

MAYOR'S DISABILITY COUNCIL



Mayor's Disability Council's Employee of the Quarter NOMINATION FORM

This award is to acknowledge persons with disabilities who work in the community despite their disability.
We applaud their efforts and the difference they make in the Jacksonville community.

Please print or type

Name of person filling out this form: _____

Relationship: _____ (i.e. self, employer, family, friend, etc.)

Phone: _____

Nominee

Name: _____ Date: _____

Address: _____ Zip Code: _____

Phone: _____ Email: _____

Employer/Business: _____ Job Title: _____

General job duties: _____

How long has the nominee worked there? _____

How has the nominee overcome their disability to become successfully employed?

Did they need any special accommodations for their job? If yes, please explain.

For the Web site, please give us a brief synopsis of this nominee highlighting their work ethic, dedication and drive. _____

Please attach additional pages if needed.

With the winner's permission, photo and story will be placed on our website.

Applications should be submitted to the Disabled Services Office at the address or fax listed below or by email at disabledservices@coj.net. Applications will be kept on file for a minimum of one year from the date they are submitted. Winners will be notified by phone.

E-mail Nomination Now

**PARKS AND RECREATION COMMUNITY SERVICES DEPARTMENT
DISABLED SERVICES DIVISION**

117 W. Duval Street, Suite 205 | Jacksonville, FL 32202 | Phone: 904.630.4940 | Fax: 904.630.3476 | TTY: 904.630.4933 | www.coj.net