

Employer of the Year

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

If different than above, 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.

Please write a narrative that tells about the employer and what changes they have made employing people with disabilities. Include how long they have employed people with disabilities, what internal supports have they provided and the special accommodations they have made to employ people with disabilities.

Complete this form, attach the nomination/narrative letter and mail to:

MAMC
P.O. Box 162
Fargo, ND 58107

Nominations must be postmarked or received by March 30th.

Signature of nominee _____