

5. Explain how low wage and unemployed individuals will be recruited for job vacancies:

6. Attach proof of registration with the Mississippi Department of Employment Security (MDES) for taxation purposes.

I certify that the information provided above is true and accurate to the best of my knowledge.

Contractor Name and
Authorized Representative: _____

Title: _____

Date: _____

**Note: This form must be submitted if Miss. Code Ann 31-5-37 (Mississippi First Act) applies to the project.*

This law requires a contractor awarded a contract for a public works project utilizing specified funding to submit an employment plan to the public agency or authority that awarded the contract and to MDES.

Please submit a copy of your employment plan to MDES via fax at 601-321-6080
or via email at recoveryjobs@mdes.ms.gov.

Signature: _____

To sign digitally, click and add your digital signature above. You may also print and sign this by hand to fax.