



THE EMPLOYER OF OLDER WORKERS AWARD

Nomination Form

The American Legion Department of: MAINE 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:** _____ **Number 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 a hiring, promotion, retention, and affirmative employment policies.
8. Name, title and daytime telephone number of the person making nomination: _____

Selection is made by the Department. This nomination form must be signed by the Post and sent to: The American Legion, Department of Maine, 5 Verti Drive, Winslow, Maine 04901-0727. Submission must be made by December 30. National "Employ the Older Worker Week" is observed during the last full week of September.

Approved Signature: _____ Date: _____
Post Adjutant

Approved Signature: _____ Date: _____
Department Adjutant

Desired presentation date at Department Convention: _____