THE EMPLOYER OF OLDER WORKERS AWARD

Nomination Form

The American Legion Department of: ________________________ Date: ___________
The American Legion Post’s name and number: _________________________________

Please print or type information

1. Exact name of company: ____________________________________________
2. Business address: ________________________________________________
3. Name and title of the company’s contact person: ______________________
4. Contact person’s telephone number: _______________________________
5. Type of business: _________________________________________________

6. Total employees: _______ Employees over 55: _______ Employee 55 years old with 5
years or more: _______ Numbers of hires last year over 55: _______ Number of
employees age 55 or greater who are veterans _______

7. Attach additional pages of 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 that qualify it, such as hiring, promotion, retention, and affirmative employment
policies.

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

Only those nominations that include adequate documentation on the nominee’s employment
practices concerning veterans will be considered for the National Employer of Older Workers
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 of
Older Workers 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:_____________________________