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Medium Employer, Gold Medallion

Instructions

Employer Identity

Employer Address

Employer Size

Please note that this form includes accompanying instructions for the Medium Employer Gold Award that explain how to fill out this form. These instructions include important information, such as definitions and rules, for determining whether an employer has met the medallion criteria. You must read the [instructions](#) for the Medium Employer Gold Award prior to completing and submitting the application.

OMB Burden Statement: Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Obligation to respond is required to obtain or retain benefits under the Honoring Investments in Recruiting and Employing American Military Veterans Act. The 8.25 hour public reporting burden for this collection of information, which is to apply for an award showcasing excellence in hiring and retaining veterans, includes time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection, including suggestions for reducing burden, to the U.S. Department of Labor, Veterans' Employment and Training Service, Room S-1212, 200 Constitution Avenue, NW, Washington, DC 20210.

If you need assistance please see our [FAQ page](#).

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Employer Identity

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Item 1 Employer Name (*Required)

5

Enter the exact employer name assigned the Employer Identification Number (EIN) listed in Item 2.

Item 2 Enter the employer EIN

i 6
45

Do not enter your SSN on this line.

Item 3 Data Universal Number System (DUNS) Number

7

Enter the DUNS number if one exists.

Item 4 Employer Doing Business As (DBA) Name

If the employer utilizes a DBA, enter it here.

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Item 5 Employer Street Address (*Required)

8

Enter the official address (number, street, and room or suite number, as applicable, of the employer's principal office or place of business) for the employer listed in Item 1.

Item 6 Employer City or Town (*Required)

9

Enter the city or town.

Item 7 Employer State or Province (*Required)

10
12
46

Enter the State or province.

Item 8 ZIP Code or Postal Code (*Required)

11

Enter the ZIP code or postal code.

Item 9 Country (*Required)

13

14

Select the Country.

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Item 10 Employer Size: Did you have 51 to 499 employees as of December 31 of 2018 (the year prior to the year in which you are submitting the application)? If the answer to this question is "No" you are submitting the wrong form



For the purposes of this item, "employees" includes both veteran and non-veteran employees, as well as permanent full-time and permanent part-time employees. "Employees" does not include temporary workers. For additional information about the definitions of employee, temporary worker, and veteran, please see the instructions. (*Required)

Yes **16** **If No**, return to your Dashboard, delete this application and begin a new one for the correct size

Item 11 Medallion Level: Are you applying for the gold level? (*Required)

Yes **17** **If No**, return to your Dashboard, delete this application and begin a new one for the correct level

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Criteria

Please refer to the definitions of employee, temporary worker, and veteran in the instructions when completing Section B. 18

To qualify for the Medium Employer Gold Award, the employer must fill out and satisfy either the hiring requirement or the retention and employee veteran percentage requirements as well as all the other criteria. **(*Required)** 49

HIRING: 7% Requirement

Item 12 Enter the number of veterans hired in 2018 (the preceding calendar year (CY)). 19

Item 13 Enter the total number of employees (including veterans) hired in 2018 (the preceding CY). 20

Item 14 The veteran hiring percentage in 2018 (the preceding CY) was... 21
Item 12 divided by Item 13. Item 14 must be not less than 7% for the applicant to qualify for the Medium Employer Gold Award. **0.0%**

OR

RETENTION: 75% Requirement

Item 15 Enter the number of veterans hired in 2017 (the CY preceding the preceding CY). 22

Item 16 Enter the number of veterans hired in 2017 (the CY preceding the preceding CY) who remained with the employer for at least 12 months. 23

Item 17 The percentage of veterans retained for 12 months was... 24
Item 16 divided by Item 15. Item 17 must be not less than 75% for the applicant to qualify for the Medium Employer Gold Award. **0.0%**

AND

VETERAN EMPLOYEE PERCENTAGE: 7% Requirement

Item 18 Enter the total number of veterans employed on December 31st of 2018 (the preceding CY). 56

Item 19 Enter the total number of employees (including veterans) with the company on December 31st of 2018 (the preceding CY). 57

Item 20: The proportion of veteran employees is... 43
Item 18 divided by Item 19. Item 20 must be not less than 7% for the applicant to qualify for the Medium Employer Gold Award. **0.0%**

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Medium Employer, Gold Medallion

[Employer Programs](#) [Community](#)

In order to qualify for the Medium Employer Gold Award, an applicant must satisfy only ONE of the following two criteria (Item 21 or 22). Only fill out either Item 21 or 22. (*Required) **51**

Item 21 Briefly describe your employee veteran organization or resource group. Your employee veteran organization or resource group must assist new veteran employees with integration, including coaching and mentoring. See Item 21 in the instructions for additional guidance about employee veteran organization or resource group criterion requirements.

