

# 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 4, 2021.***

**Nominating CRP:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Contact Telephone:** \_\_\_\_\_

**Nominee name:** \_\_\_\_\_

**Nominee has been with the company this long:** \_\_\_\_\_

**State Use contract that the employee works on:**

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**Please include the location(s) and/or facility(s) where the employee works:**

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**Describe your nominee's weekly work schedule, including days of the week and total hours worked:**

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**Describe your nominee's job responsibilities:**

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**Nominee has shown leadership in these areas of responsibility:**

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

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

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**I nominate this employee for the following reasons:**

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**Additional information from your nominee:**

“I like my job because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

“My paycheck helps me to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Deadline: Friday, June 4, 2021**

Please submit all nominations to Taylor McBride via online submission or email:

WorkQuest

Attn: Taylor McBride

1011 East 53 ½ Street

Austin, Texas 78751

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