

# **The American Legion Department of Florida**



## **Employment Program Chairman Guide**



# MEMORANDUM

TO: Post Employment Chairmen  
FROM: Jim Douglas - Dept. Employment Chairman  
RE: American Legion Employment Program

---

Enclosed in this packet are all the Employment Award Applications:

- NATIONAL ECONOMIC COMMISSION'S EMPLOYMENT SERVICE AWARDS
- THE EMPLOYER OF VETERANS AWARD
- EMPLOYER OF OLDER WORKERS AWARD
- EMPLOYER OF THE DISABLED AWARD

All applications are **due** to Department Headquarters on **December 19<sup>th</sup>**!

Mail: PO Box 547859, Orlando, FL 32810, Attn: Programs  
Fax: 407-299-0901  
E-mail: [edouglas@floridalegion.org](mailto:edouglas@floridalegion.org)

If you are having any specific problems, I would be happy to assist you. Please feel free to contact me at: 352-874-6591, [Employment@floridalegion.org](mailto:Employment@floridalegion.org)

I wish you the best of luck in the upcoming year.

# EMPLOYMENT SERVICE AWARDS

## Information Sheet

Deadline: Received in Dept. Headquarters by December 19th.

### HISTORY

In 1990 a resolution was introduced that called for the establishment of a national awards program to recognize outstanding Employment Service (ES) offices and employees. Since such a program would require funding, the delegates to The American Legion's 72nd National Convention voted to hold the resolution for further study.

Both the National Economic Commission and the Internal Affairs Commission's Trophies and Awards Subcommittees conducted extensive studies to determine the feasibility of establishing such an awards program. At the conclusion of those studies, both recommended approval and referred the resolution to the National Executive Committee for final approval. The NEC unanimously approved the resolution at its spring 1992 meeting.

### PURPOSE

These awards are meant to recognize and honor outstanding Local Veterans Employment Representatives (LVER), Disabled Veteran Outreach Program (DVOP) specialists, and local Employment Service (ES) offices. LVER and DVOP Specialists work for the ES offices and provide job counseling, testing and placement assistance to unemployed and underemployed veterans. The national winners of these awards receive their plaques at our annual national convention each year. Each of the three national winners receive a stipend of \$1,200.00 to help defray the cost of their representative's travel to the conference city to accept the award. Department winners are invited to receive their plaques at the annual state convention.

### PROCEDURE

Nominations from posts, ES employees or other sources must be sent to Department Headquarters. A winner from each category will be selected and forwarded to The National Economic Commission. A copy of the nomination form and a written narrative must be provided by the nominator.

### WHAT IS NEEDED

Facts, figures, and an interesting narrative that tells what makes this nominee special is needed. What activities does this candidate do to develop employment opportunities for veterans? In what ways is this candidate involved with the local veterans' service organization? Include the veterans performance standards put out by the Department of Labor. Detail the nominee's record in placing disabled and special disabled veterans. Please keep the whole packet to ten (10) or fewer pages. These pages will be photocopied and distributed to the selection subcommittee members.

### WHAT IS NOT NEEDED

Binders, report covers, page protectors, photographs, logs of how many people the nominee saw each day, inch-thick sheaves of anything. Photos do not photocopy well, and so much information simply overwhelms the subcommittee.



## NATIONAL ECONOMIC COMMISSION'S EMPLOYMENT SERVICE AWARDS

*Please type or print legibly*

Department: **Florida**

Award Category: **One Stop Career Center Award**

Date submitted to Department: \_\_\_\_\_

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: \_\_\_\_\_

This form must be signed/approved by the Department Adjutant or Employment Chairman.

Name/Title: \_\_\_\_\_

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: \_\_\_\_\_

10. Management Support: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Community Relations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. 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 sheet of supporting data on any subject above.*



## NATIONAL ECONOMIC COMMISSION'S EMPLOYMENT SERVICE AWARDS

Please type or print legibly

Department: Florida Award Category (circle one): LVER

DVOP

Date submitted to Department: \_\_\_\_\_

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: \_\_\_\_\_

This form must be approved by the Dept. Adjutant or Dept. Employment Chrmn.

Name/Title: \_\_\_\_\_

Date

## Veteran Placement Activity (Annual Figures):

1. Veterans placed in full-time employment: \_\_\_\_\_

2. Veterans placed as a result of job development: \_\_\_\_\_

3. Disabled veterans entered employment: \_\_\_\_\_

4. Support of American Legion programs, including Employer Awards:

\_\_\_\_\_

5. Leadership Abilities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Community Service:

\_\_\_\_\_

\_\_\_\_\_

7. Special Achievements:

\_\_\_\_\_

\_\_\_\_\_

8. Use of technological innovations (E-mail, Internet, etc.):

\_\_\_\_\_

\_\_\_\_\_

You may add up to one page of supporting data on any subject above.

