# 2025 Texas Workforce Commission Annual Conference

# HireAbility Employer of the Year Award

## Instructions for Submitting the Nomination Form

The Texas Workforce Commission (TWC) recommends using this document to develop submission responses before completing the nomination in Microsoft Forms. All fields within Microsoft Forms are required. If there is no response for a field, enter “N/A.” Select “Submit” to submit the nomination form. Upon submission of the nomination form, a “thank you” message will appear on the screen.

For questions regarding the TWC Employer Awards, please email the awards committee at awards@twc.texas.gov.

## Introduction

The HireAbility Employer of the Year Award honors a private-sector employer that has positively impacted the state of Texas, workers, other employers, and the communities in which the employer does business by promoting successful employment opportunities for talented and dedicated Texans with disabilities. Nominations should recognize an employer that is a customer of the Texas workforce system, uses innovative approaches to foster an inclusive workforce, and hires Texans with disabilities. Responses should focus on the employer’s initiatives impacting current and future workers. Each nomination should describe how the nominated employer has worked with its Local Workforce Development Board (Board) and Texas Workforce Solutions vocational rehabilitation (VR) services staff members to ensure access to VR services, referrals, and employment opportunities for VR customers with the nominated employer.

Each nomination should highlight initiatives including, but not limited to, the following:

* Recruiting and hiring practices that promote inclusivity and attract qualified job seekers with disabilities
* Employer policies that encourage disability self-disclosure in the workplace
* Policies that support and advance employment opportunities for individuals with disabilities
* Inclusive training and retraining practices
* Programs and benefits designed to recruit qualified workers with disabilities

Each Board may nominate **one** private-sector employer for this award. Private-sector employers are employing units, as defined in Texas Labor Code §201.011(11), and include partnerships, associations, corporations, and educational and nonprofit institutions that are not:

* a political subdivision under TWC Chapter 821 Texas Payday rule §821.4;
* an individual or entity subject to Titles 2, 3, or 4 of the Texas Government Code; or
* a unit of government of another state, the United States, or a foreign nation.

## Board and Employer Nominee Information

1. Which Board are you submitting this nomination for?

2. Provide the following contact information for the individual submitting this nomination on behalf of the Board: **contact name**, **contact phone number**, and **contact email**.

3. Board executive directors and Board chairs must be notified of all Employer Award nominations submitted on behalf of the Board.

Have you notified the Board executive director and Board chair of this nomination submission and its contents? (Yes or No)

4. Employer’s legal entity name:

5. Doing business as:

6. Employer address (include city and ZIP code, no P.O. Boxes):

7. Employer contact name:

8. Employer contact email:

9. Employer contact phone number:

10. All Federal Employer Identification Numbers (FEIN) (example: 12-3456789):

11. All employer unemployment insurance tax identification (ID) numbers
(example: 12-345678-9):

12. Total number of employees:

13. Preferred branded name of the employer nominee (as it would appear on a trophy and award materials):

14. Submit the nominee’s logo to awards@twc.texas.gov according to the following technical specifications:

* **File Format**
The logo must be in png or jpg format.
* **Logo Quality**

The logo must be high resolution: 300 dpi or greater. Do not use a low-resolution logo copied from the web.

* **Copyright**
Boards must have either permission to use or ownership of the logo.

15. **For Employer of the Year Video:** Please provide the **name**, **email** **address**, and **phone number** of the individual TWC should coordinate with for media-related questions, as the winner in this category will have a video highlight reel at the TWC Annual Conference.

16. Review the following statement and **enter your name to affirm the following**:

The Board is aware that TWC will conduct a background review of the nominee’s financial and legal status, including, but not limited to:

* unemployment insurance tax status and delinquency history;
* standing with the Texas Secretary of State and the Texas Comptroller of Public Accounts;
* Texas Payday Law violations and penalty history;
* OSHA violations;
* eligibility to receive federal contracts according to the federal System for Award Management database; and
* lawsuits in the Public Access to Court Electronic Records (PACER) system.

## Nomination Responses

17. Provide a clear and concise overview of no more than 350 words describing the employer’s contributions to individuals with disabilities in the Texas workforce system.

18. Identify and describe the employer’s programs or benefits designed to recruit qualified individuals with disabilities. These may include innovative business practices used to increase recruitment. (20 points)

19. Describe the positive and significant impacts hiring individuals with disabilities has had on the employer’s business results. (20 points)

20. Indicate how the employer’s innovative methods or initiatives improve the career opportunities of current and future employees with disabilities. (20 points)

21. Provide the total number and percentage of employees with disabilities employed by the nominee. (10 points)

22. Describe the employer’s community activities that benefit employees with disabilities as well as other community partners and individuals. (10 points)

23. Describe the nominee’s collaborative efforts with business organizations, educational partners, or community organizations that improve employment opportunities for job seekers with disabilities in the local workforce development area. (10 points)

24. Explain how other employers may replicate these efforts in their hiring initiatives. (5 points)

25. Provide documented endorsements, newspaper articles, or letters of support highlighting the nominee’s contributions to successful employment opportunities for talented and dedicated Texans with disabilities. (5 points)

Documentation, including letters of endorsement, URLs, support for the employer nomination, or additional materials, such as newspaper articles or other relevant documents, must be emailed to awards@twc.texas.gov with “HireAbility Employer: [BOARD NAME] Supporting Docs” in the subject line.

Indicate in the line below whether you are sending documented endorsements by email.