

# EMPLOYER OF THE DISABLED AWARD

## Information Sheet

Deadline: **December 15<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 \_\_\_\_\_