

Ohio Governor's Council on People with Disabilities

The Ohio Employer of The Year Awards

The Ohio Governor's Council on People with Disabilities is seeking nominations for the Ohio Employer of the Year Awards. They are presented each year, to the most outstanding employers of people with disabilities in the state.

The purpose of these awards is to honor the nominees judged most outstanding in meeting the criteria for the current year. The employers selected are considered a symbol of all who have significantly contributed to employment opportunities for people with disabilities. It is anticipated that their example will inspire others and that our public recognition will encourage employers to **emphasize ability rather than disability** as the important factor in employment, promotion, and advancement within the company.

The Awards:

These awards are presented at the Annual Awards Ceremony of the Governor's Council on People with Disabilities, held in August. Applications are accepted at any time during the year. However, the application **must be submitted by May 22nd, 2009** to be considered for the **Annual Awards Ceremony on August 20th, 2009**.

The Criteria:

The following are the criteria to be met in making recommendations for the awards:

1. All nominees for the Ohio Employer of the Year Award must be located in Ohio.
2. The nominees must have exhibited outstanding achievements in improving employment opportunities for people with disabilities.
3. The employer will be nominated to represent one of three categories:
 - a. **Small** (less than 25 employees)
 - b. **Medium** (26 to 500 employees)
 - c. **Large** (501 or more employees)
4. An employer may be an individual or firm. If a corporation, please specify whether the corporation or a specific location is being nominated.
Note: The company nominated needs to be a **for profit business**. If you are interested in nominating a public agency or a non-profit, you should see the "*The Public/Non-Profit Best Practices Award*" application.

Rules for Application Process:

1. A nomination may be submitted by an interested individual, employer, and employee of the company, agency or organization.
2. The nomination form must be complete and an essay (**maximum of 250 words**) of the nominee's accomplishments should be attached. **OPTIONAL**: Supporting materials, news clippings, annual reports, photos, and articles may be included; however, additional materials **must not exceed** ten (**10**) pages.
3. If you include a videotape (which **must not exceed 15 minutes**), it can not (and will not) be returned.
4. The following suggestions are offered to assist applicants in developing their summaries. Submissions are **NOT** required to address **ALL** of the areas to be considered for this award.
 - Briefly describe the company and what it manufactures or does.
 - How many people are currently employed?
 - How many people with disabilities are employed?
 - How many people with disabilities are employed at entry level, management, or upper management positions?
 - Share, with the Council, why you feel this company should be a recipient of one of these awards.
 - Please share with us how the company has accommodated employees with disabilities.
 - Briefly describe the company's participation in projects, programs, or efforts that support employment of individuals with disabilities.
 - Please tell us about activities in which the nominee is involved on the local, state, and/or national level to encourage other employers to hire a diverse workforce, including individuals with disabilities.
5. Please forward the completed application information to:

Governor's Council on People with Disabilities

Attn: Agency Award, 2009

400 E. Campus View Blvd., SW5C

Columbus, OH 43235-4604

FAX: 614-985-9605

E-Mail: Pamela.B.Carter@rsc.state.oh.us

All nominations must be submitted (either by mail, fax, or sent electronically) by May 22nd, 2009.

NOMINATION FORM

Ohio Governor's Council on People with Disabilities

Employer of the Year

Employer Category:

_____ Corporate

_____ Private

Employer Size:

_____ Small (less than 25 employees)

_____ Medium (26-500 employees)

_____ Large (more than 500 employees)

_____ Corporation, local office; number of employee's _____

Nominated Business: _____

Web Site Address (if available): _____

Mayor where company is located: _____ Phone: (____) _____

Employer Contact Person: _____

Title: _____

E-Mail of Contact Person: _____

Telephone Number(s): _____ (Voice)

_____ (TTY)

Address of Business: _____

City, Zip: _____

Nominating Sponsor:

(If different from above) _____

Title: _____

E-mail: _____

Telephone Number(s): _____ (Voice)

_____ (TTY)

Address: _____

City, Zip: _____
