

# PENNSYLVANIA VFW EMPLOYMENT SERVICE OFFICE AWARD

The **Local Office of the Public Employment Service Award** is given each year to the Public employment Service Office that has excelled in the provision of services to veterans.

**Eligibility:**

Any public employment service office that has an exceptional record of assisting veterans beyond which is required by federal, state, or local directives.

**NONINATIONS:**

Any individual may nominate a candidate for this award.

**PROCEDURE:**

Recommendations should include a statement detailing the exceptional character of the nominees' accomplishments in providing employment services to veterans. Deadline is March 1.

Recommendations must include the following information:

Nominees Name: \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of a contact: \_\_\_\_\_  
Name of the Local Office's Local Veterans Employment Representatives: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Name of the Disabled Veterans Outreach Program Specialist: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

- ❖ Inclusive dares for data submitted. From \_\_\_\_\_ To \_\_\_\_\_
- ❖ Coordination between local offices and VFW Post Employment Officers.
- ❖ Report of community participation of Local office employees.
- ❖ Public Relation programs emphasizing employment of veterans.
- ❖ Liaison established with employers in area.
- ❖ Examples of special job development efforts and/or other outstanding services.
- ❖ Illustrate effectiveness with employers, veterans' organizations, unions, and government officials. Include all other community participation of Local Office Employees deemed valuable. Coordination between Local Office and local VFW Post Officials should have priority.
- ❖ Submit examples of special job development efforts and/or outstanding Local Office services rendered.
- ❖ Submit appropriate exhibits or other supporting information.

Submitted By: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ PA ZIP: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_