## F.2 – SECTION 3 EMPLOYEE LIST FORMC:\Documents and Settings\mthreatt\Local Settings\Temporary Internet Files\Content.Outlook\FAI5L3EK\City Seal B  W.JPG

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| --- | --- | --- |
|  | **City of Dayton Human Relations Council****371 W. Second St, Suite 100****Dayton, Ohio 45402-1417****Telephone (937) 333-1403****Fax (937) 222-4589** |  |
|  |  |
| **Section 3 Business Employee List** |

**COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions: Using the example listed below, please complete (type or legibly print) information for all employees of the company. For Section 3 employees, attach form sec3-002a, Section 3 Resident Preference Claim Form AND form sec3-002b, Section 3 Resident or Employee Household Income Certification. USE ADDITIONAL PAGES OF THIS FORM WHERE NECESSARY AND NUMBER EACH PAGE.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employee Name** | **Address** | **Work Classification** | **Date of Hire** | **FT or PT** | **Sec. 3 Employee (Yes or No)** |
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**Legend: FT = Full Time PT = Part time Sec. 3 = Section 3 Resident**

**TOTAL NUMBER OF EMPLOYEES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TITLE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_