Work With Us
(A Lebanon County coalition to promote employment of individuals with disabilities)

The Work With Us coalition will be recognizing those employers in Lebanon County who have shown outstanding achievement in improving employment opportunities for people with disabilities. The committee will also be recognizing employees with disabilities in Lebanon County for their achievement in the work force. The event this year will be held virtually.

Please use the following criteria when submitting nominations:

Employee and Student Employee of the Year Award
- Individual must have a disability
- Individual must reside in Lebanon County
- Individual must be employed for a period of at least one year; exceptions may be made for students

Employer of the Year Award
- Facility may be outside of or surrounding Lebanon County
- All information must pertain to the local employer being nominated.

Employment Champion Award
- May be from outside of Lebanon County but needs to have shown support to a Lebanon County resident with a disability. Nominee should not be a paid staff person

Newcomer Award
- Individual has been working less than a year and is doing outstanding/amazing work on the job

Rising Star Award
- Individual has made significant strides and/or improvements on the job

Milestone Award
- Individual has worked for a specific number of years. Awards provided in increments of 5, 10, 15, 20, 25, and 30 years

Attached are nominations forms for all categories. Please complete each form to the best of your ability and mail or email to the address below.

Lebanon County MH/ID/EI
Work With Us/Dawn Wolfe
220 E. Lehman Street
Lebanon, PA 17046
Dawn.wolfe@lebanoncountypa.gov

** NOMINATION FORMS DUE BACK BY JULY 31, 2023 **
WORK WITH US NOMINATION FOR EMPLOYER OF THE YEAR

Please print or type all answers, and answer all pertinent questions completely. Extra sheets of paper may be used if necessary.

1. Nominee’s Name __________________________________________________________

2. Phone ___________________________________________________________________

3. Business address __________________________________________________________
   (Street) (City) (State) (Zip code)

4. Type of Business __________________________________________________________

5. Employer’s Size _____ Small (less than 50) _____ Medium (50-100) _____ Large (100+)

6. Brief description of why nominee deserves recognition as employer of the year: What accommodations have been made for employees with disabilities? Include removal of architectural barriers and what the interaction is between employee and employer, etc.

This nomination is submitted by _________________________________

Address _________________________________
   (Street) (City) (State) (Zip code)

Business Phone ________________ Extension ________________

** NOMINATION FORMS DUE BACK BY July 31, 2023-Return to Dawn Wolfe-dawn.wolfe@lebanoncountypa.gov
WORK WITH US NOMINATION FOR EMPLOYEE/STUDENT EMPLOYEE OF THE YEAR

Please print or type all answers, and answer all questions completely. Extra sheets of paper may be used if necessary. Please circle employee or student on form.

1. Nominee’s Name __________________________________________________________

2. Date of Birth _____________________________________________________________
   (Month) (Day) (Year)

3. Home Address ____________________________________________________________
   (Street)
   (City) (State) (Zip code)

4. Home Phone ________________________________________________________________________________

5. Name of Employer _____________________________________________________________

6. Employer’s Address _____________________________________________________________
   (Street)
   (City) (State) (Zip code)

8. Business phone ________________________________________________________________________________

9. Nominee’s Job Title _____________________________________________________________

10. How long has employee been employed in current position _______________________

11. Brief description of any obstacles employee had to overcome to achieve present employment status.

This nomination is submitted by _________________________________________________________

Address ____________________________________________________________
   (Street) (City) (State) (Zip code)

Business Phone ______________________ Extension __________

** NOMINATION FORMS DUE BACK BY July 31, 2023 (Student Employee by September 15, 2023)-Return to Dawn Wolfe dawn.wolfe@lebanoncountypa.gov or Patti Tingen patti.tingen@lebanoncountypa.org
WORK WITH US NOMINATION FOR EMPLOYMENT CHAMPION

Please print or type all answers, and answer all pertinent questions completely. Extra sheets of paper may be used if necessary.

