



City of Oakland Local Employment Program Job Request & Referral Form

Dear Successful Contractor/Subcontractor:

The "Job Request & Referral" Form helps contractors and subcontractors hire Oakland residents and achieve compliance with the Local Employment Program (LEP) goals. It also serves to document requests, referrals and track placements of Oakland residents. An added feature is the documentation of waivers where availability of Oakland residents for a particular trade may be zero. This form guides compliance determinations at project end. PLEASE NOTE: The Job Request & Referral form must be either FAXED, E-Mailed or Hand Delivered and date stamped by LEP staff only. Third party requests by phone and/or informally on job sites will not count as a documented request. Please complete the form as indicated below, date, sign and forward as appropriate. (Please verify receipt of referral form.)

To be Completed by PRIME / SUBCONTRACTOR	To be Completed by CITY OF OAKLAND																																				
<p>(a) Project Name / Code # _____ (b) Date of Request: <input type="checkbox"/> _____</p> <p>(c) Work Start Date: _____ End Date: _____ (d) Estimated # of Work Hours: _____</p> <p>(e) Job Requests By Classification, Skill Level and Experience :</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">CLASSIFICATION:</td> <td style="width: 20%;">SKILL LEVEL:</td> <td style="width: 20%;">SKILL LEVEL:</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>1. Trade: _____</td> <td># Journey: <input type="text"/></td> <td># Hrs: <input type="text"/></td> <td># Apprentice: <input type="text"/></td> <td># Hrs: <input type="text"/></td> <td></td> </tr> <tr> <td>2. Trade: _____</td> <td># Journey: <input type="text"/></td> <td># Hrs: <input type="text"/></td> <td># Apprentice: <input type="text"/></td> <td># Hrs: <input type="text"/></td> <td></td> </tr> <tr> <td>3. Trade: _____</td> <td># Journey: <input type="text"/></td> <td># Hrs: <input type="text"/></td> <td># Apprentice: <input type="text"/></td> <td># Hrs: <input type="text"/></td> <td></td> </tr> </table> <p>Experience Required For Classifications Listed Above:</p> <p>1. Trade: _____</p> <p>2. Trade: _____</p> <p>3. Trade: _____</p> <p>(f) Client Selection Criteria: (please check one or more as needed)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Military Service: <input type="checkbox"/></td> <td>Union: <input type="checkbox"/></td> <td>Driver's Lic: <input type="checkbox"/></td> <td>Other: <input type="checkbox"/></td> </tr> <tr> <td>Oakland Resident: <input type="checkbox"/></td> <td>Non-Union: <input type="checkbox"/></td> <td>CDL Class: <input type="checkbox"/></td> <td>Specify: _____</td> </tr> </table> <p>CONTRACTOR / SUBCONTRACTOR SIGNATURE: _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date: _____</td> <td style="width: 50%;">Phone: _____</td> </tr> <tr> <td>Fax: _____</td> <td>Email: _____</td> </tr> </table> <p>A waiver applies for _____ hours provided SECTION C SIDE 2 IS COMPLETED and returned to the Local Employment Program (LEP). Please complete and return form by Fax: 510-238-3363 or Email: cces@oaklandnet.com.</p>	CLASSIFICATION:	SKILL LEVEL:	SKILL LEVEL:				1. Trade: _____	# Journey: <input type="text"/>	# Hrs: <input type="text"/>	# Apprentice: <input type="text"/>	# Hrs: <input type="text"/>		2. Trade: _____	# Journey: <input type="text"/>	# Hrs: <input type="text"/>	# Apprentice: <input type="text"/>	# Hrs: <input type="text"/>		3. Trade: _____	# Journey: <input type="text"/>	# Hrs: <input type="text"/>	# Apprentice: <input type="text"/>	# Hrs: <input type="text"/>		Military Service: <input type="checkbox"/>	Union: <input type="checkbox"/>	Driver's Lic: <input type="checkbox"/>	Other: <input type="checkbox"/>	Oakland Resident: <input type="checkbox"/>	Non-Union: <input type="checkbox"/>	CDL Class: <input type="checkbox"/>	Specify: _____	Date: _____	Phone: _____	Fax: _____	Email: _____	<p>A. The LCERP IS FORMALLY REFERRING THE FOLLOWING INDIVIDUALS:</p> <p>Date/Name: _____</p> <p>Address: _____</p> <p>Phone: _____ Last 4 SS# _____</p> <p>Skill Trade and Level: _____</p> <p>Date/Name: _____</p> <p>Address: _____</p> <p>Phone: _____ Last 4 SS# _____</p> <p>Skill Trade and Level: _____</p> <p>Date/Name: _____</p> <p>Address: _____</p> <p>Phone: _____ Last 4 SS# _____</p> <p>Skill Trade and Level: _____</p> <p>Date/Name: _____</p> <p>Address: _____</p> <p>Phone: _____ Last 4 SS# _____</p> <p>Skill Trade and Level: _____</p> <p>B. Referrals ARE NOT available at this time. Date _____</p> <p>STAFF SIGNATURE _____</p>
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