



THE NATIONAL ECONOMIC COMMISSION'S
EMPLOYMENT SERVICE AWARDS

Please type or print responses

Legion Department: _____

Award Category: Employment Service Local Office Award

Date Submitted to Legion Department: _____

Name and title of nominee: _____

Address:

Daytime telephone number: _____

Office manager's name: _____

Name and title of nominator: _____

Address:

Daytime telephone number: _____

Nominator's signature: _____

This nomination must be approved by either the Department Adjutant or Department
Employment Chairman.

Approved by: _____

Title: _____

Date submitted: _____ Desired presentation date: _____

1. Total applicants available: _____
2. Applicants entered employment: _____
3. Percent of total applicants entered employment: _____
4. Total veteran applicants available: _____
5. Total veterans entered employment: _____
6. Percent of total veterans entered employment: _____
7. Total disabled veteran applicants available: _____
8. Disabled veterans entered employment: _____
9. Percent of disabled veterans entered employment: _____
10. Management support:

11. Community relations:

12. Involvement with American Legion programs, including Employer Awards Program:

You are encouraged to provide your annual office performance measures. You may add up to one page of supporting data on any subject above.

Completed nominations must be sent to American Legion Department Headquarters for selection of departmental winners and approval by the proper Legion official. This should be done as soon as possible so the Department has time to make its selections and forward its winning nominations and supporting material to National Headquarters. These are due in Washington on or before January 15th.

Questions regarding the Employment Service Awards should be referred to the Office of the Director, National Economic Commission, The American Legion, 1608 K Street NW, Washington, DC 20006; phone 202-861-2700.



THE NATIONAL ECONOMIC COMMISSION'S
EMPLOYMENT SERVICE AWARDS

Please type or print responses

Legion Department: _____

Award Category (circle one): LVER DVOP

Date Submitted to Legion Department: _____

Name and title of nominee: _____

Address:

Daytime telephone number: _____

Office manager's name: _____

Name and title of nominator: _____

Address:

Daytime telephone number: _____

Nominator's signature: _____

This nomination must be approved by either the Department Adjutant or Department
Employment Chairman.

Approved by: _____

Title: _____

Date submitted: _____ Desired presentation date: _____

Veteran Placement Activity (Annual Figures):

1. Veterans placed in full-time employment: _____
2. Veterans placed as a result of job development: _____
3. Disabled veterans entered employment: _____
4. Support of American Legion programs, including Employer Awards:

5. Leadership activities:

6. Community service:

7. Special achievements:

8. Use of technological innovations (E-mail, Internet, etc.):

You may add up to one page of supporting data on any subject above.

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LVER/DVOP page 2