

SUPPLIER CLASSIFICATION PROFILE

Please furnish the following information about your organization:

I. GENERAL INFORMATION

Company Name:			
Phone Number:			
Address:			
Contact Person:		Title:	

Date Business Established:			
Principal Products or Service Provided:			

Company Type (circle one):	Corporation	Sole Proprietorship	Franchise		
	Partnership	Joint Venture	Other:		

Geographic Coverage (circle one):	Local/Regional	National	Other:
--	----------------	----------	--------

II. BUSINESS CLASSIFICATION

A. Majority-owned Business Enterprise is one which is not owned by minorities or women.
 B. Minority or Women-Owned Business Enterprise is one which is owned, controlled and operated by women or by minority group members (i.e., Black American, Hispanic American, Asian-Pacific American, Subcontinent Asian American, or Native American). Minority/women "ownership" exists where a business is at least 51% owned by minorities or women. "Control" is defined as the power to make policy decisions, "Operate" is defined as being actively involved in the day-to-day management.
 C. Small Business Enterprise (SBE) for the TJPA SBE Program is one which has been certified as one of the following: California Certified Small Business or Disabled Veteran Business by the California Dept. of General Services, Local Business Enterprise by the San Francisco Contract Monitoring Division, or Disadvantaged Business Enterprise by any state's Unified Certification Program.

Please check all that apply:

<input type="checkbox"/>	Women-owned Business Enterprise		
<input type="checkbox"/>	Minority-owned Business Enterprise		
(circle one)	Black American	Native American	Hispanic American
<input type="checkbox"/>	Asian-Pacific American	Subcontinent Asian American	

Has your business been certified as being minority-owned by any government agency or purchasing council?			
(circle one)	Yes	No	If yes please provide copy of certification.

<input type="checkbox"/>	Majority-owned Business Enterprise: Please submit the following: A copy of your Equal Employment and Affirmative Action Policy A completed "Employee Demographic Form" (see attached) A statement regarding your affirmative action results in relation to your industry and geographical area
--------------------------	---

Please check one:

<input type="checkbox"/>	Organization would qualify as a small business as defined by the TJPA
<input type="checkbox"/>	Organization <u>will not</u> qualify as a small business as defined by the TJPA

III. REFERENCES			
Corporate Customer	Contact	Phone Number	Email Address

IV. STATEMENT OF AUTHORIZATION (this will certify that the information provided is true and accurate)

Company Name:			
Representative's Name:		Title:	
Signature:		Date:	

EMPLOYEE DEMOGRAPHIC DATA

Company Name:	Title:		Number of Employees																	
	Date:		Male		Female		Overall Totals		Asian-Pacific American or Subcontinent Asian American		Hispanic American		Black American (not of Hispanic Origin)		White (not of Hispanic Origin)		Native American or Native Alaskan			
Company Address:			Overall Totals (sum of cols. C - L) A	White (not of Hispanic Origin) B	Black American (not of Hispanic Origin) C	Hispanic American D	Asian-Pacific American or Subcontinent Asian American E	Native American or Alaskan F	Overall Totals (sum of cols. C - L) A	White (not of Hispanic Origin) B	Black American (not of Hispanic Origin) C	Hispanic American D	Asian-Pacific American or Subcontinent Asian American E	Native American or Alaskan F	Overall Totals (sum of cols. C - L) A	White (not of Hispanic Origin) B	Black American (not of Hispanic Origin) C	Hispanic American D	Asian-Pacific American or Subcontinent Asian American E	Native American or Native Alaskan F
Prepared By:																				
Job Categories																				
Officers and Managers																				
Professionals																				
Technicians																				
Sales Workers																				
Office and Clerical																				
Craft Workers (skilled)																				
Operatives (semi-skilled)																				
Laborers (unskilled)																				
Service Workers																				
Total																				

Officers and Managers: Occupations requiring administrative and managerial personnel who set broad policies, exercise overall responsibility for execution of these policies and direct individual departments or special phases of a firm's operations.

Professionals: Occupations requiring either college graduation or experience of such kind and amount as to provide a comparable background.

Technicians: Occupations requiring a combination of basic scientific knowledge and manual skill which can be obtained through 2 years of post high school education, such as is offered in many technical institutes and junior colleges, or offered equivalent on-the-job training.

Sales: Occupations engaging wholly or primarily in direct selling.

Office and Clerical: Includes all clerical-type work regardless of level of difficulty, where the activities are predominantly non-manual though some manual work not directly involved with altering or transporting the products is included.

Craft Workers (skilled): Manual workers of relatively high level having a thorough and comprehensive knowledge of the processes involved in their work. Exercise considerable independent judgment and usually receive an extensive period of training.

Operative (semi-skilled): Workers who operate machine or processing equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training.

Laborers (unskilled): Workers in manual occupations which generally require no special training who perform elementary duties that may be learned in a few days and require the application of little or no independent judgment.

Service Workers: Workers in both protective and non-protective service occupations.