

Lakes Area Professional Women Employer of the Year Nomination Form

Please provide the following information to Jennifer Wegner via e-mail to jwegner@dchospital.com or fax to attn. Jennifer Wegner at 320-762-6120. **Deadline: Wednesday, September 13th.**

Nominated company: _____

Street address and website address: _____

Name of nominator and relationship to company (i.e. employee, manager, client, etc):

Nominator's phone: _____ Nominator's e-mail: _____

1. How many years has the company been in business? _____

2. Number of employees: Female _____ Male _____

3. Number of managers: Female _____ Male _____

4. Number of officers or board of director members: Female _____ Male _____

5. Explain what the company does (may attach brochures, and other supportive data – please do not just list a website address here!) **Be as detailed as possible.**

6. Is there a career path or track allowing for existing employees to be promoted? Explain.

7. What educational and training opportunities are offered for employees?

8. How does the company utilize creative initiatives that empower women:

a. In the work place:

b. Outside of the work place:

9. How does the company accommodate employees with medical leave, personal leave, child care and other benefits?

10. In what ways does the company promote or encourage female employees to become active members of LAPW or other professional and service organizations in the community?

11. What special opportunities are available for all company employees?

12. How does the employer demonstrate philanthropic support of the local community?

13. Additional supportive data may be attached. Consider including personal testimony as to why this employer is deserving of this award.