



THE EMPLOYER OF OLDER WORKERS AWARD

Nomination Form

The American Legion Department of: _____ Date: _____

The American Legion Post's name and number: _____

Please print or type information

1. Exact name of company: _____
2. Business address: _____
3. Name and title of the company's contact person: _____
4. Contact person's telephone number: _____
5. Type of business: _____
6. **Total employees:** _____ **Employees over 55:** _____ **Employee 55 years old with 5 years or more:** _____ **Numbers of hires last year over 55:** _____ **Number of employees age 55 or greater who are veterans** _____
7. Attach additional pages of reasons why you feel this nominee should receive this year's Employer of Older Workers Award. Include a brief summary of the company's policies and records that qualify it, such as hiring, promotion, retention, and affirmative employment policies.
8. Name, title and daytime telephone number of the person making the nomination:

Only those nominations that include adequate documentation on the nominee's employment practices concerning veterans will be considered for the National Employer of Older Workers 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 of Older Workers 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.

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

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

Approved Signature: _____ Date: _____

Circle One: Department Adjutant Department Employment Chairman

Desired presentation date at Department Convention: _____

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