

# Increasing Access and Opportunity

*Celebrating 30 years of  
The American Disabilities Act*

Harford County Commission for Disabilities  
Employment Committee

**EMPLOYER OF THE YEAR AWARD**

This award is given to a Harford County employer to recognize the extent and effectiveness of the nominee's activities in promoting employment opportunities for qualified individuals with disabilities BEYOND what is mandated by Federal, State, and local laws

- 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. The organization has (circle one)
  - a. 25 or fewer employees (small employer)
  - b. 26-500 employees (medium employer)
  - c. 501 or more employees (large employer)(Awards may be given in each of the above categories)
2. Type of Business: \_\_\_\_\_
3. Nominee's Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_
4. Name of Manager/Director \_\_\_\_\_
5. If Nominee is an individual:  
Name \_\_\_\_\_  
Title \_\_\_\_\_



**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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6. Describe the nominee's philosophy pertaining to the employment of people with disabilities and explain how it is implemented:
7. State the nominee's procedure for recruitment, placement, training, orientation and follow-up of employees with disabilities:
8. Describe the nominee's activities at the local, state and/or national level in promoting the hiring of individuals with disabilities, i.e. membership in organizations interested in employment of persons with disabilities, support groups, etc.
9. Explain other reasons for this nomination, i.e. special orientation of employees, labor/management agreements that facilitate employment of persons with disabilities.

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

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

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

Please contact me at the following:

Email \_\_\_\_\_

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

Signature, Title

Date



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