# THE EMPLOYER OF VETERANS AWARD

## Information Sheet

Deadline: Must be received in Department Headquarters by December 19<sup>th</sup>.

### HISTORY

The National Economic Commission expanded its Employer Awards Program again in 1969 when it created an award category for employers of veterans. Originally, Departments were permitted to submit one nomination each for a large and small employer of veterans. In 1992, the number of awards for employers of veterans was increased. Today, Departments may submit one nomination each for small companies with 50 or fewer employees, medium sized companies with work forces of 51-200 and large companies with 201 or more employees.

### AWARDS

These awards are meant to recognize and honor companies that do a particularly good job of hiring veterans. In addition to the Department awards for employers of veterans, there are also three national awards for the "Employers of the Year." These awards, one in each category, are presented at the National Convention. In order to be eligible for the Employer of the Year Awards, nominees must meet the following criteria:

- 1) At least 10% of the nominees' work force must be veterans
- 2) The nominee must have been in business for at least 5 years.
- 3) The nominee cannot restrict employment to veterans only.
- 4) The nominee must be a private sector employer. In other words, the nominee cannot be a city, state or federal employer.

Selection of the Employer of the Year Awards is made by the Economic Commission's Awards Subcommittee, which meets during the Annual Washington Conference. Each of the three national winners receive a stipend of \$1,200.00 to help defray the cost of their representative's travel to the conference city to accept the award.

### WHAT IS NEEDED

Facts, Figures, and an interesting narrative that tells what makes this company special is needed. How many veterans are on staff, how many disabled or special disabled veterans? Include its hiring policy in regard to veterans, if it has one. Tell about the company's and the employees' involvement in local veterans' service organizations and other civic organizations. Please keep the whole packet to ten (10) or fewer pages. These pages will be photocopied and distributed to the selection subcommittee members.

### WHAT IS NOT NEEDED

Binders, report covers, page protectors, photographs, brochures about the products the company produces, inch-thick sheaves of anything. Photos and brochures do not photocopy well, and so much information simply overwhelms the subcommittee.

### PROCEDURE

Nominations from Posts, or sources outside the Legion, must be sent to Department Headquarters. The Department then selects one nominee each in the small, medium and large employer categories.

### FORM

A copy of the official nomination form, which is the same for all three employers size categories, follows. Posts may reproduce this form for wider distribution. Additional copies may also be obtained by writing or calling Department Headquarters.

Deadline: Must be received in Department Headquarters by December 19<sup>th</sup>.

# THE EMPLOYER OF VETERANS AWARD

Department of: Florida

Date: \_\_\_\_\_

Post name and number: \_\_\_\_\_

Employer's Size: Small (50 or fewer employees) \_\_\_\_\_

Medium (51-200 employees) \_\_\_\_\_

Large (201 or more employees) \_\_\_\_\_

PLEASE PRINT OR TYPE LEGIBLY

1. Exact name of company: \_\_\_\_\_

2. Business address: \_\_\_\_\_  
\_\_\_\_\_

3. Name/Title of company contact person: \_\_\_\_\_

4. Contact person's telephone number: \_\_\_\_\_

5a. Is employer a branch or subsidiary? \_\_\_\_\_

5b. If yes, name/address of parent company: \_\_\_\_\_

6. Date the company, or branch, was established: \_\_\_\_\_

7. Average number of employees over the past five years? \_\_\_\_\_

8a. Is the company's business seasonal? \_\_\_\_\_

8b. If yes, how many employees are full-time? \_\_\_\_\_

8c. How many are part-time employees? \_\_\_\_\_

9. Total employees: \_\_\_\_\_ Number of veterans: \_\_\_\_\_

Percentage of veterans: \_\_\_\_\_

10. Total hires last year: \_\_\_\_\_ Number of veterans: \_\_\_\_\_

Percentage of veterans: \_\_\_\_\_

Only those nominations that include adequate documentation of the nominee's employment practices concerning veterans will be considered for the National Employer of the Year 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 of the Year Award winner.

