



THE EMPLOYER OF OLDER WORKERS AWARD

Department of _____ Date _____

Legion Post Number & Name _____

PLEASE PRINT OR TYPE INFORMATION

1. Exact name of company _____

2. Business address _____

3. Name and title of company's contact person _____

4. Contact person's phone number _____

5. Type of business _____

6. Total employees _____ Employees over 55 _____

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 which qualify it, such as hiring, promotion, retention and affirmative employment policies.

8. Name, title and daytime phone number of person making nomination

Only those nominations that include adequate documentation on the nominee's employment practices concerning veterans will be considered for the National Award to Enhance the Lives of Disabled Persons. It is recommended that the nominator 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.

Approved _____ Date _____

Circle One: Department Adjutant Department Employment Chairman

Desired presentation date at Department Convention _____