

THE EMPLOYER OF VETERANS AWARD

Nomination Form

Th	e American Legion Department of:	Date:
Th	e American Legion Post's name and number:	
En	mployer's Size: (check one)	
	Small (50 or fewer employees)	
	Medium (51-200 employees)	
	Large (201 or more employees)	
non He pla Ed cat ser Av fol 1)	sts submit nominations to their Departments for comination per employer size category and substanduarters. The Veterans Employment and Education Award Subcommittee reviews all eligategories and selects a winner in each category. In their representatives to the National Convention wards. In order to be eligible for the national clowing criteria: At least 10 percent of the employer's work force. The employer must have been in business for at 10 the nominee must be a private sector employer. The nominee must be a private sector employer.	mit those nominations to National ducation Commission will provide a n Conference, the Employment and ible nominations in the three size. The three winners are then invited to n to receive the Employer of Veterans awards, the nominee must meet the must be veterans. Heast five years.
1	PLEASE PRINT OR TYPE IN	NFORMATION
	Exact name of company:	
	Business address:	
3.	Name and title of the company's contact person:	
4.	Contact person's telephone number:	
NA	TIONAL VETERANS EMPLOYMENT & EDUCATION COMMISSI	ON OR FAX TO 202.861.0404

OR E-MAIL A SCANNED COPY

ECON@LEGION.ORG

1608 K STREET NW

WASHINGTON, DC 20006

5.	Is the employer a branch or subsidiary? If yes, what is the name and address of the parent company?		
6.	Date the company, or branch, was established: Average number of employees over the past five years: Is the company's business seasonal? If yes, how many employees are full-time? How many are part-time?		
7.			
8.			
9.	Total number of employees: Number of veterans: Percentage of		
	veterans:		
10.	Total hires last year: Number of veterans: Percentage of		
	veterans:		
po sup sho	Veterans Awards. The nominator should provide a copy of the company's written licy on employment of veterans if available, a description of how the employer poorts veterans' activities in the community, and any other reasons why the nominee ould be selected to be the Employer of Veterans Award winner. Seminations by Posts and individuals must be sent to department headquarters as soon as saible so that the department will have time to review all nominations received and ake the selection of its winners.		
	me, title, address, and daytime telephone number of the person making the mination:		
Al	l nominations from departments must arrive at National Headquarters on or		
be	fore January 15 th . Either the department adjutant or department employment		
ch	airman must approve this nomination.		
Ap	proved Signature:Date:		
Ci	rcle One: Department Adjutant Department Employment Chairman		
De	esired presentation date at Department Convention:		
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NATIONAL VETERANS EMPLOYMENT & EDUCATION COMMISSION 1608 K STREET NW **WASHINGTON, DC 20006**

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