

**THE NATIONAL ECONOMIC COMMISSION
EMPLOYMENT SERVICE AWARD**

Nomination Form

DEADLINE: DECEMBER 15 TO DEPARTMENT HEADQUARTERS

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: _____

Address: _____

Daytime phone number: _____ Office manager's name: _____

Name and title of nominator: _____

Address: _____

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 veteran applicants available: _____

8. Disabled veterans entered employment: _____

9. Percent of disabled veterans entered employment: _____

Please use the space below to document the following: Management Support, Community Relations, Involvement with The American Legion programs including Employer Awards Program. You are encouraged to provide your annual office performance measures. You may add up to one page of supporting data on any subject above.

Only those nominations that include adequate documentation on the nominee's employment practices concerning veterans will be considered for the National Employment Service Awards. 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 Service 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 must arrive at Department Headquarters on or before December 15th. Either the Department Adjutant or Department Employment Chairman must approve this nomination.

Approved Signature: _____ Date: _____

Check One: Department Adjutant Department Employment Chairman

Desired presentation date at Department Convention: _____