



2021 NOMINATION FOR DRIVER 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 employer or someone designated by the employer. **A current (within 6 mos.) Driver Record Check MUST be included with nomination form. 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

EMPLOYER TO COMPLETE - GENERAL INFORMATION

Driver full name _____

Driver Address _____

Driver City, State, Zip _____

Driver cell _____ Driver phone (if different from cell) _____

Married: Yes No Spouse or partner name _____

Number of Children _____ Names and ages _____

Employer _____

Employer contact _____

Employer address _____

Employer City, State Zip _____

Employer phone _____ Employer fax _____

Employer contact email _____

DRIVING RECORD

Years of commercial driving with present employer _____ Previous employer _____ Total _____
Miles with present employer _____ Miles with Previous employer _____ Total _____

List the dates of all accidents and all traffic violations while operating a commercial motor vehicle. Indicate whether the accident was chargeable or non-chargeable.

Accidents _____

Violations _____

DRIVER'S PERFORMANCE OF DUTIES – Attach a separate sheet

Explain in detail the nominee's performance in the areas listed below. Please be thorough — your driver is judged on these qualifications.

1. Safety (time lost due to accidents)
2. Public and Customer Relations
3. Employer/Employee Relations
4. Acceptance of Responsibility
5. Care of Equipment (including housekeeping and reporting mechanical defects)
6. Work Habits (attendance, does the nominee go above and beyond?, etc.).

ELIGIBILITY

- *Nominating company must be member in good standing with the Michigan Trucking Association.*
- *No more than two (2) drivers may be nominated from the same company in a competition year.*
- *Previous Driver of the Year winners are ineligible.*
- *A nominee must hold a valid Michigan Chauffeur license or CDL.*
- *A nominee must be employed by the nominating company a minimum of two (2) years and must have at least five (5) total years driving experience.*
- *Driver Record Check must be attached. Driver record can be requested from your commercial look up services or from Secretary of State, Michigan Department of State, Commercial Look-up Section, 7064 Crown Road, Lansing, MI 48919.*

DRIVER TO COMPLETE

Describe yourself _____

Military service Branch _____ Years of service _____ Highest rank _____

Awards you have won _____

Reason for awards _____

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

List any special training courses you have completed

List and describe any promotions

Describe your safe driving record since employed by present employer

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

SIGNATURES

I certify the information provided to be complete and accurate.

Employer signature _____ Print name _____
Title _____ Date _____
Company _____

I both acknowledge and accept nomination for Driver of the Year.

Driver Signature _____ Print name _____ Date _____

DRIVER'S PERFORMANCE OF DUTIES