



**THE MANITOBA TRUCKING ASSOCIATION
CUSTOM TRUCK SALES (MAN) INC. & CANADIAN KENWORTH LTD.**

**DRIVER OF THE MONTH AWARD
Nomination Form**

ELIGIBILITY

Nominees must:

1. Be a Manitoba resident, with a valid Manitoba driver's licence.
2. Have been regularly employed as a truck driver for the last five years.
3. Have been employed with current employer for at least the past 12 months.
4. Have NO Criminal Code convictions and/or alcohol convictions on driver's abstract.
5. Have had NO preventable accidents in the last five years.

COMPLETING THE FORMS

1. **Please complete all sections of the Nomination Form.**
Part 1 is completed by the Driver.
Part 2 is completed by the Employer.
Both the Employer must sign the completed nomination.
2. **Include any additional information** that you think might aid the judges in their selection.
You may attach newspaper clippings, letters of commendation, etc.
3. Attach the nominee's **Driver's Abstract, dated within 6 months of the submission.**

GENERAL INFORMATION

1. Nominations are accepted at any time. Selections and presentations are made quarterly.
2. Unsuccessful nominees are encouraged to submit a new nomination at any time.
3. Previous winners may be re-nominated after 4 years.
4. In submitting a nomination, the driver agrees to the use of his/her name, photo and safety record for the promotion of highway safety programs.
5. In recognition of outstanding career achievement, each winner receives a trophy, a crested jacket and a cheque from **Custom Truck Sales (Man.) Inc.** and **Canadian Kenworth Ltd.**, sponsors of the award.

Please forward completed forms by mail or fax to:

**Manitoba Trucking Association
25 Bunting Street
Winnipeg, MB R2X 2P5
Fax (204) 694-7134**

For additional information, telephone (204) 632-6600

PART 1 - DRIVER OF THE MONTH NOMINATION FORM

TO BE COMPLETED BY THE DRIVER - PLEASE PRINT CLEARLY

DRIVER INFORMATION

Driver's full name: _____ Home Phone: _____
(circle name commonly used)

Jacket Size: S M L XL 2XL 3XL 4XL

Current Employer _____ Date employed: _____

Employer Contact _____ Phone: _____

Type of Driving Done: City Highway Combined Winter Roads/Other

Type of Equipment: Straight Truck Tractor-Trailer Tractor-Train

Usual Destinations: _____

Approximate Annual Kilometres: _____

Total Years Driving: _____ Total Kilometres: _____

PREVIOUS EMPLOYERS

Company	Dates	Type of Driving/ Type of Work	Type of Equipment	Approx. Kilometres
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ACCIDENT RECORD (personal AND professional)

Total Preventable Accidents: _____ Total Non-Preventable Accidents: _____

Years since last Preventable Accident: _____

Give Date and Description of Last Preventable Accident: _____

SAFETY PROMOTION

List safety programs, committees or other safety-related activities you have been involved in.

Company Programs: _____

Provincial Programs _____

National Programs: _____

GUIDE FOR EMPLOYER'S COMMENTS

Safety (personal injury) Record: _____

General Attitude: _____

Public / Customer / Peer Relations: _____

Employer / Employee Relations: _____

Acceptance of Responsibilities: _____

Care of Equipment (including housekeeping and reporting of mechanical defects): _____

Safe Product Handling: _____

Work Habits (attendance, etc.): _____

Safety Minded (follows safety procedures, uses safety equipment, etc.): _____
