



**THE VETERANS EMPLOYMENT AND EDUCATION
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: _____

Address: _____

Daytime telephone 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 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 Employment Service Awards. The nominator should 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 from departments must arrive at National Headquarters on or before January 15th. Either the department adjutant or department employment chairman must approve this nomination.

Approved Signature: _____ Date: _____

Circle One: Department Adjutant Department Employment Chairman

Desired presentation date at Department Convention: _____

THE EMPLOYMENT AND EDUCATION COMMISSION EMPLOYMENT SERVICE AWARD

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OR EMAIL A SCANNED COPY
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