



**THE NATIONAL VETERANS EDUCATION &
ECONOMIC COMMISSION
EMPLOYMENT SERVICE AWARD**

Nomination Form

The American Legion Department of: _____ Date: _____

The American Legion Post's name and number: _____

Award Category: Employment Service Local Office Award

Name and title of nominee:	
Street Address:	
City, State, Zip:	
Daytime telephone number:	
Office manager's name:	
Name and title of nominator:	
Street Address:	
City, State, Zip:	
Daytime telephone number:	
Nominator's signature:	
1. Total applicants available:	
2. Applicants entered employment:	
3. Percent of total applicants entered employment:	
4. Total veteran applicants available:	
5. Total veterans entered employment;	
6. Percent of total veterans entered employment:	
7. Total disabled veterans applicants available:	
8. Disabled veterans entered employment:	
9. Percent of disabled veterans entered employment:	