FEDERAL CONTRACTOR VETERANS' EMPLOYMENT REPORT VETS-4212

OMB NO: 1293-0005

Expires:

Persons are not required to respond to this collection of information unless it displays a valid OMB number. It is mandatory for a covered Federal contractor respond to this information collection. *See* 38 U.S.C. § 4212(d) and "Who Must File" section of instructions.

RETURN COMPLETED REPORT TO:
VETS-4212 Submission
VETERANS' EMPLOYMENT AND TRAINING SERVICE (VETS)
Service Center
In care of: Department of Labor National Contact Center (DOL-NCC)
7425 Boston Blvd
Springfield, VA 22153

ATTN: Human Resource/EEO Department

TYPE OF REPORTING ORGANIZATION (Check one or both, as applicable)	**TYPE OF FORM** (Check only one)
☐ Prime Contractor	☐ Single Establishment
☐ Subcontractor	☐ Multiple Establishment-Headquarters
	☐ Multiple Establishment-Hiring Location
	☐ Multiple Establishment-State Consolidated (specify number of locations) (MSC)

COMPANY IDENTIFICATION INFORMATION (Omit items preprinted above-ADD Company Contact Information Below)

COMPANY No:	*TWELVE MONTH PERIOD ENDING* 1 2 3 1 (*M M D D*)		
NAME OF PARENT COMPANY:	*ADDRESS (NUMBER AND STREET):*		
CITY:	*COUNTY:*	*STATE:*	*ZIP CODE:*
NAME OF COMPANY CONTACT:	*TELEPHONE FOR CONTACT:*	*EMAIL:*	

NAME OF HIRING LOCATION:	*ADDRESS (NUMBER AND STREET):*		
CITY:	*COUNTY:*	*STATE:*	*ZIP CODE:*

NAICS: 5 3 1 1 2 0	**DUNS:** – –	***EMPLOYER ID (IRS TAX No.)*** –

INFORMATION ON EMPLOYEES

REPORT THE TOTAL NUMBER OF EMPLOYEES AND NEW HIRES WHO ARE PROTECTED VETERANS, AS DEFINED IN THE INSTRUCTIONS. DATA ON NUMBER OF EMPLOYEES ARE TO BE ENTERED IN COLUMN A AND B, LINES 1.1 THROUGH 9. DATA FOR NEW HIRES ARE ENTERED IN COLUMNS C AND D. LINE 10 IS TOTAL OF EACH COLUMN. ENTRIES IN COLUMNS C AND D, LINES 1.1 THROUGH 9 (GRAY SHADED AREAS) ARE OPTIONAL. ENTER THE MAXIMUM AND MINIMUM NUMBER OF EMPLOYEES.

JOB CATEGORIES		NUMBER OF EMPLOYEES		NEW HIRES (PREVIOUS 12 MONTHS)	
		PROTECTED VETERANS (A)	TOTAL EMPLOYEES (B)	PROTECTED VETERANS (C)	TOTAL NEW HIRES (D)
EXECUTIVE/SENIOR LEVEL OFFICIALS AND MANAGERS	1.1				
FIRST/MID LEVEL OFFICIALS AND MANAGERS	1.2				
PROFESSIONALS	2				
TECHNICIANS	3				
SALES WORKERS	4				
ADMINISTRATIVE SUPPORT WORKERS	5				
CRAFT WORKERS	6				
OPERATIVES	7				
LABORERS/HELPERS	8				
SERVICE WORKERS	9				
TOTAL EMPLOYEES	10				

Report the total maximum and minimum number of permanent employees during the period covered by this report.

Maximum Number	Minimum Number