

PROJECT LABOR AGREEMENT TARGETED WORKER SURVEY FORM

All information provided is voluntary and confidential.

Please return this form to the PLA Coordinator CityofSDPLA@saniego.gov or ccrocker@saniego.gov (619) 236-5973

WORKER INFORMATION

Worker Name:			
Home Address:		Zip Code:	
Phone Number:		Email:	
Project Name:		City Contract No.	
Prime Contractor Name:			

LOCAL WORKER GOAL

Employment of Local Workers: 30% of all Craft Hours: (PLA Section 4.5(b)) The Contractors and Unions agree to work together to achieve a goal of at least 30% of the total construction craft hours worked on each covered project be performed by Local Workers. A Local Worker is a City of San Diego permanent resident at the time of initial employment on a Covered Project or a Veteran residing anywhere.

TARGETED WORKERS

Targeted Workers: (PLA Section 4.5 (c)) The Contractors and the Unions agree to work together to increase participation of the total construction craft hours worked on each covered project be performed by Targeted Workers. A Targeted Worker is defined as any individual qualifying for one or more of the following criteria.

Please check all that apply.

Targeted Worker:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Being a Veteran or is the eligible spouse* of a Veteran – Veterans qualify as a Targeted Worker regardless of the location of their primary residence. |
| <input type="checkbox"/> | At initial time of employment being an apprentice with less than 10% of the apprenticeship hours required to graduate to journey level |
| <input type="checkbox"/> | Did you not receive a GED or high school diploma |
| <input type="checkbox"/> | Homeless or has been homeless within the last year |
| <input type="checkbox"/> | Former foster youth |
| <input type="checkbox"/> | Custodial single parent |
| <input type="checkbox"/> | Experiencing protracted unemployment (receiving unemployment for at least 3 months) |
| <input type="checkbox"/> | A current recipient of government cash or food assistance benefits |
| <input type="checkbox"/> | Documented household income at or below 100 percent of the Federal Poverty Level |
| <input type="checkbox"/> | Formerly incarcerated with a history of involvement in the criminal justice system |
| <input type="checkbox"/> | DECLINE TO STATE |

*an **eligible spouse** is either someone who is married to an active duty service member, someone married to a former service member who is 100% disabled due getting injured in armed forces service, or the spouse of a service member killed while on active duty (who has not remarried)

I Certify that the above information is true and correct.

Worker Signature: _____ Date: _____