



**State of Illinois**  
 Illinois Department of Human Rights  
 Legal Division, Public Contracts Unit  
**Renewal**

**Make Payment (\$75 Certified Check, Cashier's Check, or Money Order) to:**  
 ILLINOIS DEPARTMENT OF HUMAN RIGHTS  
**and mail to:**  
 IDHR - FISCAL UNIT  
 100 W. RANDOLPH - SUITE 10-100  
 CHICAGO, ILLINOIS 60601

Name of Applying Company: \_\_\_\_\_ FEIN: \_\_\_\_\_

Address: \_\_\_\_\_ Prev. IDHR Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Individual or sole proprietor      Corporation - not for profit      Other-  
 Partnership      Government entity  
 Corporation - for profit      Educational institution

JOB CATEGORIES	MALE						FEMALE						TOTAL
	W	B	H	A	AI	T	W	B	H	A	AI	T	
Executive/Senior Level Officials													
First/Mid-Level Officials and Managers													
Professionals													
Technicians													
Sales Workers													
Administrative Support Workers													
Craft Workers													
Operatives													
Laborers and Helpers													
Services Workers													
<b>TOTAL</b>													

W=White (Not of Hispanic Origin; B=Black or African American; H=Hispanic or Latino, A=Asian or Pacific Islander, AI=American Indian or Alaskan Native; T=Total)      **Sole proprietorship:** one employee and that same employee is the owner; must fill in the above chart for the one person.

**DATE OF ABOVE DATA:** \_\_\_\_\_  
**NOTE: ANSWER EACH QUESTION BELOW WITH INFORMATION PERTAINING TO THE WORK FORCE REPORTED ABOVE.**

Describe the goods or services produced at or provided by the employer.  
 \_\_\_\_\_

Identify the geographical area from which the company draws its employees. Use city, county, metropolitan statistical area, or distance from location.  
 \_\_\_\_\_

What is the maximum number of employees working for the company during a 12-month period?	
What is the average number of persons employed by the company on a year-round basis?	
How many disabled persons are employed by the company?	
	Yes      No
Is the employer a federal contractor pursuant to <a href="#">federal executive order 11246</a> ?	
Does the company normally hire additional employees to perform contract work?	
Is the company minority owned?	
Is the company female owned?	
Does the company have a current written affirmative-action plan?	
Does the company have a current written sexual harassment policy?	
Within the past three years, has the company been declared ineligible for any public contract based on a finding of employment discrimination? If yes, attach a separate sheet fully explaining the situation.	
Is this form for a location which shares a FEIN with another location that is already registered with IDHR?	

I certify that the information provided in this report, and in any attachments thereto, is true and accurate to the best of my knowledge and belief. The employer filing this report agrees to conform with the requirements set forth in the Illinois Human Rights Act, 775 ILCS 5/1-101 et seq., and the rules and regulations of the Department of Human Rights. I am authorized to sign this form on behalf of the employer.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TYPED NAME AND TITLE \_\_\_\_\_ TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_