EMPLOYMENT PLAN

NAME OF EMPLOYER:		
ADDRESS OF EMPLOYER:		
TELEPHONE NUMBER:	FEDERADENTIFICATION NO.:	_
CONTACT PERSON:	TITLE:	
E-MAIL:	TYPE OF BUSINESS:	
DISTRICT CONTRACTING AGENCY:		
CONTRACTING OFFICER:	TELEPHONE NUMBER:	
TYPE OF PROJECT:	CONTRACAMOUNT:	_
EMPLOYER CONTRACT AMOUNT:		
PROJECT START DATE:	PROJECT END DATE:	

<u>CURRENT EMPLOYEES</u>: Please list the names, residen**atust** and ward information of all current employees, including apprentices, trainees, and transfers from other projects, who will be employed on the Project. Attach additional sheets as needed.

NAME OF EMPLOYEE	CURRENT DISTRICT RESIDENT Pl ease Check	WARD
	333 611601	

USTIFICATION SHEET: Please provide a detailed expl tiona of why the Employer we have any new hires on the Project.					