

# EMPLOYER OF THE YEAR

Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

The Employer of the Year Award is given each year in recognition of employers in the private and public sectors for outstanding achievements in improving employment opportunities for people with disabilities. In the space below write a narrative that tells about the employer and what changes they have made employing people with disabilities? Include how long have they employed people with disabilities, special accommodations made to employ that person, what internal supports has the employer done to make the person feel part of the team. After completing this form mail it to MAMC PO Box 162 Fargo, ND 58107.

Signature of nominee: \_\_\_\_\_