**FEDERAL CONTRACTOR VETERANS’ EMPLOYMENT REPORT VETS-4212**

OMB NO: 1293-0005

Expires: xxxxx

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)

14120 Newbrook Drive

Chantilly, VA 20194

**ATTN: Human Resource/EEO Department**

**TYPE OF REPORTING ORGANIZATION**

(Check one or both, as applicable) Prime Contractor Subcontractor

**TYPE OF FORM** (Check only one) Single Establishment

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* | | |  |  |  |  | ***2*** | ***0*** | ***x*** | ***x*** |
| *M M* | | *D D* | | *Y Y Y Y* | | | |
| *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:** |  |  |  |  |  |  | **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

Form VETS-4212 MM/YYYY