

# Increasing Access and Opportunity

*Celebrating 30 years of  
The American Disabilities Act*

Harford County Commission for Disabilities  
Employment Committee

**EMPLOYEE OF THE YEAR AWARD**

This award is given to an individual with a disability who is a resident of Harford County and/or employed in Harford County and has exhibited exceptional ability and determination in entering or re-entering the workforce.

- a. Nominations **MUST** be on designated forms; alternative formats available.
- b. Duplicate forms if additional copies are needed.
- c. Print or type complete answers on ALL questions.
- d. Attach additional pages/documentation if necessary.
- e. Mail, email or fax completed forms to:  
Commission on Disabilities | 125 N. Main Street | Bel Air, MD 21014  
disability@harfordcountymd.gov | 410-803-0433 Fax

f. **Nominations must be received by Friday, October 9, 2020**

1. Nominee's Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date of Birth \_\_\_\_\_
2. Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_
3. Nominee's Job Title \_\_\_\_\_
4. Describe the barriers the nominee has overcome to become employed/retain employment:



**Barry Glassman**  
County Executive

**Amber Shrodes**  
Director, Community Services

**Commission on Disabilities**

Harford County Department of Community Services  
[www.harfordcountymd.gov/services/disabilities](http://www.harfordcountymd.gov/services/disabilities)  
410 638 3373

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5. Outline the nominee's educational and employment background including vocational training and experience which enabled the nominee to enter/re-enter the workforce:
  
  
  
  
  
  
  
  
  
  
6. Describe the nominee's present employment activities:
  
  
  
  
  
  
  
  
  
  
7. List other reasons why the nominee should be selected, including community involvement and volunteer work.

Nominator's Name: \_\_\_\_\_

Nominator's Title: \_\_\_\_\_

Nominator's Organization/Business (if applicable) \_\_\_\_\_

Please contact me at the following:

Email \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature, Title

Date



**Barry Glassman**  
County Executive

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