

## 2021 NOMINATION FOR MAINTENANCE

### TECHNICIAN OF THE YEAR

Michigan Trucking Association

1131 Centennial Way | Lansing, MI 48917

Phone: (517) 321-1951



Please answer questions on both sides as completely as possible. Nomination forms should be completed by the technician's immediate supervisor. **The completed signed form and all attachments must be received at MTA by Monday, April 12, 2021.**

Mail: Michigan Trucking Association  
1131 Centennial Way  
Lansing, MI 48917

Fax: 517-321-0884  
Email: [info@mitrucking.org](mailto:info@mitrucking.org)

#### ELIGIBILITY

- *Nominees must be a Michigan resident and Company a member of the Michigan Trucking Association.*
- *No more than two (2) technicians may be nominated from the same company in a competition year.*
- *A nominee must have a minimum three (3) years of experience as a maintenance employee and at least one (1) with the present employer.*
- *His or her primary function must be hands-on vehicle maintenance.*
- *Previous winners of the MTA Maintenance Technician of the Year are not eligible to compete.*
- *At least four (4) nominees from four (4) different companies must be submitted to present award*
- *Candidates chosen as finalists for the Maintenance Technician of the Year will be notified by mail.*
- *Nominees will be screened and scored by industry professional, information may be subject to audit.*
- *MTA reserves the right to suspend the competition based on lack of participation.*

#### EMPLOYER TO COMPLETE - GENERAL INFORMATION

Technician name \_\_\_\_\_

Technician Address \_\_\_\_\_

Technician City, State Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone (if different than cell) \_\_\_\_\_

Technician Email \_\_\_\_\_

Married: Yes  No  Spouse or partner name \_\_\_\_\_

Number of Children \_\_\_\_\_ Names and ages \_\_\_\_\_

Years employed: Present employer \_\_\_\_\_ Previous employers \_\_\_\_\_ Total \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer address \_\_\_\_\_

Employer City, State Zip \_\_\_\_\_

Supervisor name \_\_\_\_\_

Supervisor phone \_\_\_\_\_ Supervisor fax \_\_\_\_\_

Supervisor email \_\_\_\_\_

Technician job classification \_\_\_\_\_

Areas of qualification:  Engines  Drive Train  Body & Chassis

Tires  Trailers  Electrical

**PERFORMANCE OF DUTIES – Attach a separate sheet**

*Please attach a letter from an authorized company official describing why this employee should be named MTA Maintenance Technician of the Year. Be thorough —your technician is judged on these qualifications. Also attach any other materials that may; demonstrate their work ethic.*

**TECHNICIAN TO COMPLETE**

Describe yourself \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Military service      Branch \_\_\_\_\_ Years of service \_\_\_\_\_ Highest rank \_\_\_\_\_

Certifications or special training courses (NIASE, State of Michigan, etc.) \_\_\_\_\_  
\_\_\_\_\_

Awards you have won \_\_\_\_\_

Reason for awards \_\_\_\_\_  
\_\_\_\_\_

Organizations(s) to which you belong and/or hold office (civic, charity, religious, fraternal, others).  
\_\_\_\_\_

List and describe any promotions \_\_\_\_\_  
\_\_\_\_\_

Describe how your skills as a maintenance technician have benefitted your current employer and its company drivers  
\_\_\_\_\_

Other information you would like to share (hobbies, etc.).  
\_\_\_\_\_

**SIGNATURES**

***I certify the information provided to be complete and accurate (and understand it may be subject to audit).***

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

Technician Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## PERFORMANCE OF DUTIES