FEDERAL CONTRACTOR VETERANS' EMPLOYMENT REPORT VETS-4212

OMB	NO: 12	93-000	5																TO:			
Expires: xxxxx								VETS-4212 Submission VETERANS' EMPLOYMENT AND TRAINING SERVICE (VETS) Service Center														
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. <i>See</i> 38 U.S.C. § 4212(d) and "Who Must File" section of instructions.								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) TYPE OF FORM (Check only one) Prime Contractor Single Establishment-Headquarters Subcontractor Multiple Establishment-Hiring Location Multiple Establishment-State Consolid (specify number of locations) (MSC)					ers tion olidated								
COI	MPA	ANY	IDE	NTIF	ICATIO	N INF	ORI			ON (matio				pre	eprinted abov	ve-A	DI	D Con	npan	ny Co	ontac	t
				CON	IPANY No:				011	inati		TWELVE MONTH PERIOD ENDING										
	Image: Minimized and the imag																					
CITY:					COUNTY:				STATE:				ZIP CODE:									
NAME OF COMPANY CONTACT:							TELEPHONE FOR CONTACT:				EMAIL:											
			Ν	iame of h	IIRING LOCATIC	N:									ADDRESS (I	NUMBE	RAN	ND STREET):			
CITY:									COUNTY:				STATE:				ZIP CODE:					
															EMPLOYER ID							
NAICS:					DUNS:		-			-					(IRS TAX No.)			-				
INFORMATION ON EMPLOYEES																						
EMF				ITERED IN	COLUMN A AN	D B, LINES	1-9. D	ATA FC	RN	EW HIR	ES ARE	ENTER	ED AN	D IN	VETERANS, AS DEFINE I COLUMNS C AND D. UND ON THE REVERSI	LINE 1	1 IS ⁻	TOTAL OF				2

JOB	NUMBER OF E	MPLOYEES	NEW HIRES (PREVIOUS 12 MONTHS)					
CATEGORIES	PROTECTED VETERANS	TOTAL EMPLOYEES	PROTECTED VETERANS	TOTAL NEW HIRES				
CATEGORIES	(A)	(B)	(C)	(D)				
EXECUTIVE/SENIOR								
LEVEL OFFICIALS AND								
MANAGE								
1 FIRST/MID LEVEL								
OFFICIALS AND								
MANAGERS	2							
PROFESSIONALS	3							
TECHNICIANS								
TECHNICIANS	4							
SALES WORKERS	5							
ADMINISTRATIVE								
SUPPORT WORKERS	6							
CRAFT WORKERS	7							
OPERATIVES	8							
LABORERS/HELPERS	9							
SERVICE WORKERS	10							
TOTAL EMPLOYEES	11							

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

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Form VETS-4212 MM/YYYY