

STATE OF NEW JERSEY
Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program

EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11. For instructions on completing the form, go to: https://www.state.nj.us/treasury/contract_compliance/documents/pdf/forms/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

1 FID NO OR SOCIAL SECURITY 82-4294726	2 TYPE OF BUSINESS <input type="checkbox"/> 1 MFG <input checked="" type="checkbox"/> 2 SERVICE <input type="checkbox"/> 3 WHOLESALE <input type="checkbox"/> 4 RETAIL <input type="checkbox"/> 5 OTHER	3 TOTAL NO EMPLOYEES IN THE ENTIRE COMPANY 66			
4 COMPANY NAME Play Versus Inc					
5 STREET 2236 S Barrington Ave	CITY Los Angeles	COUNTY Los Angeles	STATE CA	ZIP CODE 90064	
6 NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) none		CITY n/a	STATE n/	ZIP CODE n/a	
7 CHECK ONE IS THE COMPANY <input checked="" type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER					
8 IF MULTI-ESTABLISHMENT EMPLOYER STATE THE NUMBER OF ESTABLISHMENTS IN NJ n/a					
9 TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT 66					
10 PUBLIC AGENCY AWARDED CONTRACT					
CCESC CCESC		CITY Clementon	COUNTY Camden	STATE NJ	ZIP CODE 08201
Official Use Only	DATE RECEIVED	NAUG DATE	ASSIGNED CERTIFICATION NUMBER		


SECTION B - EMPLOYMENT DATA

11 Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. **DO NOT SUBMIT AN EEO-1 REPORT.**

JOB CATEGORIES	ALL EMPLOYEES			PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN										
	COL 1 TOTAL (Cols 2 & 3)	COL 2 MALE	COL 3 FEMALE	MALE					FEMALE					
				BLACK	HISPANIC	AMER INDIAN	ASIAN	NON MIN	BLACK	HISPANIC	AMER INDIAN	ASIAN	NON MIN	
Officials/ Managers	20	15	5	3			2	10					1	3
Professionals	43	32	11	6	1		5	20	2				1	7
Technicians														
Sales Workers														
Office & Clerical	3	1	2					1						2
Craftworkers (Skilled)														
Operatives (Semi-skilled)														
Laborers (Unskilled)														
Service Workers	3	2	1					2		1				
TOTAL	67	50	17	9	1		7	33	2	1			2	12
Total employment from previous report (if any)														
Temporary & Part-Time Employees	The data below shall NOT be included in the figures for the appropriate categories above													
	1	1								1				

12 HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED? <input type="checkbox"/> 1 Visual Survey <input checked="" type="checkbox"/> 2 Employment Record <input type="checkbox"/> 3 Other (Specify)	14 IS THIS THE FIRST Employee Information Report Submitted? <input type="checkbox"/> 1 YES <input checked="" type="checkbox"/> 2 NO	15 IF NO, DATE LAST REPORT SUBMITTED MO DAY YEAR
13 DATES OF PAYROLL PERIOD USED From 7/16/2020 To 7/31/2020		

SECTION C - SIGNATURE AND IDENTIFICATION

16 NAME OF PERSON COMPLETING FORM (Print or Type) Gabriel Loeb	SIGNATURE 	TITLE CFO	DATE MO DAY YEAR 08 05 20
17 ADDRESS NO & STREET CITY COUNTY STATE ZIP CODE PHONE (AREA CODE, NO, EXTENSION) 2236 S BARRINGTON AVE LOS ANGELES LOS ANGELES CA 90064 213-840-0845			