

Town of Secaucus

Purchasing Department

Purchasing Department

Sandy D'Arzen, RPPS, QPA
Christine Smith, Purchasing Assistant
1203 Paterson Plank Road
Secaucus, NJ 07094
P: 201.330.2026
F: 201.271.3615
SDarzen@Secaucus.net

EQUAL EMPLOYMENT OPPORTUNITY COMPLIANCE

New Jersey State law requires that the below <u>Affirmative Action</u> and <u>Equal Employment</u> <u>Opportunity</u> documentation shall be provided by any vendor that wishes to do business with the Town of Secaucus. These forms must be on file with this office, available to the State upon their request.

- 1. <u>Mandatory Equal Employment Opportunity Language</u>. Please review carefully, and return a copy signed by the highest official in your company, acknowledging agreement.
- 2. **Certificate of Employee Information Report.** This certificate is issued by:

NJ Department of the Treasury
Division of Purchase & Property
Contract Compliance Audit Unit EEO Monitoring Program.

*IMPORTANT - If you do <u>not</u> have a Certificate: Complete the enclosed 302 Form and forward it to the State, per the instructions at the top of the page, with your application fee. Please provide the Town proof that you have applied to the State of New Jersey, and your certificate once it is received.

❖ Do not send any payments to the Town – We do not supply the CEIR

Submissions shall be forwarded to the Purchasing Office via fax, email, or mailing address as listed above. Please contact this office with any questions.

Forms, additional instructions, and information can also be found at: https://www.nj.gov/treasury/contract_compliance/

EXHIBIT A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE N.J.S.A. 10:5-31 et seq. (P.L.1975, c.127) N.J.A.C. 17:27-1.1 et seq.

GOODS, GENERAL SERVICES, AND PROFESSIONAL SERVICES CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affection-al or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to <u>N.J.S.A.</u> 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

EXHIBIT A (CONTINUED)

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval;

Certificate of Employee Information Report; or

Employee Information Report Form AA-302 (electronically provided by the Division through the Division's website at: http://www.state.nj.us/treasury/contract_compliance.

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq.

Company Name:	Date:	
Print Name:	Title:	
Signature:		

INSTRUCTIONS FOR COMPLETING THE EMPLOYEE INFORMATION REPORT (FORM AA302)

IMPORTANT: READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. PRINT OR TYPE ALL INFORMATION. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 NON-REFUNDABLE FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. IF YOU HAVE A CURRENT CERTIFICATE OF EMPLOYEE INFORMATION REPORT, DO NOT COMPLETE THIS FORM UNLESS YOUR ARE RENEWING A CERTIFICATE THAT IS DUE FOR EXPIRATION. DO NOT COMPLETE THIS FORM FOR CONSTRUCTION CONTRACT AWARDS.

- ITEM 1 Enter the Federal Identification Number assigned by the Internal Revenue Service, or if a Federal Employer Identification Number has been applied for, or if your business is such that you have not or will not receive a Federal Employer Identification Number, enter the Social Security Number of the owner or of one partner, in the case of a partnership.
- ITEM 2 Check the box appropriate to your TYPE OF BUSINESS. If you are engaged in more than one type of business check the predominate one. If you are a manufacturer deriving more than 50% of your receipts from your own retail outlets, check "Retail".
- ITEM 3 Enter the total "number" of employees in the entire company, including part-time employees. This number shall include all facilities in the entire firm or corporation.
- ITEM 4 Enter the name by which the company is identified. If there is more than one company name, enter the predominate one.
- ITEM 5 Enter the physical location of the company. Include City, County, State and Zip Code.
- ITEM 6 Enter the name of any parent or affiliated company including the City, County, State and Zip Code. If there is none, so indicate by entering "None" or N/A.
- ITEM 7 Check the box appropriate to your type of company establishment. "Single-establishment Employer" shall include an employer whose business is conducted at only one physical location. "Multi-establishment Employer" shall include an employer whose business is conducted at more than one location.
- ITEM 8 If "Multi-establishment" was entered in item 8, enter the number of establishments within the State of New Jersey.
- ITEM 9 Enter the total number of employees at the establishment being awarded the contract.
- ITEM 10 Enter the name of the Public Agency awarding the contract. Include City, County, State and Zip Code. This is not applicable if you are renewing a current Certificate.

ITEM 11 - Enter the appropriate figures on all lines and in all columns. THIS SHALL ONLY INCLUDE EMPLOYMENT DATA FROM THE FACILITY THAT IS BEING AWARDED THE CONTRACT. DO NOT list the same employee in more than one job category. DO NOT attach an EEO-1 Report.

Racial/Ethnic Groups will be defined:

Black: Not of Hispanic origin. Persons having origin in any of the Black racial groups of Africa.

Hispanic: Persons of Mexican, Puerto Rican, Cuban, or Central or South American or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander: Persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands. This area includes for example, China, Japan, Korea, the Phillippine Islands and Samoa.

Non-Minority: Any Persons not identified in any of the aforementioned Racial/Ethnic Groups.

