State Of New Jersey

Division Of Contract Compliance And Equal Employment Opportunity In Public Contracts

VIHTKOW	DROIECT.	WORKEORCE	REPORT	- CONSTRUCTION
VII JIN I FII . Y	PRUIELL	WURKEURLE	KEPUKI -	

For instructions on completing the form, go to:									3. F ID or SS Number 37-1371371												
http://www.state.nj.us/treasury/contract_compliance/pdf/aa202ins.pdf						ļ.															
1.Name and address of Prime Contractor				2. Contractor ID Number				4. Reporting Period													
Points North (CPW Sample Reports)								11/1/2010 11/27/2010													
(NAME)				.1				5. Public Agency Awarding Contract Date of Award													
371 Canal Park Dr																					
(ADDRESS)									6. Name and Location of Project County 7. P Stable Work 2904						7. Proje	. Project ID Number					
Springfield	IL 62701								Springfield, IL Grant												
(CITY)			(STATE)		(ZIP CODE)																
				11. NUMBER OF EMPLOYEES				12. TOTAL 13. WORK HOURS			3	14. % OF WORK HRS		15. CUM. WORK HRS			16. CUM. % OF W/H				
8. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT	FICATION (SEE REVERSE)	A. TOTAL	B. BLACK	C. HISPANIC	D. AMERICAN INDIAN	E. ASIAN	F. FEMALES	NO. OF MIN. EMP.	TOTAL WORK HOURS	A. MIN. W/H	B. FEMALE W/H	A. % OF MIN. W/H	B. % OF FEMALE W/H	TOTAL WORK HOURS	A. MIN. HOURS	B. FEMALE HOURS	A. % OF MIN. W/H	B. % OF FEM. W/H	
Points North (CPW Sample Reports)																					
,		Laborer	J	0	0	0	0	0	0	0				0.00 %	0.00 %				0.00 %	0.00 %	
			AP	1	0	0	0	1	0	1	6	6		100.00 %	0.00 %	6	6		100.00 %	0.00 %	
Points North (CPW Sample Reports)																					
responsy		Operator	J	1	0	0	0	0	0	0	42			0.00 %	0.00 %	42			0.00 %	0.00 %	
			AP	0	0	0	0	0	0	0				0.00 %	0.00 %				0.00 %	0.00 %	
Points North (CPW Sample Reports)																					
rtoportoj		Electrician	J	0	0	0	0	0	0	0				0.00 %	0.00 %				0.00 %	0.00 %	
			AP	0	0	0	0	0	0	0				0.00 %	0.00 %				0.00 %	0.00 %	
			J																		
			AP																		
			J																		
			AP																		
17. COMPLETED BY (PRINT OR TYPE)																					
John Smith											Own	er									
(NAME) (SIGNATU				JRE)						(TITLE)											
517 111 11										6/13/20	11										
(AREA CODE)	(TELEPHONE NU	MBER)		(EXT.)							(DATE)										