

<b>EQUAL EMPLOYMENT OPPORTUNITY COMMISSION</b>				<b>APPROVED BY</b>
<b>STATE AND LOCAL GOVERNMENT INFORMATION (EEO4)</b>				<b>OMB</b>
				<b>30460008</b>
EXCLUDE SCHOOL SYSTEMS AND EDUCATIONAL INSTITUTIONS (Read attached instructions prior to completing this form)				EXPIRES 12/31/2005
<u>DO NOT ALTER INFORMATION PRINTED IN THIS BOX</u>			MAIL COMPLETED FORM TO:	
CONTROL NUMBER : 19302090 Survey Year : 19			EEO-4 Reporting Center PO Box 8127 Reston VA 20195	
<b>A. TYPE OF GOVERNMENT (Check one box only)</b>				
<input type="checkbox"/> 1. State	<input type="checkbox"/> 2. County	<input checked="" type="checkbox"/> 3. City	<input type="checkbox"/> 4. Township	<input type="checkbox"/> 5. Special District
<input type="checkbox"/> 6. Other (Specify)				
<b>B. IDENTIFICATION</b>				
1. NAME OF POLITICAL JURISDICTION (If same as label, skip to Item C)				
DAVENPORT CITY				
2. Address Number and Street	CITY/TOWN	COUNTY	STATE/ZIP	EEOC USE ONLY
226 WEST 4TH STREET	DAVENPORT	SCOTT	IA-52801	ONLY A B
<b>C. FUNCTION</b>				
(Check one box to indicate the function(s) for which this form is being submitted. Data should be reported for all departments and agencies in your government covered by the function(s) indicated. If you cannot supply the data for every agency within the function(s) attach a list showing name and address of agencies whose data are not included.)				
<input checked="" type="checkbox"/>	SUMMARY FUNCTION			
<input type="checkbox"/>	1. Financial Administration. Tax billing and collection, budgeting, purchasing, central accounting and similar financial administration carried on by a treasurer's, auditor's or comptroller's office and	<input type="checkbox"/>	8. HEALTH. Provision of public health services, outpatient clinics, visiting nurses, food and sanitary inspections, mental health, alcohol rehabilitation service, etc.	
	GENERAL CONTROL. Duties usually performed by boards of supervisors or commissioners, central administration offices and agencies, central personnel or planning agencies, all judicial offices and employees (judges, magistrates, bailiffs, etc.)	<input type="checkbox"/>	9. HOUSING. Code enforcement, low rent public housing, fair housing ordinance enforcement, housing for elderly, housing rehabilitation, rent control.	
<input type="checkbox"/>	2. STREETS AND HIGHWAYS. Maintenance, repair, construction and administration of streets, alleys, sidewalks, roads, highways and bridges.	<input type="checkbox"/>	10. COMMUNITY DEVELOPMENT. Planning, zoning, land development, open space, beautification, preservation.	
<input type="checkbox"/>	3. PUBLIC WELFARE. Maintenance of homes and other institutions for the needy administration of public assistance. (Hospitals and sanatoriums should be reported as item 7.)	<input type="checkbox"/>	11. CORRECTIONS. Jails, reformatories, detention homes, halfway houses, prisons, parole and probation activities	
<input checked="" type="checkbox"/>	4. POLICE PROTECTION. Duties of a police department sheriff's, constable's, coroner's office, etc., including technical and clerical employees engaged in police activities.	<input type="checkbox"/>	12. UTILITIES AND TRANSPORTATION. Includes water supply, electric power, transit, gas, airports, water transportation and terminals.	
<input checked="" type="checkbox"/>	5. FIRE PROTECTION. Duties of the uniformed fire force and clerical employees. (Report any forest fire protection activities as item 6.)	<input type="checkbox"/>	13. SANITATION AND SEWAGE. Street cleaning, garbage and refuse collection and disposal. Provision, maintenance and operation of sanitary and storm sewer systems and sewage disposal plants.	
<input type="checkbox"/>	6. NATURAL RESOURCES. Agriculture, forestry, forest fire protection, irrigation drainage, flood control, etc., and PARKS AND RECREATION. Provision, maintenance and operation of parks, playgrounds, swimming pools, auditoriums, museums, marinas, zoos, etc.	<input type="checkbox"/>	14. EMPLOYMENT SECURITY STATE GOVERNMENTS ONLY	
<input type="checkbox"/>	7. HOSPITALS AND SANATORIUMS. Operation and maintenance of institutions for inpatient medical care.	<input type="checkbox"/>	15. OTHER (Specify on Page Four)	

