

Safety Professional of the Year Award Nomination Form

**North Carolina Trucking Association
Safety & Human Resources Council**
4000 Westchase Boulevard, Ste. 210
Raleigh, North Carolina 27607

1. PURPOSE:

- a) The Safety Professional of the Year Award is presented to the person who is entrusted with the duties and responsibilities of safety, compliance and training for his/her company. This award is to honor this person, who in the opinion of their peers is outstanding in their activities and accomplishments in Transportation Accident Prevention in the State of North Carolina.
- b) The award will be as follows: A plaque with a maximum cost of \$50.00 will be presented to honor this individual, along with a ring at a maximum cost of \$450.00.

2. PRESENTATION:

The presentation to the individual will be made during the NCTA Councils Annual Conference.

3. SPONSOR:

The NCTA Safety and Human Resources Council will be the sponsor of this award and the Safety Professional of the Year Award will be presented under the most current bylaws established by the North Carolina Trucking Association.

4. ELIGIBILITY FOR NOMINATION

- a) All nominees for the North Carolina Safety Professional of the Year Award must be persons employed in a full-time capacity with a "member carrier" in the State of North Carolina for the past five (5) years performing safety activities in a "carrier" member truck fleet, whose primary duties are directed towards safety and loss prevention in highway and industrial safety.
- b) Nominees must be members in good standing of the NCTA SHRC for the past five (5) years.
- c) A Professional of the Year winner may be nominated again after five (5) years.
- d) A company that is a full "carrier" member in good standing with the North Carolina Trucking Association can only nominate a person if they (the company) have a SATISFACTORY rating issued by the US DOT Federal Motor Carrier Safety Administration.
- e) Nomination for the Safety Professional of the Year Award may be made by any person.
- f) As a condition of being nominated, the nominees and the company fleet operations in which they are employed must grant the North Carolina Trucking Association Safety & Human Resources Council's "Awards Committee" complete and full authority to investigate their records and any pertinent company records to determine that all qualifications are met. In turn, the Safety Professional of the Year Award Committee guarantees to hold the results of the investigation in strict confidence.
- g) Nominations which are unsuccessful in any given year may be re-submitted the following year, or any year thereafter, until successful, by bringing the information required for the nomination up-to-date as of the time of re-submission.

5. DEADLINE:

All nomination forms must be submitted to the NCTA SHRC by June 30, 2018 for review by Chairman of Awards Committee.

**North Carolina Trucking Association
Safety & Human Resources
Council Safety Professional of the
Year Award Nomination Form**

For the contest year: 2017/2018

Nominee's Name: _____

Company Name: _____

Company Address: _____

Email Address: _____ Phone Number: _____

Present Safety Rating As Assigned by D.O.T: _____ **Satisfactory** _____ **Unsatisfactory**

List the year(s) of active participation in the following North Carolina Trucking Association Safety & Human Resources Council activities, including dates. Also, if you have nominated someone for a program, or a contest, please check the appropriate box. If you have not held any of the positions, or have not participated, nor had a participant in these contests or programs, please indicate this placing "n/a" in the appropriate space.

Council Chairman: _____ Year(s) _____

Council Vice Chairman: _____ Year(s) _____

Council Secretary: _____ Year(s) _____

Council Treasurer: _____ Year(s) _____

Council Advisory Board: _____ Year(s) _____

Comments: (double click below to type answer)

Driver of the Month/Year

Chaired:
Committee:
Have you ever had a driver participate?
Have you ever nominated a driver?

Yes Year(s): _____ No
Yes Year(s): _____ No
Yes No
Yes No

Carrier Assistance

Chaired:
Committee:
Have you performed an on-site assistance program for a carrier?

Yes Year(s): _____ No
Yes Year(s): _____ No
Yes No

North Carolina Truck Driving Championship

Chaired:
Committee:
Have you ever had a driver participate?

Yes Year(s): _____ No
Yes Year(s): _____ No
Yes No

Program Committee

Chaired:
Committee:
Have you actively conducted a program or programs?

Yes Year(s): _____ No
Yes Year(s): _____ No
Yes No

North Carolina Truck Safety Contest

Chaired:
Committee:
Have you ever submitted your company in the contest?

Yes Year(s): _____ No
Yes Year(s): _____ No
Yes No

North Carolina Truck Driver Training School, Advisory Committee

Chaired:
Committee:

Yes Year(s): _____ No
Yes Year(s): _____ No

Present & Past Employment History:

List the names of every company by whom you were employed in the trucking industry and the dates you were employed. Include job title, responsibilities and job functions plus accomplishments that you made related to safety, training, or educational value while at each company. (You may use supplemental sheets if needed.)

1.

Company: _____ Dates: _____

Job Title: _____

Responsibilities and Job Functions: (double click below to type answer)

Major Accomplishments: (double click below to type answer)

2.

Company: _____ Dates: _____

Job Title: _____

Responsibilities and Job Functions: (double click below to type answer)

Major Accomplishments: (double click below to type answer)

3.

Company: _____ Dates: _____

Job Title: _____

Responsibilities and Job Functions: (double click below to type answer)

Major Accomplishments: (double click below to type answer)

4.

Company: _____ Dates: _____

Job Title: _____

Responsibilities and Job Functions: (double click below to type answer)

Major Accomplishments: (double click below to type answer)

5.

Company: _____ Dates: _____

Job Title: _____

Responsibilities and Job Functions: (double click below to type answer)

Major Accomplishments: (double click below to type answer)

6.

Company: _____ Dates: _____

Job Title: _____

Responsibilities and Job Functions: (double click below to type answer)

Major Accomplishments: (double click below to type answer)

Additional:

List all past extra-curricular activities that you have participated in, including special speaking engagements, lectures, civic group engagements, school presentations, other company presentations or any media presentations. Have you been interviewed by or submitted material to any newspaper, magazines, or any on-line services? Have you presented to any state or local safety groups, meetings, or special programs?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

List your attendance or participation in NATMI or any other formal training or education programs which have enhanced your working ability as a safety professional:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Certification by the National Committee as:

- a) Director of Safety Year of Certification: _____
- b) Safety Supervisor Year of Certification: _____
- c) Driver Trainer Year of Certification: _____

Are you currently working toward your certification: Yes No

List membership(s) and office(s) held in other safety organizations:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

List past programs/projects you have worked on with: The North Carolina DMV, The North Carolina Highway Patrol, or the North Carolina Governor's Highway Council.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Certification for:

North Carolina Trucking Association Safety & Human Resources "Safety Professional of the Year" Award

This is to certify and attest that the foregoing information with all attached exhibits hereto are true and correct to the best of my knowledge and belief, and I further certify that the person's name appearing as the "Nominee" is a member in good standing with the North Carolina Trucking Association Safety & Human Resources Council as of this submittal.

Name (Print): _____

Name (Singed): _____

Title: _____

Company: _____

Date: _____

Return completed forms by June 30, 2018

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