1. Recruitment of new employees: How many new employees do you intend to hire during the next year? ________________

2. My current (above reporting date) work force is composed of the following ethnic/racial distribution:

<table>
<thead>
<tr>
<th>JOB CRAFT</th>
<th>AFRICAN AMERICAN</th>
<th>FILIPINO / ORIENTAL / ASIAN</th>
<th>AMERICAN INDIAN</th>
<th>TOTAL MINORITY</th>
<th>TOTAL CAUCASIAN</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MALE</td>
<td>FEMALE</td>
<td>MALE</td>
<td>FEMALE</td>
<td>MALE</td>
<td>FEMALE</td>
</tr>
<tr>
<td>CRAFT</td>
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<tr>
<td>SUPERVISOR</td>
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<tr>
<td>FOREMAN</td>
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<tr>
<td>JOURNEYMAN</td>
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<tr>
<td>APPRENTICE</td>
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<tr>
<td>TRAINEE</td>
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</tbody>
</table>

OTHERS = SPECIFY, INCLUDING NONCRAFT TYPES
EO = EQUAL EMPLOYMENT OPPORTUNITY

3. How does your organization's EEO Plan intend to make any discrepancies within the above job categories consistent with your Affirmative Action Plan? You may provide a copy of your organization's Affirmative Action Plan in response to this question.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
4. Please provide an outline of the services and programs that your organization will offer which are responsive to insuring and promoting a diverse workforce. Please provide a sufficient description of the EEO services and programs. You may provide a copy of your organization’s Affirmative Action Plan in response to this question.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

5. My signature below indicates that: I have primary responsibility for the administration of the above named organization’s EO/AA program; the information stated in this document is complete and accurate to the best of my knowledge; and that the necessary records will be maintained and will be available for inspection by authorized personnel of the San Diego Community College District.

Print Name ____________________________________________ Signature __________________________ Date ____________