

**JOINT COMMUNITY AND GOVERNMENT CONSULTATION
on Disability and Employment Issues**

Employer Nomination Form

REFERRING SOURCE:

Name: _____
Agency: _____
Mailing Address: _____ Postal Code: _____
Phone: _____ E-mail: _____

NOMINATED EMPLOYER

Name of Employer [first and last name] _____
Place of Employment: _____
Job Title: _____
Location Address: _____ Postal Code: _____
Mailing Address (if different from location): _____
Phone: _____ E-mail: _____

**EMPLOYER ROLE [] BUSINESS OWNER [] HUMAN RESOURCE
CONSULTANT [] DEPARTMENT MANAGER [] EDUCATOR
[] OTHER**

REASON FOR NOMINATION: _____

How have employment opportunities been provided to persons with disabilities?

Include – Employee is receiving minimum wage or greater
– Employer has established hiring practices regarding recruitment and advancement of employees with disabilities

How has the employer's action acknowledged the skills of persons with disabilities in the workplace?

INCLUDE – How the employer promotes and advocates for the hiring and advancement of persons with disabilities

Describe the working relationship your agency has with the employer.

PLEASE CIRCULATE, AND DUPLICATE FORM AS NEEDED

DEADLINE FOR NOMINATIONS IS September 19th, 2014

RETURN TO: stewartreach@brianstewart.ca