

WorkQuest

The right solution.

Artie Lee Hinds Award Nomination Form

**One employee nominee per community rehabilitation program.*

Nominee must work on a State Use Program contract. Attach additional sheets as needed.

Please be as detailed as possible in your descriptions.

Please include a photo of your nominee with your nomination submission.

The deadline for nominations is Friday, June 14, 2019.

Nominating CRP: _____

Contact Name: _____

Address: _____

City, State & Zip: _____

Contact Email: _____

Nominee name: _____

Nominee has been with the company this long: _____

State Use contract that the employee works on: _____

Was the nominee employed prior to beginning work with your organization? If so, in what type of position? _____

Employee's weekly work schedule: _____

Describe your nominee's job responsibilities: _____

Nominee has shown leadership in these areas of responsibility: _____

Has this job helped your nominee to become more independent? If so, how? _____

I nominate this employee for the following reasons: _____

Additional information from your nominee:

“I like my job because _____

“My paycheck helps me to _____

Deadline: Friday, June 14, 2019

Please submit all nomination forms, media releases and nominee photographs to Taylor McBride via mail or email:

WorkQuest
Attn: Taylor McBride
1011 East 53 ½ Street
Austin, Texas 78751
Email: tmcbride@workquesttx.com
Phone: 512-451-8145 Fax: 512-371-0028

Texas Workforce Commission

Authorization to Release Written Information, Photographs, Film or Videotape

I, hereby authorize the Texas Workforce Commission (including any of its officers, employees, contractors and agents) to release, disseminate, or use the attached information about myself (or my child) for print, broadcast, electronic publications, online media including websites, or social media.

I also authorize the use of my photograph (or my child's), if provided, for the same purpose. I also authorize the use of videotape or film taken of me (or my child) individually or in conjunction with any other film or videotape for any purpose whatsoever, including (but not by way of limitation) illustration, promotion, advertising and trade.

I understand that I will not be given any monetary compensation for my time or services. I hereby hold harmless and release and discharge the Texas Workforce Commission from any and all claims, demands and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have arising out of, or in connection with, the use of written material/photographs/videotape/film including any and all claims for libel.

I am over the age of twenty-one. I have read the foregoing and fully understand the contents thereof.

Printed Name of Nominee

Signature

Nominating CRP

Date