

**EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
STATE AND LOCAL GOVERNMENT INFORMATION (EEO4)**

**APPROVED
BY
OMB
30460008**

EXCLUDE SCHOOL SYSTEMS AND EDUCATIONAL INSTITUTIONS
(Read attached instructions prior to completing this form)

**EXPIRES
12/31/2005**

DO NOT ALTER INFORMATION PRINTED IN THIS BOX

CONTROL NUMBER : 25400090
Survey Year: 19 01

**MAIL COMPLETED
FORM TO:**

EEO-4 Reporting Center
PO Box 8127
Reston VA 20195

A. TYPE OF GOVERNMENT (Check one box only)

- | | | | | |
|---|------------------------------------|----------------------------------|---|--|
| <input type="checkbox"/> 1. State | <input type="checkbox"/> 2. County | <input type="checkbox"/> 3. City | <input checked="" type="checkbox"/> 4. Township | <input type="checkbox"/> 5. Special District |
| <input type="checkbox"/> 6. Other (Specify) | | | | |

B. IDENTIFICATION

1. NAME OF POLITICAL JURISDICTION (If same as label, skip to Item C)

ANDOVER TOWN

2. Address Number and Street	CITY/TOWN	COUNTY	STATE/ZIP	EEOC USE ONLY
36 BARTLET STREET	ANDOVER	ESSEX	MA-01810	A B

C. FUNCTION

(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 checked="" 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

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"/> 8. HEALTH. Provision of public health services, outpatient clinics, visiting nurses, food and sanitary inspections, mental health, alcohol rehabilitation service, 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 checked="" type="checkbox"/> 10. COMMUNITY DEVELOPMENT. Planning, zoning, land development, open space, beautification, preservation. |
| <input checked="" 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 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 checked="" type="checkbox"/> 12. UTILITIES AND TRANSPORTATION. Includes water supply, electric power, transit, gas, airports, water transportation and terminals. |
| <input type="checkbox"/> | 5. FIRE PROTECTION. Duties of the uniformed fire force and clerical employees. (Report any forest fire protection activities as item 6.) | <input checked="" 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 checked="" 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	0
	2. 16.0-19.9	0	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	0
	4. 25.0-32.9	0	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	0
	6. 43.0-54.9	0	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	0
	8. 70.0 Plus	0	0	13	0	0	0	0	0	0	3	0	0	0	0	0	0
Professionals	9. \$0.1-15.9	0	0	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	0	0
	11. 20.0-24.9	0	0	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	0	0
	13. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	14. 43.0-54.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	15. 55.0-69.9	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	2
	16. 70.0 Plus	0	0	18	0	0	0	0	0	19	0	0	0	0	0	0	37
Technicians	17. \$0.1-15.9	0	0	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	0	0
	19. 20.0-24.9	0	0	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	0	0
	21. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	22. 43.0-54.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	23. 55.0-69.9	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	24. 70.0 Plus	1	0	18	1	1	0	0	0	6	0	0	0	0	0	0	27
Protective Service Workers	25. \$0.1-15.9	0	0	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	0	0
	27. 20.0-24.9	0	0	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	0	0
	29. 33.0-42.9	0	0	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	0	0
	31. 55.0-69.9	0	0	9	0	0	0	0	0	2	0	0	0	0	0	0	11
	32. 70.0 Plus	2	0	103	1	1	0	1	0	2	0	0	0	0	0	0	110
Paraprofessionals	33. \$0.1-15.9	0	0	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	0	0
	35. 20.0-24.9	0	0	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	0	0
	37. 33.0-42.9	0	0	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	1	0	0	0	0	0	0	2
	39. 55.0-69.9	0	0	5	0	0	0	0	0	5	0	0	0	0	0	0	10
	40. 70.0 Plus	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	7
Administrative Support	41. \$0.1-15.9	0	0	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	0	0
	43. 20.0-24.9	0	0	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	0	0
	45. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	46. 43.0-54.9	0	0	2	0	0	0	0	0	9	0	0	0	0	0	0	11

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	0
	50. 16.0-19.9	0	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	0
	52. 25.0-32.9	0	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	0
	54. 43.0-54.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	55. 55.0-69.9	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	4
	56. 70.0 Plus	0	0	10	0	0	0	0	0	0	0	0	0	0	0	0	10
Service-Maintenance	57. \$0.1-15.9	0	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	0
	59. 20.0-24.9	0	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	0
	61. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	62. 43.0-54.9	1	0	12	0	0	0	0	0	2	0	0	0	0	0	0	15
	63. 55.0-69.9	1	0	26	0	0	0	0	0	1	0	0	0	0	0	0	28
	64. 70.0 Plus	1	0	5	0	0	0	0	0	0	0	0	0	0	0	0	6
65. TOTAL FULL TIME (Lines 1-64)	7	1	236	2	2	0	1	0	87	0	1	0	0	0	0	337	
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	0	
67.PROFESSIONALS	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0	5	
68.TECHNICIANS	0	0	13	0	0	0	0	0	1	0	0	0	0	0	0	14	
69.PROTECTIVE SERVICE	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	6	
70.PARA-PROFESSIONAL	0	0	1	0	0	0	0	0	3	0	0	0	0	0	0	4	
71.ADMN. SUPPORT	0	0	38	0	0	0	0	0	123	0	1	0	0	0	0	162	
72.SKILLED CRAFT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
73.SERVICE/MAINTENANCE	3	0	170	2	5	0	0	0	202	1	6	0	0	0	0	389	
74. TOTAL OTHER THAN FULL TIME (Lines 66-73)	3	0	228	2	5	0	0	0	334	1	7	0	0	0	0	580	
3. NEW HIRES DURING FISCAL YEAR Permanent full time only JULY 1 - JUNE 30																	
75.OFFICIALS/ADMIN	0	0	2	0	0	0	0	0	1	0	0	0	0	0	0	3	
76.PROFESSIONALS	0	0	3	0	0	0	0	0	1	0	0	0	0	0	0	4	
77.TECHNICIANS	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	3	
78.PROTECTIVE SERVICE	0	0	4	0	0	0	0	0	1	0	0	0	0	0	0	5	
79.PARA-PROFESSIONAL	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	3	
80.ADMN. SUPPORT	0	0	1	0	0	0	0	0	6	1	0	0	0	0	0	8	
81.SKILLED CRAFT	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	4	
82.SERVICE/MAINTENANCE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
83. TOTAL NEW HIRES (Lines 75-82)	0	0	15	0	1	0	0	0	13	1	0	0	0	0	0	30	

FUNCTION TYPE 16

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*****

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		
ADDRESS (Number and Street, City, State, Zip Code)		TELEPHONE NUMBER	Ext	FAX NUMBER
DATE	EMAIL	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL		SIGNATURE <input type="checkbox"/>