

ND APSE: The Network on Employment  
**"BEST OF THE BEST"**  
2006 Employee Recognition Awards



**Person Completing This Form**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Please nominate an **employee with disabilities in community-based employment** for the North Dakota APSE: The Network on Employment's "BEST OF THE BEST" award.

**Employee with Disabilities:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Describe the person's previous AND current employment. Include positions held, and responsibilities/duties, and length of employment:

Describe any unique/innovative placement, accommodations, or support:

Describe the person's success in terms of employment skills, self-concept, and independence in the community

Describe the employee's attitude and any other indicators of excellence:

Please return to ND APSE: The Network on Employment by **March 20, 2006:**  
ND APSE: The Network on Employment  
PO BOX 992  
Bismarck, ND 58502-0992