25

(1,000 character limit)

OR

Item 22 Briefly describe the programs you have established to enhance the leadership skills of veteran employees during their employment. See Item 22 in the instructions for additional guidance about leadership program criterion requirements.

27

(1,000 character limit)

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Employer Programs **Community**

Item 23 (OPTIONAL) Briefly describe any employer efforts to support the veteran and military community that fall outside of the criteria but may serve as models of support for veterans and their families. This may include efforts such as veteran/military spouse recruitment and employment. This will not factor into whether an employer receives an award.

(1,000 character limit)

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Labor Law Violations

Item 24 As further explained in Item 24 of the instructions, the employer has not had an adverse labor law decision, stipulated agreement, contract debarment, or contract termination pursuant to USERRA or VEVRAA. By selecting the "I Agree" button below, you certify that the above statement is true. *(*Required)*

35

I agree **36**

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Medium Employer, Gold Medallion

Review and Attestation

Review

Please review the information below to ensure it is accurate.

A. Employer Information

- Item 1** Employer Name <Employer Name:>
- Item 2** Employer EIN ##-##### 58
- Item 3** Data Universal Number System (DUNS) Number #####
- Item 4** Employer Doing Business As (DBA) Name N/A
- Item 5** Employer Street Address <Employer Street Address>
- Item 6** Employer City or Town <Employer City or Town>
- Item 7** Employer State or Province <State>
- Item 8** Employer ZIP Code or Postal Code #####
- Item 9** Country <Country>
- Item 10** Employer Size Yes - Medium
- Item 11** Medallion Level: Platinum Yes - Gold

B. Veteran Employee Criteria

- Item 12** Enter the number of veterans hired in 2018 (the preceding calendar year (CY)). #####
- Item 13** Enter the total number of employees (including veterans) hired in 2018 (the preceding CY). #####
- Item 14** The veteran hiring percentage in 2018 (the preceding CY) was... #####

C. Integration Assistance Criteria

- Item 21** Briefly describe your employee veteran organization or resource group. Your employee veteran organization or resource group must assist new veteran employees with integration, including coaching and mentoring. See item 21 in the instructions for additional guidance about employee veteran organization or resource group criterion requirements.. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Quisque ullamcorper viverra aliquet. 59

D. Labor Law Violations

- Item 24** As further explained in Item 24 of the instructions, the employer has not had an adverse labor law decision, stipulated agreement, contract debarment, or contract termination pursuant to USERRA or VEVRAA. By selecting the "I Agree" button below, you certify that the above statement is true. I agree

Attestation Information

For Items 25-26, provide information for the person attesting to Item 29.

Item 25 First and Last Name (*Required) 37

Item 26 Title (*Required) 38 53 54 55

▼

Select the relevant title for the person attesting to Item 29.

Item 27 Contact Email Address (*Required) 39

Item 28 Contact Phone Number (*Required) 40

Item 29 Attestation (*Required)

I declare under penalty of perjury under the laws of the United States of America that:

- I am the Chief Executive Officer or the Chief Human Relations Officer of this employer submitting this application (hereinafter "the Employer"), or an equivalent official (someone with equivalent responsibilities and duties, such as the owner of a small firm) of the Employer;
- The Employer has met all necessary award criteria;
- I have read and reviewed this application and the information contained therein is true and accurate; and
- I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a violation of Federal law under 18 U.S.C. 1001.

Entering your name in Item 25 above and then clicking on the "I agree" button below constitutes your signing the above attestation under penalty of perjury.

I agree 41

Item 30 Application Fee Payment (*Required)

The application fee is posted at <https://www.hirevets.gov>. By selecting the "I understand" button below, you acknowledge understanding that your application will not be processed until the application fee payment is received, and that your application will not be processed if the fee is received after the end of the application period.

