

2024 Employer of the Year Award

Nomination Form

***Please type in the information—no handwritten entries accepted.***

Check appropriate category: Public sector employer \_\_\_\_ Private sector employer\_\_\_\_

Small \_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_   
(25 or fewer employees) (26–250 employees) (251+ employees)

**Employer Company/Organization Name:**

Employer representative:

Title:

Address:

City: State: Zip:

Telephone:

E-mail:

**1. Employment practices**

Please describe the employer’s efforts in the employment of people with disabilities. Consider documenting both recent and long-term history, provision of full-time opportunities with benefits, whether both entry level and managerial/growth opportunities are available, special initiatives, jobsite accommodations, mentoring, etc. *(Use as much space as needed for all responses):*

**2. Other reasons for this nomination (such as volunteer programs or other support for the disability community, advocacy among peer employers)**

Name of person recommending this nominee:

Address:

City: State: Zip:

Phone: Email:

Name of Mayor’s/Governor’s Committee representative authorizing nomination\*:

\* Only one nomination per award is accepted from each mayor’s committee or agency.

**NOMINEE’S PERMISSION TO BE NOMINATED AND RECOGNIZED MUST BE OBTAINED.**

Completed forms must be emailed to Sandy Townsend at CassandraTownsend@focusresources.net no later than **March 22, 2024.**