



## **IDAHO MAINTENANCE PERSON OF THE YEAR AWARD**

*Sponsored by Hub International*

Administered by the Safety Awards Selection Committee

Idaho Trucking Association

3405 East Overland Road/ Suite 175, Meridian, ID 83642

### **RULES:**

1. The contest year is **January 1, 2017 through December 31, 2017.**
2. The contest is open to companies of all sizes including small owner/operators. The maintenance person must be employed by a member company of the Idaho Trucking Association.
3. Any member company may submit only one maintenance person per contest year. The candidate must have been employed by their current employer for the entire contest year.
4. The nominee for "Maintenance Person of the Year" must be actively involved in the preventive, scheduled or non-scheduled maintenance of a 'for-hire' or a 'private carrier' truck fleet. This will include Directors of Maintenance, Technicians, or other persons responsible for those duties.
5. The Safety Awards Selection Committee will particularly consider the candidate's performance during the contest year; however, performance over prior years is also important in the selection process.
6. This category is being reintroduced after several years un-awarded, all persons who apply will be considered this year, in future contests, the maintenance person will be ineligible for this award if he/she has won within the last **three** contest years.
7. The Safety Awards Selection Committee will use officially approved and established criteria to select the winner of the award.
8. Submissions are limited to this official entry form and must be legible.
9. Submission deadline is: **June 8, 2018.**

### **Mail to:**

ITA Safety Awards Selection Committee

3405 East Overland Road/Suite 175

Meridian, ID 83642

**E-mail to:** [mistyl@idtrucking.org](mailto:mistyl@idtrucking.org)

The award will be presented during the 84<sup>th</sup> Annual Convention  
Safety Awards Breakfast on August 10th in Post Falls.

---

**CERTIFICATION AND AGREEMENT**

As a nominee for the "Idaho Maintenance Person of the Year" program, and to be eligible for the award offered to the winner, I hereby certify:

1. All of the statements contained in the material in support of my nomination for the "Idaho Maintenance Person of the Year" award are true.
2. I will conduct myself in such a way as to protect and maintain the high status of the title "Idaho Maintenance Person of the Year" and I agree that the title may not be used in any advertising, promotion or exhibiting except those sanctioned in writing by the ITA Safety Awards Selection Committee.

\_\_\_\_\_  
Nominee's Signature

\_\_\_\_\_  
Date

**As a company official, I certify:**

1. All statements contained in, and the material submitted herewith for this Idaho Maintenance Person of the Year nomination have been investigated and reviewed by representatives of this company, and are submitted in accordance with the rules set forth for the ITA/SMC "Idaho Maintenance Person of the Year" program.
2. The top three qualified nominees will be invited to attend the annual convention, including all meetings and events. Our company agrees to pay lodging and travel expenses for the applicant/nominee and their spouse. ITA agrees to waive the registration fee for the nominee and their spouse to attend the convention.

\_\_\_\_\_  
Signature of Company Officer

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Reviewed by: (ITA Office use only)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IDAHO MAINTENANCE PERSON OF THE YEAR AWARD CANDIDATE INFORMATION**

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

Home Address: \_\_\_\_\_

**Present** Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Your Current Terminal Address: \_\_\_\_\_

**Past** Employer: \_\_\_\_\_

Past Employer Address: \_\_\_\_\_

Total years employed in the maintenance field: \_\_\_\_\_

Other Previous Employers: *(list dates and locations)*

---

---

---

Lists the types of equipment responsible for and/or shop duties:

---

---

---

List the characteristics and accomplishments which lead you consider nomination for this award: \_\_\_\_\_

---

Certificates/Awards/Recognitions: \_\_\_\_\_

---

Please circle preferred shirt size: **XS S M L XL XXL XXXL XXXXL**

Military Record:

Branch of Service: \_\_\_\_\_

Dates: \_\_\_\_\_

Principal Duties: \_\_\_\_\_

Campaigns and Citations: \_\_\_\_\_

Memberships to Lodges, Clubs, Associations or Organizations: *(please list positions and year(s) held)*

---

---

Volunteer experience and/or community involvement/hobbies or other activities:

---

---

If you have any questions regarding the application please call Idaho Trucking Association at 208.342.3521 or e-mail [mistyl@idtrucking.org](mailto:mistyl@idtrucking.org).

**THANK YOU FOR YOUR NOMINATION, WE WISH YOU THE BEST OF LUCK!**