Nominator Information

Name/Title \_\_\_\_\_

Daytime phone \_\_\_\_\_

Address, City Zip+4 \_\_\_\_\_

Mail the nomination to: American Legion, Department of Florida  
ATTN: Programs  
PO BOX 547859,  
Orlando, FL, 32854-7859

Approved:

Department Adjutant \_\_\_\_\_

Date

DUPLICATE THESE FORMS AS NEEDED

# EMPLOYER OF OLDER WORKERS AWARD

## Information Sheet

Deadline: Received by Department Headquarters by Dec. 19th.

### HISTORY

In 1958, the National Economic Commission expanded its Employer Awards Program by creating an award for employers of older workers. Because the commission saw older workers as a valuable economic resource of proven skills, stability and experience, it wanted to encourage employers to hire and retain older workers in the work force.

National "Employ the Older Worker Week," was established by The American Legion and is observed during the second full week of each September. The National Economic Commission believes that this particular award category will become increasingly important over the next few years. Several major studies have concluded that there will be fewer young people entering the labor market. As a result, it will be necessary for employers to encourage older workers to stay in the labor force.

### PURPOSE

To confer recognition on one employer in each state for an outstanding record in the hiring and retention of older workers

### PROCEDURE

Nominations from Posts, or sources outside the Legion, must be sent to Department Headquarters. The Department then selects one nominee as its winner. It then forwards the nomination form for the winning employer to the National Economic Commission.

### FORM

A copy of the official nomination form follows. Posts may reproduce this form for wider distribution.

### AWARD

The commission provides a free plaque to each Department that submits a nomination.

# THE EMPLOYER OF OLDER WORKERS AWARD

Department: Florida

Date \_\_\_\_\_

Post name/number: \_\_\_\_\_

PLEASE PRINT OR TYPE INFORMATION

1. Exact name of company: \_\_\_\_\_

2. Business address: \_\_\_\_\_

\_\_\_\_\_

3. Name/Title of company contact person: \_\_\_\_\_

4. Contact person telephone number: \_\_\_\_\_

5. Type of business: \_\_\_\_\_

Total employees: \_\_\_\_\_ Employees over 55: \_\_\_\_\_

Give reasons why you feel this nominee should receive this year's Employer of Older Workers Award. 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 sheet(s) of paper if necessary.

\_\_\_\_\_

\_\_\_\_\_

8. Name, title and daytime phone number of person making nomination:

\_\_\_\_\_

Mail this nomination to: The American Legion, Department of Florida  
P.O. Box 547859, Orlando, FL 32854

Approved:

Department Adjutant: \_\_\_\_\_ Date \_\_\_\_\_

(DUPLICATE FORM AS NECESSARY)

# EMPLOYER OF THE DISABLED AWARD

## Information Sheet

Deadline: December 19<sup>th</sup> to Department Headquarters

### HISTORY

When the Employer Awards Program was established in 1947, its purpose was to recognize employers across the country who had established outstanding records in the employment and retention of the disabled. The National Economic Commission wanted to use its new awards program to educate employers and the general public about the many positive aspects of hiring disabled persons and increase their employment opportunities.

In conjunction with its awards program, the commission also established "Employ the Handicapped Week" which was observed each October. This later became a national observance when succeeding presidents signed proclamations declaring the first full week of each October to be "National Employ the Handicapped Week." Today, like the federal government, The American Legion observes "National Disability/Employment Awareness Month," which is observed throughout October.

### PURPOSE

To confer recognition on one employer in each state for an outstanding record in the hiring and retention of the disabled

### PROCEDURE

Nominations from Post, or sources outside the Legion, must be sent to Department Headquarters. The Department then selects one nominee as its winner. It then forwards the nomination form for the winning employer to the National Economic Commission.

### FORM

A copy of the official nomination form follows. Additional copies may be duplicated as necessary.

### AWARD

A plaque from the National Economic Commission is given to the winner of each Department.

# THE EMPLOYER OF THE DISABLED AWARD

Please type or print legibly

Department of: Florida

Date \_\_\_\_\_

Legion Post's name and number: \_\_\_\_\_

PLEASE PRINT OR TYPE LEGIBLY

1. Exact name of company: \_\_\_\_\_

2. Business address: \_\_\_\_\_

3. Name/title of company's contact person: \_\_\_\_\_

4. Contact person's telephone number: \_\_\_\_\_

5. Type of business: \_\_\_\_\_

6 .Total employees: \_\_\_\_\_ Disabled employees: \_\_\_\_\_

7. Give reasons why you feel this nominee should receive this year's Employer of the Disabled Award. 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 sheet(s) of paper if necessary.

8. Name, title and daytime phone number of person making the nomination:

\_\_\_\_\_  
\_\_\_\_\_

Approved:

Department Adjutant \_\_\_\_\_ Date \_\_\_\_\_