



**Kosciusko Business Leadership Network  
Employer of the Year Award  
Annual Award Nomination Form  
2009**

**SUBMITTED BY:**

(Please print):

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Name of person making the nomination

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Mailing address

City, State, Zip

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Area code and daytime phone

Relationship to nominee

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Email Address

**NOMINEE:**

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Company

Area code and daytime phone

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Name of Nominee

Title

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Mailing Address

City, State, Zip

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Email Address

**DEADLINE**

Complete this form and submit with supporting statements by mail no later than **October 30, 2009** to:

Warsaw/Kosciusko County Chamber of Commerce  
313 South Buffalo Street  
Warsaw, IN 46580  
574-267-6311  
[joy@wkchamber.com](mailto:joy@wkchamber.com)

**PURPOSE**

To confer recognition on employers in the public and private sectors for outstanding achievements in enhancing employment opportunities for people with disabilities.

**ELIGIBILITY**

This award is given to employers who demonstrate outstanding achievements in promoting supported employment, making accommodations, and including people with disabilities in their place of work.

**NOTE: When answering these questions, please include as many specific examples as possible to help “tell the story” of why this employer deserves to win this award. Please use a separate sheet of paper if necessary.**

**EVALUATION**

The Workforce Development Committee of the Chamber will use the following criteria in determining the award recipient.

Please provide examples or documentation of the following:

- Policies and/or procedures pertaining to employment of persons with disabilities

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- Procedures and sources for outreach and recruitment, placement/training, and career advancement of employees with disabilities.

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- Specific efforts made to accommodate workers with disabilities.

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- Special orientation or training for supervisors in working with disabilities.

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- Integration of employee with disabilities into the company’s work force.

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