

EMPLOYER OF OLDER WORKERS AWARD

Information Sheet

Deadline: Received by Department Headquarters by **Dec. 15th.**

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

ATTN: Programs Director

P.O. Box 547859, Orlando, FL 32854

Approved:

Department Adjutant: _____ Date _____

(DUPLICATE FORM AS NECESSARY)