I understand 42

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✓ Your application has been submitted.

Pay Application Fee

The application fee for your application *must* be paid before it can be processed by VETS.

Note: Payment must be submitted by April 30th and completed no later than May 31st

Identify Payment Maker

Identify whether you or another individual from your organization will be making the application fee payment for your organization's HIRE Vets Medallion Program Award Application.

I am making the payment

Someone else is making the payment



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Make Payment

Pay Application Fee on Pay.gov [Not paying on Pay.gov?](#)

If someone else from your organization will be making the Application Fee payment on Pay.gov, please provide them with the following link and Application ID so that they can make the application fee payment:

Application ID: ##-####-#####

Payment URL: <https://www.pay.gov/addurlhere>

You can copy and paste your Application ID directly from this page to the Payment Form in Pay.gov.

Note that it may take up to 1-3 business days for your payment to be reflected on your HIRE Vets Medallion Application dashboard

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Enter your Application ID here on the Pay.gov form

HIREVets.gov
HIRE Vets Medallion Payment Form

Use this form to pay the HIRE Vets Medallion Small Employer Application Fee. Please fill in the information below completely and then click "Continue" to make your \$90.00 payment.

1. Application ID Information
Your Application ID will have been provided by the HIRE Vets Medallion Account Holder, or if you are the account holder, you can copy and paste the Application ID directly from the Dashboard page into this payment form.

HIRE Vets Application ID:

2. Payer / Account Holder Information
Please enter the information below for the payer / account holder of the referenced HIRE Vets Application.

First Name: Last Name:

Employer Name:

Email Address:

Phone Number:



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We use industry-standard encryption to protect the confidentiality of your personal information. Your payment will be submitted through Pay.gov, a U.S. Government payment service.

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Select Payment Method



Credit Card / Debit Card

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65



Direct Debit / ACH Debit

i

66

Enter Payment Details

Payment Information

Application Fee \$190 USD

Account Type **(*Required)**

Business Checking

67

Select the Account Type

Business Name **(*Required)**

68

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Account Number **(*Required)** i

77

69

Routing Number **(*Required)** i

78

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Payer Information

This information is about the individual making the payment

First Name **(*Required)**

Middle

71

Last Name **(*Required)**

72

Employer Name **(*Required)**

73

Payer Email **(*Required)**

74

Payer Phone **(*Required)**

75

Note: Payments may take 1-3 business days to process before your updated payment status is reflected on your Hirevets.gov dashboard

I understand that I am authorizing a charge to the above account for this Application Fee, which covers the cost of processing my application and is non-refundable.

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Submit



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Select Payment Method



Credit Card / Debit Card



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Direct Debit / ACH Debit



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Enter Payment Details

Payment Information

Application Fee \$190 USD

Card Type (*Required)

Business Personal

79

Account Holder Name (*Required)

83

80

Account Number (*Required)

69

Card Security Code (*Required)

82

81

Note: if your card does not have a security code, Contact Us

Card Expiration (*Required)

Month

Year

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Payer Information

First Name (*Required)

Middle

71

Last Name (*Required)

72

Employer Name (*Required)

73

Payer Email (*Required)

74

Payer Phone (*Required)

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✓ Your Direct Debit / ACH Payment was received and will soon be processed

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Payment Summary

Payment Information

Confirmation Number

paygov_tracking_id [COPY](#)

Payment Method

Direct Debit / ACH Debit

Payment Details

Account Type: Business Checking
Business Name: Sample, Inc
Account Number: XXXXX1234
Payment Amount: \$190 US

Payer Information

Payer Name: Joe Example
Employer Name: Sample, Inc
Payer Email: joe.example@sample.com
Payer Phone: 123-456-7890

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✓ Your Plastic Card Payment was successful

Payment Summary

Payment Information

Confirmation Number

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Payment Method

Plastic Card

Payment Details

Name: Joe Example
Business Name: Sample, Inc
Account Number: XXXXX1234
Payment Amount: \$190 US

Payer Information

Payer Name: Joe Example
Employer Name: Sample, Inc
Payer Email: joe.example@sample.com
Payer Phone: 123-456-7890

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