

**PLEASE COMPLETE AS FULLY AS POSSIBLE TO GIVE ALL
NOMINEES AN EQUAL CHANCE AT RECONGNITION**

EMPLOYER OF THE YEAR

(PLEASE CHECK ONE OF THE FOLLOWING)

_____ **SMALL BUSNINESS (20 EMPLOYEES OR LESS)**
_____ **LARGE BUSINESS (MORE THAN 20 EMPLOYEES)**

ENTRANT INFORMATION FORM

NAME OF ENTRANT _____
ADDRESS _____

SHORT HISTORY OF THE ENTRANT

The year the business was started _____
How many employees did it start with _____
How many employees do they have today _____
Location where business started _____
Location today _____

COMMITMENT TO THE COMMUNITY

If there were expansions done, when and what?

What products or services does the business provide?

What are future goals, if known?

