

**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**

**MAIL COMPLETED  
FORM TO:**

CONTROL NUMBER : 17200460

Survey Year : 19

EEO-4 Reporting Center  
PO Box 8127  
Reston VA 20195

**A. TYPE OF GOVERNMENT (Check one box only)**

<input type="checkbox"/> 1. State	<input checked="" type="checkbox"/> 2. County	<input type="checkbox"/> 3. City	<input 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)

**KANKAKEE COUNTY**

2. AddressNumber and Street	CITY/TOWN	COUNTY	STATE/ZIP	EEOC USE ONLY
189 E COURT ST 5TH FL	KANKAKEE	KANKAKEE	IL-60901	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 type="checkbox"/>	8. HEALTH. Provision of public health services, outpatient clinics, visiting nurses, food and sanitary inspections, mental health, alcohol rehabilitation service, etc.
<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"/>	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 checked="" 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 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 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						
JOB CATEGORIES	ANNUAL SALARY (In thousands 000)	1. FULL-TIME EMPLOYEES (Temporary employees are not included)																		
		HISPANIC OR LATINO		RACE/ETHNICITY														TOTALS (COLUMN S-A-N)		
				MALE							FEMALE									
		MALE A	FEMALE B	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	3	1	0	0	0	1	0	0	0	0	0	0	5				
	55. 55.0-69.9	1	0	10	1	0	0	0	0	0	0	0	0	0	0	12				
	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	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	2	0	0	0	0	0	1	0	0	0	0	0	3				
	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)		3	7	73	4	3	0	0	1	58	4	0	0	2	1	156				
2. OTHER THAN FULLTIME EMPLOYEES (Including temporary employees)																				
66.OFFICIALS/ADMIN	0	0	1	1	0	0	2	0	0	0	0	0	0	0	0	4				
67.PROFESSIONALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
68.TECHNICIANS	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	5				
69.PROTECTIVE SERVICE	0	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	0				
71.ADMIN. SUPPORT	0	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	0				
73.SERVICE/MAINTENANCE	0	0	0	1	0	0	0	0	0	4	0	0	0	0	0	5				
74. TOTAL OTHER THAN FULL TIME (Lines 66-73)	0	0	6	2	0	0	2	0	4	0	0	0	0	0	0	14				
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	2	0	0	0	0	0	0	2				
76.PROFESSIONALS	0	0	0	0	0	0	0	0	6	0	0	0	0	0	0	6				
77.TECHNICIANS	0	0	1	0	0	0	0	0	8	0	0	0	0	0	0	9				
78.PROTECTIVE SERVICE	0	0	3	0	0	0	0	0	1	0	0	0	0	0	0	4				
79.PARA-PROFESSIONAL	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1				
80.ADMIN. SUPPORT	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1				
81.SKILLED CRAFT	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2				
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	6	0	0	0	0	0	19	0	0	0	0	0	0	25				

## 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\*\*\*

Sheriff  
 Kan-Comm (911)  
 Coroner  
 Highway  
 County School Employees  
 Health

**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		
JOANNE LANGLOIS		Payroll Manager		
ADDRESS (Number and Street, City, State, Zip Code)		TELEPHONE NUMBER	Ext	FAX NUMBER
189 E COURT ST., SUITE 502, KANKAKEE, Illinois, 60901		815-936-5515		815-937-3918
DATE	EMAIL	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL		SIGNATURE
2019-09-30	jlanglois@k3county.net	Joanne Langlois Payroll Manager		<input checked="" type="checkbox"/>



