

*For Office Use Only: Profile No: _____
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**Contract Compliance Form**  
**Reporting Compliance with D.C. Law 14-24, Mayor’s Order 83-265, and D.C. Law 5-93**  
**First Source Employment Agreement**

**Instructions:**

To be completed by the employer and submitted on the 10th of each month until completion of the project. Forward to:

**Department of Employment Services (DOES)**  
**609 H Street, N.E., Room 416**  
**Washington, D.C. 20002**

**Telephone: (202) 698-5772/6001 Fax: (202) 698-5717 TTD: (202) 698-4817**  
**Toll Free Number: 1-877-319-7346 Website: [www.does.dc.gov](http://www.does.dc.gov)**

Reporting Period: \_\_\_\_\_, 20

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer Federal Identification Number: \_\_\_\_\_

Contract/Loan Number: \_\_\_\_\_

Project Location: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project End Date \_\_\_\_\_

Contracting/Lending Agency: \_\_\_\_\_

**I. Vacancies, Referrals and Hires**

Please provide monthly and cumulative statistics for the number of jobs created, referrals made, and hires.

	This Month	Cumulative
Number of Vacancies Currently Available		
Number of Vacancies Listed with DOES		
Total Number of Hires		
Number of District Residents Hired		
Number of DOES Referrals Hired		
Number of Current Employees Transferred to Work on Project		
Referrals Made by Other Sources		
DOES Referrals Made		



**III. Current Workforce This Month**

List the name, social security number, address, job title and hire date of all current employees transferred to work on the project this month.

NAME	SSN	ADDRESS	JOB TITLE	HIRE DATE

**IV. Laid-Off Employees This Month**

List the name, social security number, address, job title, and hire date for all laid-off employees recalled to work on the project this month.

NAME	SSN	ADDRESS	JOB TITLE	HIRE DATE

**V. Terminations This Month**

List the names of all employees employed on the project that were terminated and/or resigned during this reporting period.

NAME	SSN	JOB TITLE	TERMINATION DATE	PLACE OF RESIDENCE

**VI.** Indicate whether your firm is a subcontractor on this project: YES NO  
If yes, name of prime contractor: \_\_\_\_\_

**VII. Comments:**

Describe any problems you have experienced in meeting your job creation projections in implementing the First Source Employment Agreement.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date