VETS-100 FEDERAL CONTRACTOR REPORT ON VETERANS' EMPLOYMENT

OMB NO:1293-0005
Expires 04/30/2011

Persons are not required to respond to this collection of information unless it displays a valid OMB number

RETURN COMPLETED REPORT TO:
U.S. DEPARTMENT OF LABOR
VETERANS' EMPLOYMENT AND TRAINING SERVICE
200 Constitution Ave, NW
Washington, DC 20210

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

ATTN: Human Resource/EEO Department

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

COMPANY No:	*TWELVE MONTH PERIOD ENDING* _____	M M D D	2 0 0 8 Y Y Y Y
NAME OF PARENT COMPANY:	*ADDRESS (NUMBER AND STREET):*		
CITY:	*COUNTY:*	*STATE:*	*ZIP CODE:*
NAME OF COMPANY CONTACT:	*TELEPHONE AND EMAIL FOR CONTACT:*		
NAME OF HIRING LOCATION:	*ADDRESS (NUMBER AND STREET):*		
CITY:	*COUNTY:*	*STATE:*	*ZIP CODE:*

NAICS:	**DUNS:** - -	*EMPLOYER ID (IRS TAX No.)* -	

EMPLOYEE DATA AND VETERAN REPORTING REQUIREMENTS

REPORT ALL PERMANENT FULL-TIME OR PART-TIME EMPLOYEES AND NEW HIRES WHO ARE TARGETED VETERANS, DATA ON NUMBER OF EMPLOYEES ARE TO BE ENTERED IN COLUMNS L, M, AND N, LINES 1-9. DATA ON NEW HIRES ARE TO BE ENTERED IN COLUMNS O, P, Q, R, AND S. INSTRUCTIONS ARE FURTHER DETAILED ON THE REVERSE OF THIS FORM.

JOB CATEGORIES	NUMBER OF EMPLOYEES			NEW HIRES (PREVIOUS 12 MONTHS)				
	SPECIAL DISABLED VETERANS (L)	VIETNAM ERA VETERANS (M)	OTHER PROTECTED VETERANS (N)	SPECIAL DISABLED VETERANS (O)	VIETNAM ERA VETERANS (P)	RECENTLY SEPARATED VETERANS (Q)	OTHER PROTECTED VETERANS (R)	TOTAL NEW HIRES, BOTH VETERANS AND NON-VETERANS (S)
OFFICIALS AND MANAGERS 1								
PROFESSIONALS 2								
TECHNICIANS 3								
SALES WORKERS 4								
OFFICAL AND CLERICAL 5								
CRAFT WORKERS (SKILLED) 6								
OPERATIVE (SEMI-SKILLED) 7								
LABORERS (UNSKILLED) 8								
SERVICE WORKERS 9								
TOTAL 10								

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

Maximum Number	Minimum Number