 IN-APSE Employer Award

2024 Annual Nomination Form

# SUBMITTED BY:

APSE Membership must be current. (Please print):

**Name of person making the nomination**

**Mailing address City, State, Zip**

## Area code and daytime phone APSE Membership Number Relationship to nominee

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## Email Address

## NOMINEE:

**Name of Nominee Area code and daytime phone**

**Title Company**

**Mailing Address City, State, Zip**

# Email Address

# DEADLINE

Complete this form and submit with supporting statements by email no later than **January 12, 2024** to: **Jonathan Kraeszig jonathan.kraeszig@fssa.in.gov**

## PURPOSE

## To recognize businesses who value and demonstrate the importance of an inclusive workforce by employing 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.

**CRITERIA**

1. Describe the employer’s Employment First practices and contributions.

2. What has the employer done to ensure that employees with disabilities are fully included and supported in their workforce?

3. What has the employer done to encourage other employers to hire candidates with disabilities and model their businesses after their own inclusive model?

4. What efforts has the employer made at the local, state, and/or national level to encourage the hiring of individuals with disabilities (e.g., working with legislators, developing partnerships with VR or provider agencies, etc.)?

## 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

1. Describe the employer’s Employment First practices and contributions.

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2. What has the employer done to ensure that employees with disabilities are fully included and supported in their workforce?

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3. What has the employer done to encourage other employers to hire candidates with disabilities and model their businesses after their own inclusive model?

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4. What efforts has the employer made at the local, state, and/or national level to encourage the hiring of individuals with disabilities (e.g., working with legislators, developing partnerships with VR or provider agencies, etc.)?

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**NOTE: All nominations must include two letters of support. One letter must be from an employee at the same firm and the other letter from an employee with a disability who also works at the same firm (please attach to this form). THANK YOU!**