- **ITEM 12** Check the appropriate box. If the race or ethnic group information was not obtained by 1 or 2, specify by what other means this was done in 3.
- ITEM 13 Enter the dates of the payroll period used to prepare the employment data presented in Item 12.
- ITEM 14 If this is the first time an Employee Information Report has been submitted for this company, check block "Yes".
- ITEM 15 If the answer to Item 14 is "No", enter the date when the last Employee Information Report was submitted by this company.
- **ITEM 16** Print or type the name of the person completing the form. Include the signature, title and date.
- ITEM 17 Enter the physical location where the form is being completed. Include City, State, Zip Code and Phone Number.

TYPE OR PRINT IN SHARP BALL POINT PEN

THE VENDOR IS TO COMPLETE THE EMPLOYEE INFORMATION REPORT FORM (AA302) AND RETAIN A COPY FOR THE VENDOR'S OWN FILES. THE VENDOR SHOULD ALSO SUBMIT A COPY TO THE PUBLIC AGENCY AWARDING THE CONTRACT IF THIS IS YOUR FIRST REPORT; AND FORWARD ONE COPY WITH A CHECK IN THE AMOUNT OF \$150.00 PAYABLE TO THE TREASURER, STATE OF NEW JERSEY(FEE IS NON-REFUNDABLE) TO:

NJ Department of the Treasury Division of Purchase & Property Contract Compliance Audit Unit EEO Monitoring Program P.O. Box 206 Form AA302 Rev. 11/11

STATE OF NEW JERSEY

Division of Purchase & Property Contract Compliance Audit Unit EEO Monitoring Program

EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION 8, ITEM 11. For Instructions on completing the form, go to: http://www.state.nj.us/treasury/contract_compilance/pdf/aa302ins.pdf

					SEC	TION A - CO	MPAN	/ IDENT	IFICATIO	N				
1. FID. NO. OR SOC	IAL SECURI	TY	2. TYPE OF BUSINESS 1. MFG					3. TOTAL NO. EMPLOYEES IN THE ENTIRE						
4. COMPANY NAM	E								· · · · · · · · · · · · · · · · · · ·					
5. STREET		CITY				COUNTY				STATE ZIP CODE				
6. NAME OF PARENT OR AFFILIATED COMPANY (IF I					NONE, SO INDICATE) CIT			Y	STATE			ZIP CODE		
7. CHECK ONE: IS T	НЕ СОМРА	NY:		SINGLE-I	ESTABI	ISHMENT EM	PLOYER		□м∪	LTI-ESTA	BLISHMENT	EMPLOYI	R	
8. IF MULTI-ES 9. TOTAL NUMBER 10. PUBLIC AGENC	OF EMPLO	YEES.	AT ES	FABLISHN			EEN AWA	RDED TI			TE	ZIP CC	DDE	
Official Use Only			DAT	E RECEIV	/ED II	NAUG DATE		AS	SIGNED CI	ERTIFICAT	ION NUMB	ER		
						SECTION B -	EMPLO	YMEN1	DATA			***************************************		
 Report all perman no employees in a par AN EEO-1 REPORT. 														
	ALL EMPLOYEES PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN													
JOB CATEGORIES	COL. 1 TOTAL (Cois.2 &3)	COL.		OL. 3 EMALE	BLACK	********* M. HISPANIC	AMER.		NON MIN.	BLACK	HISPANIC	AMER.	ASIAN	NON MIN.
Officials/ Managers														
Professionals														
Technicians .														
Sales Workers														
Office & Clerical									·					
Craftworkers Skilled)						***************************************								
Operatives Semi-skilled)								·						
aborers Unskilled)														
Service Workers														
TOTAL														
fotal employment from previous leport (if any)														
emporary & Part- ime Employees			The d	lata belov	shall I	NOT be includ	ded in th	e figure	s for the a	арргоргіа	te categori	es above.		
		<u> </u>								<u> </u>				
2. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED 1. Visual Survey 2. Employment Record 3. Other (Specify)								Emplo	HIS THE F yee Informa Submitted	tion	REPOR	15. IF NO, DATE LAST REPORT SUBMITTED MO. ¡DAY ¡YEAR		
3. DATES OF PAY From:	ROLL PERIO	OD US	ED	To:			•		ı, YES	2. N	оГ			
				SEC	TION C	- SIGNATURE A	ND IDEN	TIFICATIO	N					
6. NAME OF PERSON COMPLETING FORM (Print or Type) SIGNATURE							TITLE DATE MO DAY				DAY Y	EAR		
7. ADDRESS NO. 8	STREET		CIT	Y		COUN	ITY	STA	TE ZII	CODE I	HONE (ARE	EA CODE, N	O EXTE	NSION)

Sample Certificate of Employee Information Report

Certification 111XX CERTIFICATE OF EMPLOYEE INFORMATION REPORT

INITIAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seg. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-DEC-20XX

SAMPLE COMPANY, INC. 33 WEST STATE STREET TRENTON, NJ 08625



State Treasurer