



Project Labor Agreement

TARGETED WORKER SURVEY FORM

All information provided is voluntary and confidential.

Please return this form to the PLA Coordinator CityofSDPLA@sanidiego.gov or ccrocker@sanidiego.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 Unions agree to increase participation of Targeted Workers on each Covered Project. Strategies and Outcomes for increasing such participation will be reported annually by the Project Labor Coordinator with support and assistance from the Contractors and Unions.

A Targeted Worker is defined as any individual qualifying for one or more of the following criteria.

Targeted Worker: *Please check all that apply.*

| | |
|--------------------------|--|
| <input type="checkbox"/> | Veteran or the eligible spouse* of a Veteran - Veterans qualify as a Targeted Worker regardless of the location of their primary residence |
| <input type="checkbox"/> | An Apprentice with less than fifteen percent of the work hours required for completion of the Apprenticeship Program |
| <input type="checkbox"/> | Has no high school diploma or general education diploma (GED) |
| <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"/> | Has spend time in jail, a youth correctional facility, or a prison |
| <input type="checkbox"/> | Is a graduate of an Apprenticeship Readiness Program approved to use the Multi-Craft Core Curriculum (MC3). |
| <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: _____