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.
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: _________________________