D. EMPLOYMENT DATA AS OF JUNE 30

FUNCTION TYPE 16

1. FULL-TIME EMPLOYEES (Temporary employees are not included)

JOB CATEGORIES	ANNUAL SALARY (In thousands 000)	RACE/ETHNICITY														TOTALS (COLUMN S A-N)
		HISPANIC OR LATINO		NON-HISPANIC OR LATINO												
		MALE A	FEMALE B	MALE						FEMALE						
				WHITE C	BLACK OR AFRICAN AMERICAN D	ASIAN E	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER F	AMERICAN INDIAN OR ALASKAN NATIVE G	TWO OR MORE RACES H	WHITE I	BLACK OR AFRICAN AMERICAN J	ASIAN K	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER L	AMERICAN INDIAN OR ALASKAN NATIVE M	TWO OR MORE RACES N	
Officials and Administrators	1. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	3. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	4. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	5. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	6. 43.0-54.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	7. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	8. 70.0 Plus	0	0	10	0	0	0	0	0	5	1	0	0	0	0	16
Professionals	9. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	10. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	11. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	12. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	13. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	14. 43.0-54.9	0	1	3	0	0	0	0	0	7	0	0	0	0	0	11
	15. 55.0-69.9	2	1	32	0	0	0	0	0	24	1	0	0	0	0	60
16. 70.0 Plus	0	0	44	1	0	0	0	0	27	0	1	0	0	0	73	
Technicians	17. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	18. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	19. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	20. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	21. 33.0-42.9	0	0	1	0	0	0	0	0	0	0	0	0	0	1	
	22. 43.0-54.9	0	0	11	1	0	0	0	0	0	0	0	0	0	0	12
	23. 55.0-69.9	0	0	5	1	1	0	0	0	2	0	0	0	0	0	9
24. 70.0 Plus	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5	
Protective Service Workers	25. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	26. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	27. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	28. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	29. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	30. 43.0-54.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	31. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	32. 70.0 Plus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paraprofessionals	33. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	34. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	35. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	36. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	37. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	38. 43.0-54.9	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
	39. 55.0-69.9	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3
	40. 70.0 Plus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support	41. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	42. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	43. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	44. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	45. 33.0-42.9	0	0	0	0	0	0	0	0	4	1	0	0	0	0	5
	46. 43.0-54.9	0	1	0	0	0	0	0	0	16	1	0	0	0	0	18
	47. 55.0-69.9	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	48. 70.0 Plus	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1

D. EMPLOYMENT DATA AS OF JUNE 30

FUNCTION TYPE 16

1. FULL-TIME EMPLOYEES (Temporary employees are not included)

JOB CATEGORIES	ANNUAL SALARY (In thousands 000)	RACE/ETHNICITY														TOTALS (COLUMN S A-N)
		HISPANIC OR LATINO		NON-HISPANIC OR LATINO												
		MALE A	FEMALE B	MALE						FEMALE						
				WHITE C	BLACK OR AFRICAN AMERICAN D	ASIAN E	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER F	AMERICAN INDIAN OR ALASKAN NATIVE G	TWO OR MORE RACES H	WHITE I	BLACK OR AFRICAN AMERICAN J	ASIAN K	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER L	AMERICAN INDIAN OR ALASKAN NATIVE M	TWO OR MORE RACES N	
Skilled Craft Workers	49. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	50. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	51. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	52. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	53. 33.0-42.9	0	0	8	0	0	0	0	0	0	0	0	0	0	0	8
	54. 43.0-54.9	4	0	62	3	0	0	1	0	2	0	0	0	0	0	72
	55. 55.0-69.9	0	0	20	0	0	0	0	0	0	0	0	0	0	0	20
	56. 70.0 Plus	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Service-Maintenance	57. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	58. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	59. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	60. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	61. 33.0-42.9	1	0	11	0	0	0	0	0	2	0	0	0	0	0	14
	62. 43.0-54.9	1	0	37	2	0	0	0	0	0	0	0	0	0	0	40
	63. 55.0-69.9	2	1	23	2	0	0	0	0	5	4	0	0	0	0	37
	64. 70.0 Plus	2	0	3	0	0	0	0	0	1	0	0	0	0	0	6
65. TOTAL FULL TIME (Lines 1-64)	12	4	277	10	1	0	1	0	103	8	1	0	0	0	417	

2. OTHER THAN FULLTIME EMPLOYEES (Including temporary employees)

66.OFFICIALS/ADMIN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
67.PROFESSIONALS	0	0	4	0	0	0	0	0	7	0	0	0	0	0	11
68.TECHNICIANS	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
69.PROTECTIVE SERVICE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70.PARA-PROFESSIONAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
71.ADMIN. SUPPORT	1	2	6	4	0	0	0	0	37	2	1	0	0	0	53
72.SKILLED CRAFT	1	0	9	0	0	0	0	0	0	0	0	0	0	0	10
73.SERVICE/MAINTENANCE	11	11	91	6	1	0	0	0	80	9	4	0	0	0	213
74. TOTAL OTHER THAN FULL TIME (Lines 66-73)	13	13	110	10	1	0	0	0	125	11	5	0	0	0	288

3. NEW HIRES DURING FISCAL YEAR Permanent full time only JULY 1 - JUNE 30

75.OFFICIALS/ADMIN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
76.PROFESSIONALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
77.TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
78.PROTECTIVE SERVICE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
79.PARA-PROFESSIONAL	0	0	11	0	0	0	0	0	4	0	0	0	0	0	15
80.ADMIN. SUPPORT	0	0	7	0	0	0	0	0	4	0	0	0	0	0	11
81.SKILLED CRAFT	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
82.SERVICE/MAINTENANCE	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
83. TOTAL NEW HIRES (Lines 75-82)	0	1	20	0	0	0	0	0	8	0	0	0	0	0	29

REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)

\*\*\*LIST AGENCIES INCLUDED ON THIS FORM\*\*\*

Public Works/Finance/IT/Economic Development/HR/Administration/Civil Rights/Neighborhood Services/Legal/Library/Parks & Rec.

CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)

NAME OF PERSON TO CONTACT REGARDING THIS FORM		TITLE		
Scott J VanDeWoestyne		Talent and Inclusion Administrator		
ADDRESS (Number and Street, City, State, Zip Code)		TELEPHONE NUMBER	Ext	FAX NUMBER
226 W. 4th Street,Davenport, IA 52801.,		563-326-6188		
DATE	EMAIL	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL		SIGNATURE
2019-09-18	svandewoestyne@ci.davenport. ia.us	Scott J VanDeWoestyne Talent and Inclusion Administrator		<input checked="" type="checkbox"/>



D. EMPLOYMENT DATA AS OF JUNE 30

FUNCTION TYPE 4

1. FULL-TIME EMPLOYEES (Temporary employees are not included)

JOB CATEGORIES	ANNUAL SALARY (In thousands 000)	RACE/ETHNICITY														TOTALS (COLUMN S A-N)
		HISPANIC OR LATINO		NON-HISPANIC OR LATINO												
		MALE A	FEMALE B	MALE						FEMALE						
				WHITE C	BLACK OR AFRICAN AMERICAN D	ASIAN E	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER F	AMERICAN INDIAN OR ALASKAN NATIVE G	TWO OR MORE RACES H	WHITE I	BLACK OR AFRICAN AMERICAN J	ASIAN K	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER L	AMERICAN INDIAN OR ALASKAN NATIVE M	TWO OR MORE RACES N	
Skilled Craft Workers	49. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	50. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	51. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	52. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	53. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	54. 43.0-54.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	55. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	56. 70.0 Plus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service-Maintenance	57. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	58. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	59. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	60. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	61. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	62. 43.0-54.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	63. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	64. 70.0 Plus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65. TOTAL FULL TIME (Lines 1-64)	5	1	138	5	1	0	0	0	22	0	0	0	0	0	0	172

2. OTHER THAN FULLTIME EMPLOYEES (Including temporary employees)

66.OFFICIALS/ADMIN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
67.PROFESSIONALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
68.TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
69.PROTECTIVE SERVICE	0	0	4	1	0	0	0	0	8	5	0	0	0	0	18
70.PARA-PROFESSIONAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
71.ADMIN. SUPPORT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
72.SKILLED CRAFT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
73.SERVICE/MAINTENANCE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
74. TOTAL OTHER THAN FULL TIME (Lines 66-73)	0	0	4	1	0	0	0	0	8	5	0	0	0	0	18

3. NEW HIRES DURING FISCAL YEAR Permanent full time only JULY 1 - JUNE 30

75.OFFICIALS/ADMIN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
76.PROFESSIONALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
77.TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
78.PROTECTIVE SERVICE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
79.PARA-PROFESSIONAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
80.ADMIN. SUPPORT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
81.SKILLED CRAFT	2	0	10	2	0	0	0	0	2	0	0	0	0	0	16
82.SERVICE/MAINTENANCE	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
83. TOTAL NEW HIRES (Lines 75-82)	2	0	10	2	0	0	0	0	3	0	0	0	0	0	17

FUNCTION TYPE 4

REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)

\*\*\*LIST AGENCIES INCLUDED ON THIS FORM\*\*\*

Davenport Police Department

**CERTIFICATION.** I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)

NAME OF PERSON TO CONTACT REGARDING THIS FORM		TITLE		
Scott J VanDeWoestyne		Talent and Inclusion Administrator		
ADDRESS (Number and Street, City, State, Zip Code)		TELEPHONE NUMBER	Ext	FAX NUMBER
226 W. 4th Street,Davenport, IA 52801,.		563-326-6188		
DATE	EMAIL	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL		SIGNATURE
2019-09-18	svandewoestyne@ci.davenport. ia.us	Scott J VanDeWoestyne Talent and Inclusion Administrator		<input checked="" type="checkbox"/>





FUNCTION TYPE 5

REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)

\*\*\*LIST AGENCIES INCLUDED ON THIS FORM\*\*\*

Davenport Fire Department

CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)

NAME OF PERSON TO CONTACT REGARDING THIS FORM		TITLE		
Scott J VanDeWoestyne		Talent and Inclusion Administrator		
ADDRESS (Number and Street, City, State, Zip Code)		TELEPHONE NUMBER	Ext	FAX NUMBER
226 W. 4th Street,Davenport, IA 52801,.		563-326-6188		
DATE	EMAIL	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL		SIGNATURE
2019-09-18	svandewoestyne@ci.davenport. ia.us	Scott J VanDeWoestyne Talent and Inclusion Administrator		<input checked="" type="checkbox"/>