## THE EMPLOYER OF OLDER WORKERS AWARD

## **Nomination Form**

The American Legion Department of:	Date:
The American Legion Post's name and numb	er:
. <u>.</u> .	
Please print or type information:	
Exact Name of Company: Business Street Address:	
City, State, Zip	
Name & title of company contact:	
Contact's telephone number:	
Type of business:	
Total number employees:	Number employees over 55:
Total number employees.	Number employees over 55.
Employees 55 yrs. old with 5 yrs. or more sen	rvice: Number of employees 55 or over who are veterans:
Number of hires last yr. over 55:	
Name & title of person making this nomination	on:
Telephone Number of person making nomina	
Only those nominations that include adequate veterans will be considered for the National E a copy of the company's written policy on em supports veterans' activities in the communit the Employer of Older Workers Award winner.  Nominations by posts and individuals must be companied to the community of the commu	documentation on the nominee's employment practices concerning imployer of Older Workers Awards. The nominator should provide ployment of veterans if available, a description of how the employer y, and any other reasons why the nominee should be selected to be
Either the department adjutant or department	rrive at National Headquarters on or before January 15 <sup>th</sup> . nent employment chairman must approve this nomination.
Approved Signature:	Date:
Check One: Department Adjutant	Department Employment Chairman
Desired presentation date at Department Con-	vention:

**Submit to:** 

The American Legion, Attn: National Veterans Employment & Education Commission 1608 K Street NW, Washington, DC 20006 or Email: <a href="VE&E@legion.org">VE&E@legion.org</a>