

*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

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.

Signature

Date