****

**2017 Employment Leadership Award Nomination \*June 2, 2017 Deadline\***

Name of Employer Being Nominated:

Street Address:

City/Town:

State:

Zip Code:

Contact Name:

Title:

Phone:

Email of Contact Person:

Type of Business:

Number of Employees:

Business Logo: (\*Logos should be saved as a JPEG or GIF file and sent as an attachment.)

Name of Organization Making the Nomination:

Street Address:

City/Town:

State:

Zip Code:

Contact Name:

Title:

Phone:

Email Address:

Detailed Questions

Please answer the following questions by inserting the information after each question.

1. Please provide a brief description of the employer, its main business activities and its mission statement. (250 words or less)

2. Describe the employer’s efforts to: create opportunities that assist people with disabilities to develop the skills they need to obtain competitive employment; adopt inclusive hiring practices that allow people with disabilities to fairly compete for employment; and engage community partners to become a more diverse workplace. Please highlight examples of people with disabilities meeting the needs of the employer and explain why the employer should receive the 2017 Employment Leadership Award. (750 words or less)

*\*Note\* All nominations must be received by June 2, 2017 and interviews completed before June 30, 2017. Any nomination received or interviews not completed by the deadline date, will not be considered for eligible for the 2017 Employment Leadership Award.*