FORM **ED-612**
(REV. 5-02)

U.S. DEPARTMENT OF COMMERCE
Economic Development Administration

CURRENT AND ESTIMATED EMPLOYEE DATA

1. NAME AND ADDRESS OF ORGANIZATION

ORGANIZATION

NO. AND STREET

CITY

STATE AND ZIP

EDA USE ONLY

PROJECT NO:

2. ORGANIZATION IS:
☐ APPLICANT ☐ OTHER PARTY

3. CURRENT TEMPORARY AND PART-TIME EMPLOYEES
TOTAL_____ FEMALES_____ MALES_____

JOB CATEGORIES		4. CURRENT PERMANENT POSITIONS								5. NEW PERMANENT JOBS ESTIMATED TO BE CREATED AS A RESULT OF THIS PROJECT								6. PERMANENT JOBS TO BE SAVED		
* See Job Categories for details	Sex	Total Em-ployees	American Indian or Alaskan Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Other Pacific Islander	White Not of Hispanic Origin	Age (40 or above)	Total Em-ployees	American Indian or Alaskan Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Other Pacific Islander	White Not of Hispanic Origin	Age (40 or above)	Total Employees	Total Minorities	Total Age (40 or above)
OFFICIALS AND MANAGERS	F																			
	M																			
PROFESSIONALS	F																			
	M																			
TECHNICIANS	F																			
	M																			
SALES WORKERS	F																			
	M																			
OFFICE AND CLERICAL	F																			
	M																			
CRAFTSPERSON (SKILLED)	F																			
	M																			
OPERATIVES (SEMISKILLED)	F																			
	M																			
LABORERS (UNSKILLED)	F																			
	M																			
SERVICE WORKERS, OTHER	F																			
	M																			
TOTAL	F																			
	M																			
GRAND TOTAL																				

7. NAME OF LABOR MARKET AREA	Total Number	Female	American Indian or Alaskan Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Other Pacific Islander
LABOR FORCE OF AREA		%	%	%	%	%	%
UNEMPLOYMENT OF AREA	%	%	%	%	%	%	%
EMPLOYED/APPLICANT OR OTHER PARTY		%	%	%	%	%	%
DATE AND SOURCE OF LABOR MARKET DATA:							

8. THIS FORM PREPARED BY (Typed Name)

(Typed Position)

(Date and Telephone Number)

Authorized Organization Official:
(Typed Name and Title)

(Signature and Date)