FEDERAL CONTRACTOR VETERANS' EMPLOYMENT REPORT VETS-100

OMB NO:1293-0005
Expires

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
VETS-100 REPORTING
6101 STEVENSON AVE
ALEXANDRIA, VA 22304

TYPE OF CONTRACTOR (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)

COMPANY IDENTIFICATION INFORMATION (Omit if items preprinted above)

COMPANY No:	*TWELVE MONTH PERIOD ENDING* M M D D Y Y Y Y	
NAME OF PARENT COMPANY:	*ADDRESS (NUMBER AND STREET):*	
CITY:	*COUNTY:*	*STATE:* / *ZIP CODE:*

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

NAICS:	*DUNS:* — —	*EMPLOYER I.D. No. (IRS TAX No.)* —

INFORMATION ON EMPLOYEES

REPORT ALL REGULAR FULL-TIME OR PART-TIME EMPLOYEES AND NEW HIRES WHO ARE VETERANS, AS DEFINED ON REVERSE. DATA ON NUMBER OF EMPLOYEES ARE TO BE ENTERED IN COLUMN L, M, AND N LINE 1-9. DATA ON NEW HIRES ARE TO BE ENTERED IN COLUMNS O, P, Q, AND R. ENTRIES IN COLUMNS O THROUGH R, LINES 1 THROUGH 9, AND COLUMNS L, M, AND N, LINE 10 (GRAY SHADED AREAS) ARE OPTIONAL. ENTER THE MAXIMUM AND MINIMUM NUMBER OF EMPLOYEES. INSTRUCTIONS ARE FOUND 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)	OTHER PROTECTED VETERANS (Q)	TOTAL NEW HIRES, BOTH VETERANS AND NON-VETERANS (R)
OFFICIALS AND MANAGERS	1							
PROFESSIONALS	2							
TECHNICIANS	3							
SALES WORKERS	4							
OFFICE AND CLERICAL	5							
CRAFT WORKERS	6							
OPERATIVE	7							
LABORERS	8							
SERVICE WORKERS	9							
TOTAL	10							

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

Maximum Number	Minimum Number