

## THE NATIONAL EMPLOYMENT AND EDUCATION COMMISSION EMPLOYMENT SERVICE AWARD

## **Nomination Form**

Th	e American Legion Department of:	Date:			
Th	e American Legion Post's name and number:				
Av	Award Category: Employment Service Local Office Award				
	ame and title of nominee:				
 Da	aytime telephone number:				
Of	fice manager's name:				
	ame and title of nominator:				
 Da	aytime telephone number:				
No	ominator's signature:				
1.	Total applicants available:				
2. 3.					
4.					
5.					
NATIONAL VETERANS EMPLOYMENT & EDUCATION COMMISSION 1608 K STREET NW WASHINGTON, DC 20006		OR FAX TO 202.861.0404 OR E-MAIL A SCANNED COPY ECON@LEGION.ORG			

DEPARTMENTS MAY REPRODUCE ALL FORMS FOR WIDER DISTRIBUTION

- 6. Percent of total veterans entered employment:
- 7. Total disabled veteran applicants available: \_\_\_\_\_
- 8. Disabled veterans entered employment: \_\_\_\_\_
- 9. Percent of disabled veterans entered employment:

Please use the space below to document the following: Management support; Community relations; Involvement with American Legion programs, including Employer Awards Program

You are encouraged to provide your annual office performance measures. You may add up to one page of supporting data on any subject above.

Only those nominations that include adequate documentation on the nominee's employment practices concerning veterans will be considered for the Employment Service Awards. The nominator should provide a copy of the company's written policy on employment of veterans if available, a description of how the employer supports veterans' activities in the community, and any other reasons why the nominee should be selected to be the Employer Service Award winner.

Nominations by Posts and individuals must be sent to department headquarters as soon as possible so that the department will have time to review all nominations received and make the selection of its winners.

All nominations from departments must arrive at National Headquarters on or before January 15<sup>th</sup>. Either the department adjutant or department employment chairman must approve this nomination.

Approved Sig	nature:	Date:		
Circle One:	Department Adjutant	Department Employment Chairman		
Desired presentation date at Department Convention:				

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