

Work With Us

(A Lebanon County coalition to promote employment of individuals with disabilities)

Dear Friend:

The Work With Us coalition will be recognizing those employers in Lebanon County who have shown outstanding achievement in improving employment opportunities for people with disabilities. The committee will also be recognizing employees with disabilities in Lebanon County for their achievement in the work force.

In our efforts to obtain names of both employers and employees for nominations this year, we are requesting that you suggest candidates for both of these categories, using the following criteria:

Employee of the Year

1. Individual must have a disability
2. Individual must reside in Lebanon County
3. Individual must be employed for a period of at least six (6) months

Employer of the Year

1. Facility may be outside of or surrounding Lebanon County
2. All information must pertain to the local employer being nominated.

To assist you in making your selection, attached are nominations forms for both employer and employee of the year. Please complete each form to the best of your ability and return to the address below.

Sincerely,

Lebanon County MH/ID/EI
Work With Us/Patti Tinggen
220 E. Lehman Street
Lebanon, PA 17046

** NOMINATION FORMS DUE BACK BY July 31, 2018

WORK WITH US NOMINATION FOR EMPLOYER OF THE YEAR

Please print or type all answers, and answer all pertinent questions completely. Extra sheets of paper may be used if necessary.

1. Nominee's Name _____

2. Phone _____

3. Business address _____
(Street) (City) (State) (Zip code)

4. Type of Business _____

5. Employer's Size _____ Small (less15) _____ Medium (15-100) _____ Large (100+)

6. Brief description of why nominee deserves recognition as employer of the year: What accommodations have been made for employees with disabilities. Include removal of architectural barriers and what the interaction is between employee and employer, etc.

This nomination is submitted by _____

Address _____
(Street) (City) (State) (Zip code)

Business Phone _____ Extension _____

** NOMINATION FORMS DUE BACK BY July 31, 2018

WORK WITH US NOMINATION FOR EMPLOYEE OF THE YEAR

Please print or type all answers, and answer all questions completely. Extra sheets of paper may be used if necessary.

1. Nominee's Name _____
2. Date of Birth _____
(Month) (Day) (Year)
3. Home Address _____
(Street)

(City) (State) (Zip code)
4. Home Phone _____
5. Name of Employer _____
6. Employer's Address _____
(Street)

(City) (State) (Zip code)
8. Business phone _____
9. Nominee's Job Title _____
10. How long has employee been employed in current position _____
11. Describe nominee's disability and tell how and when acquired.

12. Brief description of any obstacles employee had to overcome to achieve present employment status.

This nomination is submitted by _____

Address _____
(Street) (City) (State) (Zip code)

Business Phone _____ Extension _____

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