

Firm Name: \_\_\_\_\_

## APPENDIX A MANAGEMENT RESPONSIBILITIES

Date Submitted \_\_\_\_\_

Please complete one form for each person who has any authority in any area of responsibility listed below. Make copies as needed.

Name  Title  On-Site Representative  YES  NO

**All fields must be completed.**

Number of hours per week working for this DBE firm  hours. Number of hours per week working for any other firm as an employee  hours.

AREA OF RESPONSIBILITY	Frequency of Involvement: A-Always O-Often S-Seldom N-Never (Select One)	Final Authority without consulting others (Select One)	Years of experience with this responsibility	*Percentage of work hours spent in this responsibility
Setting policy on scope of business	<input type="radio"/> A <input type="radio"/> O <input type="radio"/> S <input type="radio"/> N	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Signing payroll and business checks	<input type="radio"/> A <input type="radio"/> O <input type="radio"/> S <input type="radio"/> N	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Signing loans and contracts	<input type="radio"/> A <input type="radio"/> O <input type="radio"/> S <input type="radio"/> N	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Financial decisions; Investments; Loans	<input type="radio"/> A <input type="radio"/> O <input type="radio"/> S <input type="radio"/> N	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Office/business management (bookkeeping, payroll, insurance, etc.)	<input type="radio"/> A <input type="radio"/> O <input type="radio"/> S <input type="radio"/> N	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Marketing, sales, bid solicitation	<input type="radio"/> A <input type="radio"/> O <input type="radio"/> S <input type="radio"/> N	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Estimating, contract negotiations	<input type="radio"/> A <input type="radio"/> O <input type="radio"/> S <input type="radio"/> N	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Major purchase decision, i.e, equipment	<input type="radio"/> A <input type="radio"/> O <input type="radio"/> S <input type="radio"/> N	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Hire/fire management personnel, including field supervisors	<input type="radio"/> A <input type="radio"/> O <input type="radio"/> S <input type="radio"/> N	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Supervision of field operations	<input type="radio"/> A <input type="radio"/> O <input type="radio"/> S <input type="radio"/> N	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Performing field operations	<input type="radio"/> A <input type="radio"/> O <input type="radio"/> S <input type="radio"/> N	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
On-site Representative	<input type="radio"/> A <input type="radio"/> O <input type="radio"/> S <input type="radio"/> N	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

**\*COLUMN TOTAL MUST EQUAL 100%**

Please Select One:  Female  Male

Please Select One:  African American  Asian Indian American  Caucasian  
 Alaska Native  Asian Pacific American  Hispanic American  
 American Indian  Other \_\_\_\_\_

Firm Name: \_\_\_\_\_

**APPENDIX B**  
EMPLOYMENT HISTORY

**1. Employee's Name:** \_\_\_\_\_

**2. Special Qualifications:** \_\_\_\_\_

a. Professional licenses held: \_\_\_\_\_

b. Professional/technical certificates held: \_\_\_\_\_

c. Union/professional associations' membership: \_\_\_\_\_

d. Education/technical training: \_\_\_\_\_

School	Dates	#Credit Hours	Area of Study	Degree (Y/N)

**3. Current Position with applicant firm:**

a. Title \_\_\_\_\_

b. Date employment started: \_\_\_\_\_

c. Supervisor \_\_\_\_\_

d. Salary/compensation \_\_\_\_\_

e. Number of persons supervised \_\_\_\_\_

f. Type of employees supervised \_\_\_\_\_

g. Duties and responsibilities \_\_\_\_\_

**4. Are you currently employed with any firm other than the applicant firm?**

a. Firm \_\_\_\_\_

b. Location \_\_\_\_\_

c. Type of business \_\_\_\_\_

d. Dates Employed *From* \_\_\_\_\_ *To* \_\_\_\_\_

e. Hours per week \_\_\_\_\_

f. Title \_\_\_\_\_

g. Supervisor \_\_\_\_\_

h. Salary/compensation \_\_\_\_\_

e. Number of persons supervised \_\_\_\_\_

f. Type of employees supervised \_\_\_\_\_

g. Duties and responsibilities \_\_\_\_\_

Firm Name: \_\_\_\_\_

**5. Previous employment prior to that with applicant firm:**

a. Most recent previous employment

- |                                       |   |
|---------------------------------------|---|
| 1. Firm _____                         | 2. Location _____                                   |
| 3. Type of business _____             | 4. Dates Employed <i>From</i> _____ <i>To</i> _____ |
| 5. Hours per week _____               | 6. Title _____                                      |
| 7. Supervisor _____                   | 8. Salary/compensation _____                        |
| 9. Number of persons supervised _____ | 10. Type of employees supervised _____              |
| 11. Duties and responsibilities _____ |   |

b. Most recent previous employment

- |                                       |   |
|---------------------------------------|---|
| 1. Firm _____                         | 2. Location _____                                   |
| 3. Type of business _____             | 4. Dates Employed <i>From</i> _____ <i>To</i> _____ |
| 5. Hours per week _____               | 6. Title _____                                      |
| 7. Supervisor _____                   | 8. Salary/compensation _____                        |
| 9. Number of persons supervised _____ | 10. Type of employees supervised _____              |
| 11. Duties and responsibilities _____ |   |

c. Most recent previous employment

- |                                       |   |
|---------------------------------------|---|
| 1. Firm _____                         | 2. Location _____                                   |
| 3. Type of business _____             | 4. Dates Employed <i>From</i> _____ <i>To</i> _____ |
| 5. Hours per week _____               | 6. Title _____                                      |
| 7. Supervisor _____                   | 8. Salary/compensation _____                        |
| 9. Number of persons supervised _____ | 10. Type of employees supervised _____              |
| 11. Duties and responsibilities _____ |   |