



## 2021 California Employer Advisory Council Veterans Employer of the Year Awards Nomination Form

Each year, the California Employer Advisory Council (CEAC) along with the Employment Development Department (EDD) honor employers who consistently demonstrate positive policies toward U.S. veterans in hiring and promotion, as well as through employee retention efforts, ongoing training, and benefits. Eligibility for the Veterans Employer of the Year Awards is limited to California employers who are in compliance with all national, state, and local laws, and who are in good standing with the State of California. Individuals, agencies, or organizations are encouraged to submit a complete nomination with signed permission of the nominated employer. Employers may also nominate themselves.

Items A through C on this nomination form must be completed in full to be considered for an award. **Completed nomination forms must be received no later than June 11, 2021.**

Winners will be notified in summer 2021, and honored in person at the CEAC Veterans Employer of the Year Awards ceremony during the 2022 CEAC Conference.

For more information, email [PABStratCom@edd.ca.gov](mailto:PABStratCom@edd.ca.gov).

### A. Rating Criteria for the CEAC California Veterans Employer of the Year Award

All criteria listed below must be addressed in the nomination in order to be considered. When addressing rating criteria items below, please provide supporting information (no more than three pages total) and submit with the nomination form. Calendar year 2020 should be emphasized but include prior years' examples if pertinent. Yes and no answers should be avoided. *A cover letter is optional.*

1. Describe why the organization is committed to the hiring of veterans and how it contributes to the organization's success. For example: increased sales and productivity, lower absentee rates, increased employee moral, lower staff turnover, and/or the mentoring of colleagues.
2. Describe how the organization demonstrates its commitment to the hiring of qualified veterans/disabled veterans. For example: written policy emphasizing employment of veterans/disabled veterans, direct participation in the Veterans Workforce Investment Program or Transition Assistance Program, or providing special accommodations for the disabled veteran.
3. Provide examples of programs within the organization that provide veterans/disabled veterans with opportunities for advancement and/or help them to remain competitive in the workplace. For example: tuition assistance programs, professional development courses, or on-the-job training.
4. Describe how the organization demonstrates a leadership role in the community as an advocate for veteran/disabled veteran programs.
5. If applicable, list awards or recognition related to veterans that were presented to the organization in 2020.



**B. Nominating Information** (Please type or print all information)

**Business Categories**

Please check the appropriate box

- Private, Small Business (Under 100 employees)
- Private, Large Business (100 or more employees)
- Government/Public Sector

**Nominated Employer Information**

Total Number of Employees \_\_\_\_\_ Number of Veteran Employees \_\_\_\_\_ Number of Disabled Veteran Employees \_\_\_\_\_

Employer Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State \_\_\_\_\_

9-Digit ZIP Code \_\_\_\_\_

Federal Employer ID Number: \_\_\_\_\_  
(FEIN) (9-Digit number)

State Employer ID Number: \_\_\_\_\_  
(SEIN) (8-Digit number)

Type of Business  Manufacturing  Retail  Service  Wholesale  Other (Specify) \_\_\_\_\_

Employer Contact Person First Name Last Name Title

( ) ( )

Telephone Fax Email Address

**Nominator (Self-nominating employers may leave this section blank)**

First Name Last Name Title

Street Address City/State 9-Digit ZIP Code

( ) ( )

Telephone Fax Email Address

**C. Authorization**

Submission of this signed nomination form authorizes the sponsors to use information provided by the nominee and nominator, including documentation and photographs, to promote the hiring, promotion, and retention of veterans, commencing with the signature date. Event sponsors and their agents or employees are released from any liability when using these materials for the above stated purpose. The employer representative attests that the employer meets the eligibility requirements stated on this form.

Employer Representative Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Print First Name, Last Name, Title:* \_\_\_\_\_

Nominator Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Print First Name, Last Name, Title:* \_\_\_\_\_

**Completed nomination forms must be postmarked no later than June 11, 2021 to PABStratCom@edd.ca.gov.**