



## 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: \_\_\_\_\_