D. EMPLOYMENT DATA AS OF JUNE 30														FUNCTION TYPE 1		
JOB CATEGORIES	ANNUAL SALARY (In thousands 000)	1. FULL-TIME EMPLOYEES (Temporary employees are not included)														
		RACE/ETHNICITY														
		HISPANIC OR LATINO		NON-HISPANIC OR LATINO							FEMALE				TOTALS (COLUMN S-A-N)	
		MALE							FEMALE							
		MALE A	FEMALE B	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	
	50. 16.0-19.9	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	
	52. 25.0-32.9	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	
	54. 43.0-54.9	0	0	5	0	0	0	0	0	1	0	0	0	0	6	
	55. 55.0-69.9	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	
Service-Maintenance	57. \$0.1-15.9	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	
	59. 20.0-24.9	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	
	61. 33.0-42.9	0	0	1	2	0	0	0	0	0	0	0	0	0	3	
	62. 43.0-54.9	0	0	0	0	0	0	1	0	0	0	0	0	0	1	
	63. 55.0-69.9	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	
65. TOTAL FULL TIME (Lines 1-64)		2	4	31	4	0	0	1	0	66	10	1	0	3	2	124
2. OTHER THAN FULLTIME EMPLOYEES (Including temporary employees)																
66.OFFICIALS/ADMIN	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3	
67.PROFESSIONALS	0	0	9	0	0	0	0	0	3	0	0	0	1	0	13	
68.TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
69.PROTECTIVE SERVICE	1	0	2	1	0	0	2	0	0	0	0	0	0	0	6	
70.PARA-PROFESSIONAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
71.ADMIN. SUPPORT	0	0	3	2	0	0	0	0	9	0	0	0	0	1	15	
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)	1	0	16	3	0	0	2	0	13	0	0	0	1	1	37	
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	3	0	0	0	0	0	2	0	1	0	0	0	6	
77.TECHNICIANS	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2	
78.PROTECTIVE SERVICE	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3	
79.PARA-PROFESSIONAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
80.ADMIN. SUPPORT	0	1	1	1	0	0	0	0	13	2	0	0	0	0	18	
81.SKILLED CRAFT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
82.SERVICE/MAINTENANCE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
83. TOTAL NEW HIRES (Lines 75-82)	0	1	4	1	0	0	0	0	20	2	1	0	0	0	29	

## FUNCTION TYPE 1

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\*\*\*

Financial Administration

General Control Departments

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		
JOANNE LANGLOIS		Payroll Manager		
ADDRESS (Number and Street, City, State, Zip Code)		TELEPHONE NUMBER	Ext	FAX NUMBER
189 E COURT ST., SUITE 502, KANKAKEE, Illinois, 60901		815-936-5515		815-937-3918
DATE	EMAIL	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL		SIGNATURE
2019-09-30	jlanglois@k3county.net	Joanne Langlois Payroll Manager		<input checked="" type="checkbox"/>



D. EMPLOYMENT DATA AS OF JUNE 30														FUNCTION TYPE 11				
JOB CATEGORIES	ANNUAL SALARY (In thousands 000)	1. FULL-TIME EMPLOYEES (Temporary employees are not included)																
		RACE/ETHNICITY																
		HISPANIC OR LATINO		NON-HISPANIC OR LATINO												TOTALS (COLUMN S-A-N)		
		MALE						FEMALE										
		MALE A	FEMALE B	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)		6	8	88	9	0	0	2	4	44	10	0	0	1	2	174		
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	2	1	0	0	1	0	1	0	0	0	0	0	0	5		
68.TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
69.PROTECTIVE SERVICE	0	1	0	3	0	0	0	0	0	0	0	0	0	0	0	4		
70.PARA-PROFESSIONAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
71.ADMIN. SUPPORT	0	0	1	0	0	0	0	0	2	0	0	0	0	0	0	3		
72.SKILLED CRAFT	0	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	0		
74. TOTAL OTHER THAN FULL TIME (Lines 66-73)	0	1	3	4	0	0	1	0	3	0	0	0	0	0	0	12		
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	0		
76.PROFESSIONALS	0	1	1	0	0	0	0	0	3	1	0	0	0	0	0	6		
77.TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
78.PROTECTIVE SERVICE	1	1	11	1	0	0	0	1	4	0	0	0	0	0	0	19		
79.PARA-PROFESSIONAL	0	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	0		
81.SKILLED CRAFT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
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)	1	2	12	1	0	0	0	1	7	1	0	0	0	0	0	25		

## FUNCTION TYPE 11

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\*\*\*

Corrections  
Probation

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		
JOANNE LANGLOIS		Payroll Manager		
ADDRESS (Number and Street, City, State, Zip Code)		TELEPHONE NUMBER	Ext	FAX NUMBER
189 E COURT ST., SUITE 502, KANKAKEE, Illinois, 60901		815-936-5515		815-937-3918
DATE	EMAIL	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL		SIGNATURE
2019-09-30	jlanglois@k3county.net	Joanne Langlois Payroll Manager		<input checked="" type="checkbox"/>