

BUFFALO SEWER AUTHORITY EEO STAFFING DEMOGRAPHICS FORM

PRIME SUB CONSULTANT Name: _____ Project _____

CONSULTANT Address _____

Email: _____ Phone: _____

This report includes consultant's: work force to be utilized on this project total work force

Enter the total number of employees for each classification

Job Category	Total Work Force	Work Force by Gender		White		Black		Hispanic		Asian & Pacific Islander		Native American		Total Minority		Disabled		Veteran		City Resident		
		Male (M)	Female (F)	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Board Member																						
Executive/Senior Level Officials & Managers																						
Mid Level Officials and Managers																						
Licensed Professionals																						
Technicians																						
Sales Workers																						
Skilled Craftsmen																						
Operatives Semi-Skilled																						
Laborers and Helpers																						
Service Workers																						
Administrative support/clerical workers																						
TOTALS																						
PREPARED BY (Signature):										Telephone #:							Date					
Name and Title (Print or Type):										Email:												