OUTSTANDING EMPLOYER OF THE YEAR AWARD
NOMINATION FORM

These awards are offered for outstanding achievement in improving employment opportunities for persons with disabilities. Three awards are given to employers.

- **ONE** is given to a small private employer (non-government).
- **ONE** is given to a large private employer (non-government).
- **ONE** is given to a public employer (local, county, state or federal government entity, school district, university) of any size.

NOMINEE'S NAME: _____

BUSINESS ADDRESS: _____
Address City Zip

BUSINESS PHONE: _____ EMAIL:_____

CHOOSE EMPLOYER CATEGORY (choose one only)

☐ Small private employer ☐ Large private employer ☐ Public employer

TOTAL NUMBER OF EMPLOYEES: _____

NUMBER OF EMPLOYEES WITH DISABILITIES: _____

NUMBER OF EMPLOYEES HIRED LAST YEAR WITH DISABILITIES: _____

NOMINATION SUBMITTED BY: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

1. Describe the policies and procedures for outreach and recruitment, placement, training and career advancement of employees with disabilities?

(Continue on back)

2. What efforts are made to accommodate workers with disabilities? Provide specific examples.

3. What orientation or training has been held to ensure an effective working relationship with employees with disabilities?

4. How does the employer ensure that employees with disabilities are fully included in the company's workforce?

5. Has the nominee made an effort on the local, state, and/or national level to encourage other employers to hire people with disabilities?

6. Why do you feel this nominee is deserving of this award?

7. Please include 2 letters of support or letters of recommendation. Letters must be from persons other than the nominator.

(Nomination may include newspaper clippings, magazine articles, additional items not to exceed a total of 7 pages, all copies or reproductions of articles must be on 8 1/2 X 11" paper.)