



***10<sup>th</sup> Annual  
Employment Awards Luncheon  
Nomination Criteria***

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***Save-The-Date  
Tuesday, November 7, 2017  
11:30 a.m. – 1:30 p.m.***

- ❖ ***Employee of the Year*** – *An individual with a disability who has achieved significant work/career outcomes.*
  
- ❖ ***Employer of the Year*** – *An employer that has demonstrated a significant commitment to hiring, retaining and advancing individuals with disabilities.*
  
- ❖ ***Workforce Professional of the Year*** – *An individual workforce professional who has made significant contributions in the employment of people with disabilities.*
  
- ❖ ***Business Owner of the Year*** – *An individual with a disability who owns and has led their business to achieve significant success.*
  
- ❖ ***Provider of the Year*** – *A non-profit community service provider that has achieved significant outcomes in employment of people with disabilities.*
  
- ❖ ***Transition Professional of the Year*** – *A school affiliated professional that has demonstrated an exceptional commitment to helping students with disabilities transition from high school to meaningful employment.*



## *10<sup>th</sup> Annual Employment Awards Luncheon Nominations*

To nominate a deserving individual, employer, workforce development professional, business owner or provider, please complete the form below. Nomination forms must be received by Friday, September 22nd. Please mail the Awards Nomination form to Maryland Works, 10270 Old Columbia Road, Columbia, MD 21046 or e-mail to [nominations@mdworks.com](mailto:nominations@mdworks.com) or send by fax to 410-381-1558.

### **(1) Information about the person making the nomination**

Nominator Name/Title \_\_\_\_\_

Day Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_  
Address City State Zip Code

### **(2) Information about the nominee**

This nomination is for:

- Employee of the Year    Employer of the Year    Workforce Professional of the Year  
 Provider of the Year    Transition Professional of the Year    Business Owner of the Year

#### **\*TELL US ABOUT THE NOMINEE\***

Nominee \_\_\_\_\_

Day Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_  
Street address city

\_\_\_\_\_ State Zip Code

**A. Tell us a little about the nominee** *(Please attach any relevant materials to support the nomination)*

**B. Please make the case for why this nominee deserves the award.** *(Please attach any relevant materials to support the nomination)*

**Maryland Works, Inc.**  
**10270 Old Columbia Road., Suite 100**  
**Columbia, MD 21046**