

**INFORMAL BID AND OTHER PUBLIC WORKS JOBS
(Between \$1000.00 and less than \$175K)**

**CONTRACTOR'S QUALIFICATION FORM
For 2016**

NOTE: YOU MUST BE REGISTERED WITH THE DEPARTMENT OF INDUSTRIAL RELATIONS IN ORDER TO WORK FOR THE SCHOOL DISTRICT. YOUR COMPANY WILL NOT BE PREQUALIFIED IF THIS REQUIREMENT IS NOT MET (LABOR CODE: 1725.5)

1.01 DESCRIPTION

Each prospective contractor must be currently licensed and must submit the following information to establish its qualifications to perform the work of this project.

2.01 CONTRACTOR'S INFORMATION:

Firm Name: _____

Address: _____

Email Address: _____

Telephone: _____ Fax: _____

Number of years in business as Contractor: _____

Number of years in business under Firm Name: _____

Number of years at the above address: _____

Type of firm: Corporation: _____ Proprietorship: _____ Partnership: _____ Joint Venture: _____

Other (please describe) _____

Previous firm names during past 5 years: _____

List all types of work you wish to be considered for: _____

3.01 CONTRACTOR'S LICENSE:

Contractor must be licensed in the state of California. Submit the following information:

A. Name of license holder exactly as on file with the California State License Board:

B. License classification: _____

C. License #: _____

D. License Expiration date(s) _____

- D. The number of years contractor has been in business: _____
- E. Number of years contractor has been authorized to do business in California under contractor's license law: _____
- F. Department of Industrial Relations (DIR) #: _____ Expires: _____

4.01 CONTRACTOR'S **PRIVATE** PROJECT REFERENCES:

A. Project Name:

Project Description:

Project Address/location:

Date Completed:

Initial Contract Value (as of time of bid award):

Final Contract Value:

Liquidated Damages Involved:

Contact for Verification (name and telephone number of owner reference):

B. Project Name:

Project Description:

Project Address/location:

Date Completed:

Initial Contract Value (as of time of bid award):

Final Contract Value:

Liquidated Damages Involved:

Contact for Verification (name and telephone number of owner reference):

C. Project Name:

Project Description:

Project Address/location:

Date Completed:

Initial Contract Value (as of time of bid award):

Final Contract Value:

Liquidated Damages Involved:

Contact for Verification (name and telephone number of owner reference):

5.01

CONTRACTOR'S **PUBLIC** PROJECT REFERENCES:

A. Project Name:

Project Description:

Project Address/location:

Date Completed:

Initial Contract Value (as of time of bid award):

Final Contract Value:

Liquidated Damages Involved:

Contact for Verification (name and telephone number of owner reference):

B. Project Name:

Project Description:

Project Address/location:

Date Completed:

Initial Contract Value (as of time of bid award):

Final Contract Value:

Liquidated Damages Involved:

Contact for Verification (name and telephone number of owner reference):

C. Project Name:

Project Description:

Project Address/location:

Date Completed:

Initial Contract Value (as of time of bid award):

Final Contract Value:

Liquidated Damages Involved:

SEQUOIA UNION HIGH SCHOOL DISTRICT
480 Jame Avenue, Redwood City, CA 94062
Fax: 650-306-1791 or email rbronk@seq.org

Contact for Verification (name and telephone number of owner reference):

6.01 PERFORMANCE

- A. For all projects within the last five (5) years for which your contract was terminated, provide the following information (below or on separate sheet(s) of paper):

Project name: _____

Address/location: _____

Initial contract value (as of time of bid award) _____

Final contract value: _____

Owner reference (name & telephone): _____

Reason for termination: _____

- B. For all projects within the last five (5) years in which your organization filed a claim or claims against the Project Owner, provide the following information (below or on separate sheet (s) of paper):

Project name: _____

Address/location: _____

Type(s) of claim(s): _____

Amount(s) of claim(s): _____

Owner reference (name & telephone): _____

Did claim(s) result in arbitration or litigation? _____

How was claim resolved or settled: _____

- C. Has your organization been assessed any penalties for non-compliance of federal and/or state labor laws and/or regulations within the past five (5) years? If yes, indicate (below of or separate sheet(s) of paper) the project name(s), violation(s), penalty(ies) and date(s):

- D. Is your organization currently under investigation for any charge or claim for non-compliance of federal and/or state labor laws and/or regulation? If yes, indicate (below or on separate sheet(s) of paper) the project name(s), nature of the charge(s) and current status. _____

- E. Has your organization been assessed any penalties for non-compliance of state public contract laws and/or regulations, including public bidding requirements, within the past five (5) years? If yes, indicate (below or on separate sheet(s) of paper) the project name(s), violation(s), penalty(ies) and date(s): _____

- F. Is your organization currently under investigation for any charge or claim for non-compliance of state public contract laws and/or regulations, including public bidding requirements. If yes, indicate (below or on separate sheet(s) of paper) the project name(s), nature or the charge(s) or claims(s) and current status: _____

- G Has your organization been cited for violations of OSHA standards and requirement within the past five (5) years? If yes, indicate (below or on separate sheet(s) of paper) the project name(s), violation(s) and date(s) of citation. _____

- H. Has your organization ever been formally disqualified from performing work for any school district or other public agency within the greater Bay Area? If yes, provide, including public bidding requirements, within the past five (5) years? If yes, indicate (below or on separate sheet(s) of paper) the project name(s), address/location(s), date(s) and reason(s) for disqualification: _____
- I. Has your organization been assessed liquidated damages within the past five (5) years? If yes, indicate (below or on separate sheet(s) of paper) the project name(s), and circumstances.____

7.01 PROJECT PERSONNEL

A. PROJECT MANAGER

Name: _____

Address: _____

Email Address: _____

Years with firm: _____

Licenses held: _____

Years experience with projects with schools or other public entities: _____

Note: Contractor/Vendor agrees to comply with the applicable provisions of the Labor Code, Section 1720-1861, and SUHSD's Labor Compliance Program and will pay the proper prevailing wages for each craft.

The undersigned hereby declares that all of the statements made in the pre-qualification questionnaire are true and correct and are made under the penalty of perjury under the laws of the State of California.

Executed this _____ day of _____, 20, at _____

Signature

Typed Name

Title

Name of Contractor

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Fax: 650-306-1791 or email rbronk@seq.org