



## Official Nomination Form

# Carol Dean Building Service Employee of the Year Award

### CRITERIA:

1. Competition is open to all Professional, Affiliate and Franchisor members.
2. Nominee must have been a regular custodian level employee in the building service contracting industry for at least five years, and an employee of a BSCAI professional, affiliate or franchisor member company for at least one year — either full-time or part-time.  
  
Supervisory personnel are not eligible. However, a working custodian, who may also perform foreman duties, is eligible.
3. Nominee should be competent in the custodial position, as well as outstanding with respect to civic activity, family role, work ethic, etc., beyond what is usually expected of a responsible citizen.
4. The winner may not be self-nominated.
5. The same company cannot win this award two years consecutively, but that company can receive honorable mention certificates for submitted employees.

### INSTRUCTIONS:

1. To enter the competition, complete the reverse side of this official nomination form and return it to BSCAI headquarters no later than December 5, 2008, or you may e-mail it to [awards@bscai.org](mailto:awards@bscai.org). **Entries received after December 5, 2008 will not be eligible.**
2. Submit as many entries as desired, however all entries must be received at BSCAI Headquarters by **December 5, 2008**.
3. Please print or type when completing nomination form.  
Use additional sheets if necessary.

Selection of the BSCAI Carol Dean Building Service Employee of the Year Award will be made by an independent panel on the basis of established criteria. The decision of the judges is final.

***This award is sponsored by  
Hillyard***



Please return this form by December 5, 2008 to:

BSCAI Building Service Employee of the Year Award  
401 N. Michigan Avenue, Suite 2200, Chicago, IL 60611  
Fax to: (312) 673-6735 E-mail: [awards@bscai.org](mailto:awards@bscai.org)



# Carol Dean Building Service Employee of the Year Nomination Form

Nominee's Name: \_\_\_\_\_

## WORK RECORD:

1. Number of years employed by present company: \_\_\_\_\_ Number of years as a custodian: \_\_\_\_\_
2. In what other industries has nominee had work experience? *(Describe)*  
\_\_\_\_\_  
\_\_\_\_\_
3. Being a custodian is nominee's  Primary job  Secondary job
4. If custodial work is not primary job responsibility, what is the nominee's primary job?  
\_\_\_\_\_
5. Attendance record on the job: \_\_\_\_\_
6. For each of the following questions, give specific examples to illustrate the nominee's work performance. Use additional sheets if necessary.
  - a. In what way has the nominee demonstrated a desire to seek and accept additional job-related responsibility?  
\_\_\_\_\_  
\_\_\_\_\_
  - b. In what ways has the nominee exhibited on-the-job qualities of honesty, integrity and loyalty?  
\_\_\_\_\_  
\_\_\_\_\_
  - c. In what ways has the nominee displayed creative ability in devising means to solve work-related problems?  
\_\_\_\_\_  
\_\_\_\_\_
  - d. In what ways has the nominee displayed initiative and exercised proper judgment on the job?  
\_\_\_\_\_  
\_\_\_\_\_
  - e. In what ways has the nominee made special contributions to your company or to the custodial field as a whole?  
\_\_\_\_\_  
\_\_\_\_\_
7. Overall, what is the most outstanding trait or deed that you feel qualifies the nominee for this award?  
\_\_\_\_\_  
\_\_\_\_\_
8. Please list here any additional comments about the nominee for consideration:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PERSONAL:

9. Level of education reached: \_\_\_\_\_
10. Special custodial training received: \_\_\_\_\_
11. Was additional training acquired as a result of the nominee's own initiative or through requirements of his/her job?  
 On Own  Required by job
12. What contributions has the nominee made to his/her community?  
\_\_\_\_\_  
\_\_\_\_\_
13. If the nominee is selected, we will need to know additional information about his/her family, children, personal interests, etc. Please list such information here.  
\_\_\_\_\_  
\_\_\_\_\_

## NOMINATING BSCAI MEMBER INFORMATION:

Date: \_\_\_\_\_ Member Firm Official Representative *(please print)*: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Company Phone: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_ EMAIL: \_\_\_\_\_