

VFW Employer of the Year Award Nomination Form

Nominator's Name*

First Name* _____

Last Name* _____

Nominator's Phone #* _____

Nominator's Email* _____

Nominator's Position* _____

Department and Post #* _____

Employers Business Name* _____

Employers Address*

Address Line 1 _____

Address Line 2 _____

City _____

State _____

ZIP Code _____

Employer's Point of Contact _____

Employer's Point of Contact Phone # * _____

Employer's Point of Contact Email* _____

Why do you feel this employer deserves this award?*

Additional Evidence *