FIRST SOURCE HIRING ORDINANCE (FSHO)

New Job Opportunity



FORM: FSHO-3A CITY OF LOS ANGELES

Please submit this form to the Economic & Workforce Development Department via SCAN/EMAIL to EWDD.FSHO-Jobs@lacity.org

Please complete one FSHO-3A Form per Job Classification.					
SECTION I. CONTRACTOR INFORMATION					
Name of Contractor:			Contractor Phone#:		
Designated Contractor Contact Person:			Email:		
Street Address	S:				
City:	State:	Zip: Business	s Tax Registration Code (BTR	C)#:	
SECTION II. CONTRACT INFORMATION					
City Awarding Department:			City Contract#:		
	as listed in your contract)				
Name of Prime Contractor (if you are a subcontractor):					
SECTION III. JOB OPPORTUNITY INFORMATION					
	pleting this form as a:			Proceed to Question 2.	
	Contractor Subcontrac		ubcontractor		
 Do you plan to fill the new job opportunity by transfer or promotion of existing staff? \[\text{YES} − Proceed to Section V, fill out FSHO-3B − Transfer/Promotion Form, and submit. \[\text{NO} − Proceed to Question 3. 					
		fication for this new job oppor		Proceed to Question 4.	
		or this Job Classification?		Proceed to Question 5.	
5. Is this job opportunity for a managerial, supervisory, or confidential position, or requires a professional license?					
YES – This classification is not covered by the FSHO. No documentation needs to be submitted to EWDD. Pursuant to					
Regulation #4 of the FSHO, you must maintain in your files documentation verifying that this position is not covered by					
the FSHO. Although you are not required to fill your new job opportunity through the FSHO program, it is encouraged. If					
you would like to fill your job opportunity through the FSHO, proceed to Question 6. NO – Proceed to Question 6.					
-			1.11.0	Proceed to Section IV.	
of What is the projected date to send this job opportunity out to the public.					
SECTION IV. JOB DESCRIPTION AND QUALIFICATIONS INFORMATION Please give a description and qualifications for your new job opportunity. Attach additional sheets for more detail.					
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SECTION V. SIGNATURE AND SUBMIT					
1 declare under penalty of perjury under the laws of the State of California that 1 am authorized to bind the entity listed on this form and that the					
information provided on this form is true and correct to the best of my knowledge. Executed this day of, 20, at, (City) (State)					
Execu	ted this day of	, 20, at _	(City)	(State)	
			(City)	(State)	
Signature Name (Please Print)					
Title			Federal Tax/Employer Identification Number		
SECTION VI. FILLED OUT BY ECONOMIC & WORKFORCE DEVELOPMENT DEPARTMENT ONLY					
Received Date	Received by	Contact Email/Phone	Routed to Referral Resource(s)	New FSHO ID# Assigned	
	,				
CECTION VIT EILLED OUT DV DEFEDDAL DECOURCE CENTER ONLY					
SECTION VII. FILLED OUT BY REFERRAL RESOURCE CENTER ONLY Received Date Referral Resource Name Assigned to Contact Phone# Contact Email					
Received Date	Kererrai Kesource Name	Assigned to	Contact Prione#	Contact Email	