



AWARD TO ENHANCE THE LIVES OF DISABLED PERSONS
Nomination Form - continued

Legion Post's name and number: _____

PLEASE PRINT OR TYPE INFORMATION

1. Exact name of company or firm: _____

2. Business address: _____

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

4. Telephone number: _____

5. Type of business: _____

6. Total employees: _____ Disabled employees _____ **THE**
NOMINEE SHOULD BE A COMPANY OR FIRM, NOT AN INDIVIDUAL

7. Give reasons why you feel this nominee should receive this year's award to enhance the lives of the Disabled. Include a brief summary of the company's policies and records, which qualify it, such as hiring, promotion, retention, and affirmative employment policies. Attach additional pages if necessary.

Please print clearly the exact name and address of nominated firm

FIRM NAME: _____

CITY & STATE: _____

Nomination submitted by: _____ Date: _____

Title: _____ Telephone No.: _____

NATIONAL VETERANS EMPLOYMENT & EDUCATION COMMISSION
1608 K STREET NW WASHINGTON, DC 20006

OR E-MAIL A SCANNED COPY
VE&E@LEGION.ORG

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