An Employment Champion is someone who promotes employment for individuals with disabilities and goes “above and beyond”. An Employment Champion can be someone who works for an agency, an employer, a parent, etc.

Nominee’s Name ___________________________ Phone/Contact Info ___________________________

Briefly describe why the nominee is an Employment Champion. Give examples and please be specific.

This nomination is submitted by __________________________________________________________

Phone/Contact Information __________________________________________________________________

**Nomination Form Due back by July 31, 2023-Return to Dawn Wolfe
dawn.wolfe@lebanoncountypa.gov**
WORK WITH US NOMINATION FOR Newcomer Award

Please print or type all answers, and answer all questions completely. Extra sheets of paper may be used if necessary.

1. Nominee’s Name __________________________________________________________

2. Date of Birth _____________________________________________________________
   (Month) (Day) (Year)

3. Home Address ____________________________________________________________
   (Street)
   (City) (State) (Zip code)

4. Home Phone ______________________________________________________________

5. Name of Employer ________________________________________________________

6. Employer’s Address ________________________________________________________
   (Street)
   (City) (State) (Zip code)

8. Business phone ____________________________________________________________

9. Nominee’s Job Title ______________________________________________________

10. How long has employee been employed in current position ___________________

11. Brief description of how this person has been completing outstanding/amazing work. Must be employed less than a year.

This nomination is submitted by ______________________________________________

Address ________________________________________________________________
   (Street) (City) (State) (Zip code)

Business Phone _____________________ Extension _____________________

** NOMINATION FORMS DUE BACK BY July 31, 2023 - Return to Dawn Wolfe  dawn.wolfe@lebanoncountypa.gov
WORK WITH US NOMINATION FOR Rising Star Award

Please print or type all answers, and answer all questions completely. Extra sheets of paper may be used if necessary.

1. Nominee’s Name __________________________________________________________

2. Date of Birth ____________________________
   (Month) (Day) (Year)

3. Home Address ____________________________________________________________
   (Street)
   (City) (State) (Zip code)

4. Home Phone ______________________________________________________________

5. Name of Employer _________________________________________________________

6. Employer’s Address ________________________________________________________
   (Street)
   (City) (State) (Zip code)

8. Business phone ____________________________________________________________

9. Nominee’s Job Title ______________________________________________________

10. How long has employee been employed in current position __________________

11. Brief description of how this person has made significant strides and/or improvements on the job.

This nomination is submitted by ____________________________

Address ________________________ (Street) (City) (State) (Zip code)

Business Phone _______________ Extension _______________

** NOMINATION FORMS DUE BACK BY July 31, 2023 Return to Dawn Wolfe  dawn.wolfe@lebanoncountypa.gov
WORK WITH US NOMINATION FOR LONGEVITY AWARD

Please print or type all answers, and answer all questions completely. Extra sheets of paper may be used if necessary.

1. Nominee’s Name ____________________________________________________________

2. Date of Birth __________________________ (Month) (Day) (Year)

3. Home Address _____________________________________________________________
   (Street)
   (City) (State) (Zip code)

4. Home Phone ______________________________________________________________

5. Name of Employer _________________________________________________________

6. Employer’s Address ________________________________________________________
   (Street)
   (City) (State) (Zip code)

8. Business phone __________________________

9. Nominee’s Job Title _______________________________________________________

10. How long has employee been employed in current position: ____ 5 years      ____ 10 years
    ____ 15 years      ____ 20 years      ____ 25 years      ____ 30 years

11. Any additional information you would like to provide about the person’s employment

   This nomination is submitted by ______________________________________________

   Address __________________________ (Street) (City) (State) (Zip code)

   Business Phone ______________________ Extension ______________________

** NOMINATION FORMS DUE BACK BY July 31, 2023 Return to Dawn Wolfe  dawn.wolfe@lebanoncountypa.gov