



**CITY OF DALLAS
DEPARTMENT OF AVIATION
WORKFORCE ETHNIC COMPOSITION REPORT – Form 204A**

Name of Firm: _____

Address: _____

Telephone Number: _____

Email Address: _____

Project Name & BID Number: _____

Employee Classification	Total No. Employees	White	Black	Hispanic	Other
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		Male	Female	M	F	M	F	M	F	M	F
Administrative/ Managerial											
Professional											
Technical											
Office/Clerical											
Skilled											
Semiskilled											
Unskilled											
Seasonal											
Totals:											

Intentional misrepresentation could result in Criminal Prosecution.

OFFICER'S SIGNATURE **TITLE**

TYPED OR PRINTED NAME **DATE**