



## **Employer of the Year Nomination**

Name of Company/Agency \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Type of Company/Agency \_\_\_\_\_

Your answers to the following questions will be used in consideration for the Employer of the Year Award. Please use additional sheets if necessary.

1. How many employees with disabilities were hired/remained on staff in the past year? \_\_\_\_\_
  
2. Do you have written company policies pertaining to employment of persons with disabilities? YES \_\_\_\_\_ NO \_\_\_\_\_
  
3. During the past year, have you reviewed your company for positions that may be performed by persons with disabilities? YES \_\_\_\_\_ NO \_\_\_\_\_

4. Do you participate in any disability employment programs, i.e. job training partnership programs, transitional employment programs, or other similar programs?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what program(s)?

5. Has there been any specific orientation or training for supervisors to ensure an effective working relationship between the supervisors and their employees with disabilities?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give examples.

6. What efforts have been made to accommodate workers with disabilities? Give specific examples.

7. List any other facts that may demonstrate your support for the employment of persons with disabilities.

*All applications must be submitted to the address on the front.*

*“People with disabilities should have the same opportunities as others to earn a living, have a good home, move about, and have meaningful employment and leisure activities.”*