

Jackson County Missouri

**JACKSON COUNTY, MISSOURI
COMPLIANCE REVIEW FORM**

Report Date: Aug 30 11 (All reports expire annually on December 31st)

DIRECTIONS FOR COMPLETION:

Please fill out form completely. If a question refers to "past report" and this is your first one, place "1st Report" in the blank. If a question addresses an area which does not apply to your company, such as (subcontractors), place "N/A" in the blank. Please be sure this and subsequent reports are SIGNED AND DATED. If you have any questions, please call our office at (816) 881-3467.

Mail/Fax or Email reports to:

Tom Wyrsh
Contract Compliance Review Director
415 East 12th Street - 2nd Floor
Kansas City, Missouri 64106

EMAIL: cro@jacksongov.org

FAX: (816) 881-1223

1. COMPANY DESCRIPTION:

Name of Company Olathe Ford
Street Address 1845 E. Santa Fe
City Olathe State KS Zip 66062
Email Address: _____
Website Address: www.olatheford.com
Area Code 913 Telephone Number 782-0881
Representative Name Debi Jones

2. COMPANY STATISTICS:

A. Total number of Employees 267
B. Total Number of Employees who are:
1. Women 55 4. Asian 5
2. Hispanic 7 5. American Indian 2
3. Black 15 6. Other 3

	YES	NO	N/A
3. Has your company advertised for applicants since your report? <u>If so, please attach a list of publications in which ads appeared, the dates of advertising, and copies of such advertisement</u>	___	<u>X</u>	___
4. Has there been an effort since your last report to further orientate supervisors and key personnel to the spirit and intent of the program? <u>If so, please attach a detailed report of such efforts</u>	___	<u>X</u>	___
5. Have there been any adjustments in your job prerequisites or your recruiting and intake procedures? <u>If so, please attach a narrative of such efforts.</u>	___	<u>X</u>	___

YES NO N/A

6. Has any effort been made since your last report in disseminating your policy to all your employees or in encouraging them to refer Minority or Female applicants? If so, please attach a narrative of such efforts.

YES NO N/A
X

7. Are you attaching any other comments or concerns which you would like to have reviewed as part of determining compliance with your programs?

YES NO N/A
X

List all minority contractors/suppliers (Minority Owned Business Enterprises MBE or Women Owned Business Enterprises WBE) with which you have contracted during this reporting period.

NAME OF COMPANY N/A
STREET ADDRESS
REPRESENTATIVE NAME
TELEPHONE NUMBER
EMAIL ADDRESS
WEBSITE ADDRESS
PRODUCTS, SERVICE, AREA OF SCOPE OF WORK:

DURATION OF CONTRACT
AMOUNT OF CONTRACT

REPEAT THE ABOVE INFORMATION ON A SEPARATE SHEET FOR ADDITIONAL MBE/WBE FIRMS WITH WHOM YOU HAVE CONTRACTED.

Figures of Employment Analysis section of this report was obtained from:

1. Available employment YES NO
2. Visual check X
3. Other (specify)

This Compliance Review Form was prepared and submitted by:

Pat Lavery Signature
Pat Lavery HR Manager Name and Title
September 8, 2010 Date

I certify that all answers and information herein contained are true to the best of my knowledge, and I understand that any mis-statement of fact may subject this company to non-compliance procedures.