THE EMPLOYER OF VETERANS AWARD

Nomination Form

The American Legion Department of: ___________________________ Date: ____________

The American Legion Post’s name and number: ______________________________________

Employer’s Size: (check one)
   _____ Small (50 or fewer employees)
   _____ Medium (51-200 employees)
   _____ Large (201 or more employees)

Posts submit nominations to their Departments for consideration. Departments select one
nomination per employer size category and submit those nominations to National
Headquarters. The Veterans Employment and Education Commission will provide a
plaque for each nominee. During the Washington Conference, the Employment and
Education Award Subcommittee reviews all eligible nominations in the three size
categories and selects a winner in each category. The three winners are then invited to
send their representatives to the National Convention to receive the Employer of Veterans
Awards. In order to be eligible for the national awards, the nominee must meet the
following criteria:

1) At least 10 percent of the employer’s work force must be veterans.

2) The employer must have been in business for at least five years.

3) The employer cannot restrict employment to veterans only.

4) The nominee must be a private sector employer. In other words, the nominee cannot
   be a city, state or federal employer.

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. 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: ________________________

7. Average number of employees over the past five years: __________________

8. Is the company’s business seasonal? _______ If yes, how many employees are full-time? _______ How many are part-time? ___________

9. Total number of employees: ________ Number of veterans: ______ Percentage of veterans: ______

10. Total hires last year: _________ Number of veterans: ______ Percentage of veterans: ______

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

Name, title, address, and daytime telephone number of the person making the nomination:
   ___________________________________________________________________
   ___________________________________________________________________

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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