Union Reporting Program
Washington, DC 20507

EQUAL EMPLOYMENT OPPORTUNITY LOCAL UNION REPORT (EEO-3)

Approved by OMB No. 3046-0006
Expires: 03/31/2017

Part A. LOCAL UNION IDENTIFICATION

1. Full name of local union for which this report is filed. (Include local number, if any.)

2. Mailing address.

a. Where official mail should be sent to the union.

Number and street

City

County

State

Zip Code

b. Union office, if different from 2a.

Number and street

City

County

State Zip Code

3. Indicate type of local union report by a check in applicable box:

a. ☐ Report filed by local union in its own behalf
b. ☐ Other (explain)

4a. Are you affiliated with or chartered by a national or international union or national federation? Yes ☐ No ☐

b. If "Yes" to item 4a, give name and address of such national or international organization.

5. Are you affiliated with the AFL-CIO? Yes ☐ No ☐

PART B. LOCAL UNIONS REQUIRED TO FILE

	Yes	No
1. Has the local union had 100 or more members at any time since December 31 of the preceding year?	☐	☐
2. Does the local union, or any unit, division, or agent of the local union, or any labor organization which performs, within a specific jurisdiction, the functions ordinarily performed by a local union, whether or not it is so designated:		
a. Operate a hiring hall or hiring office?	☐	☐
b. Have an arrangement under which one or more employers are required to consider or hire persons referred by the local union or an agent of the local union?	☐	☐
c. Have 10 percent or more of its members employed by employers which customarily and regularly took to the union, or any agent of the union, for employees to be hired on a casual or temporary basis, for a specified period of time, or for the duration of a specified job?	☐	☐

The union must complete this entire report if it answered "YES" to item 1, *AND* the answer is "YES" to any of the three questions in item 2.

The union is not required to complete the entire report if it answered "NO" to item 1, *OR* "NO" to all three questions in item 2. If that is the case, the union must complete Parts A, B, and C and return this form to the specified address.

PART C. IDENTIFICATION AND SIGNATURE

To the best of my knowledge and belief, the information contained in this report is true and complete. It is further certified that to the extent any data in Schedule I, Items 1 or 2, are based on self-identification by individuals, this information was gathered only after they were advised of its confidential nature and purposes.

1. Type or print name, title, address and telephone number for union business of designated representative

Name _____

Title _____

Work address

Telephone number (including area code)

2. Signature of designated representative | 3. Date

"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000 or imprisoned not more than 5 years, or both." Title 18, Section 1001, United States Code.

SCHEDULE I—LOCAL UNION REPORT (EEO-3)

MEMBERSHIP, APPLICANT and REFERRAL INFORMATION

1. Method of identification

How was information as to race/ethic identification and sex in Item 2 below obtained?

This information may be obtained by visual survey, from records made after employment, from personal knowledge or by self-identification. The self-identification method may be used subject to the conditions set forth in the instructions. No State law prohibiting the self-identification method applies, since the Equal Employment Opportunity Commission's regulations supersede such laws.

	Check all applicable boxes
a. Existing Record	
b. Visual Survey	
c. Tally from Personal Knowledge	
d. Self-Identification	
e. Other (Specify)	

2. Statistics

	RACE/ETHNICITY														Total Col A–N
	HISPANIC OR LATINO		NON-HISPANIC OR LATINO												
			MALE						FEMALE						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or more races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or more races	
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
a. MEMBERSHIP IN REFERRAL UNIT															
(1) MEMBERS															
(2) APPLICANTS FOR MEMBERSHIP DURING THE PAST YEAR															
b. REFERRALS DURING 2-MONTH PERIOD															
(1) NUMBER OF PERSONS REFERRED															
(2) NUMBER OF REFERRALS															
(3) APPLICANTS FOR REFERRAL															

3. Period Used For Referral Date
You should obtain the figures reported in item 2 "Statistics" using any 2-month period between August 1 and November 30.

Dates of 2-month Period_____