     COUNTY--------->         CITY---------->   COUNTY---------->
10    ST  ZIP->                                    ST  ZIP->        2.b. EI=XXXXXXXXX      1-<-----NARRATIVE------------------------->
11                                                                                          <----------UP--------------------------->
12                                         2.c.- X (WAS AN EEO-1 REPORT FILED FOR           <--------------TO----------------------->
13                                                  THIS ESTABLISHMENT LAST YEAR?)          <------------------4 LINES-------------->
14
15 SECTION D - EMPLOYMENT DATA
16                                                  TOTAL     ************ MALE *************     ************ FEMALE ***********
17       JOB CATEGORIES                              B-K      (B)     (C)     (D)     (E)     (F)      (G)     (H)     (I)     (J)     (K)
18
19 OFFICIALS AND MANAGERS ........................ ( 1)  XXXXXX   XXXXX  XXXXX  XXXXX  XXXXX  XXXXX   XXXXX  XXXXX  XXXXX  XXXXX  XXXXX
20 PROFESSIONALS ................................ ( 2)  XXXXXX   XXXXX  XXXXX  XXXXX  XXXXX  XXXXX   XXXXX  XXXXX  XXXXX  XXXXX  XXXXX
21 TECHNICIANS ................................... ( 3)  XXXXXX   XXXXX  XXXXX  XXXXX  XXXXX  XXXXX   XXXXX  XXXXX  XXXXX  XXXXX  XXXXX
22 SALES WORKERS ................................. ( 4)  XXXXXX   XXXXX  XXXXX  XXXXX  XXXXX  XXXXX   XXXXX  XXXXX  XXXXX  XXXXX  XXXXX
23 OFFICE AND CLERICAL ........................... ( 5)  XXXXXX   XXXXX  XXXXX  XXXXX  XXXXX  XXXXX   XXXXX  XXXXX  XXXXX  XXXXX  XXXXX
24 CRAFT WORKERS (SKILLED) ....................... ( 6)  XXXXXX   XXXXX  XXXXX  XXXXX  XXXXX  XXXXX   XXXXX  XXXXX  XXXXX  XXXXX  XXXXX
25 OPERATIVES (SEMI-SKILLED) ..................... ( 7)  XXXXXX   XXXXX  XXXXX  XXXXX  XXXXX  XXXXX   XXXXX  XXXXX  XXXXX  XXXXX  XXXXX
26 LABORERS (UNSKILLED) .......................... ( 8)  XXXXXX   XXXXX  XXXXX  XXXXX  XXXXX  XXXXX   XXXXX  XXXXX  XXXXX  XXXXX  XXXXX
27 SERVICE WORKERS ............................... ( 9)  XXXXXX   XXXXX  XXXXX  XXXXX  XXXXX  XXXXX   XXXXX  XXXXX  XXXXX  XXXXX  XXXXX
28
29                                          TOTAL (10)  XXXXXX   XXXXX  XXXXX  XXXXX  XXXXX  XXXXX   XXXXX  XXXXX  XXXXX  XXXXX  XXXXX
30
31                        PREVIOUS REPORTED TOTAL (11)  XXXXXX   XXXXX  XXXXX  XXXXX  XXXXX  XXXXX   XXXXX  XXXXX  XXXXX  XXXXX  XXXXX
32
33
34 * OTHER QUESTIONS *
35
36 1 - XX/XX/19XX THRU XX/XX/19XX (DATE(S) OF PAYROLL PERIOD USED)    2 - X (DOES THIS ESTABLISHMENT EMPLOY APPRENTICES?)
37
38
39 SECTION G - CERTIFICATION
40
41 CHECK    1 - [  ] ALL REPORTS ARE ACCURATE AND WERE PREPARED IN ACCORDANCE WITH THE INSTRUCTIONS (CHECK ON CONSOLIDATED REPORT ONLY)
42  ONE     2 - [  ] THIS REPORT IS ACCURATE AND WAS PREPARED IN ACCORDANCE WITH INSTRUCTIONS
43
44 CERTIFYING OFFICIAL: XXXXXXXXXXXXXXXXXXXXXXXXXX  TITLE: XXXXXXXXXXXXXXXXXXXXXXXXXX  SIGNATURE: XXXXXXXXXXXXXXXXXXXXX  DATE: XX/XX/XX
45
46 PERSON TO CONTACT REGARDING THIS REPORT: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  STREET ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
47
48 TITLE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  CITY/ST: XXXXXXXXXXXXX  XX  ZIP:XXXXX  TELEPHONE/AREA CODE: XXX-XXX-XXXX  EXT:  XXXX
49
50
51
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