

## **SAFETY SUPERVISOR OF THE YEAR**

1. The candidate for "Safety Supervisor of the Year" must be actively involved in the loss prevention program and safety activities of a for-hire or private carrier truck fleet. This includes safety directors, safety supervisors and/or other persons responsible for this duty.
2. The candidate must reside in Colorado.
3. The candidate must be employed by the same employer for one year prior to the nomination cycle (e.g. employed Jan. 06 – Dec. 06 for 2007 nomination year).
4. The employer for whom the candidate is employed must be a member of the state's trucking association in which the carrier is domiciled, and a member of the Safety Management Council.
5. The candidate must be actively involved in the Safety Management Council.
6. Candidates will be selected on his/her accomplishments for the contest year only. The contest year will be from January 1<sup>st</sup> through December 31<sup>st</sup> of the year preceding the Annual Safety Awards Banquet.

THE ENCLOSED NOMINATION FORM IS USED FOR THE SELECTION OF THE COLORADO SAFETY SUPERVISOR OF THE YEAR, AS WELL AS COLORADO'S NOMINEE FOR THE ROCKY MOUNTAIN REGIONAL SAFETY SUPERVISOR OF THE YEAR. COLORADO'S NOMINEE IS THE WINNER OF THE STATE CONTEST.

**THIS FORM MUST BE RETURNED TO THE  
COLORADO MOTOR CARRIERS ASSOCIATION OFFICE  
NO LATER THAN 4:30 PM ON FEBRUARY 19, 2010.**

**COLORADO MOTOR CARRIERS ASSOCIATION  
AND  
ROCKY MOUNTAIN REGIONAL SAFETY RENDEZVOUS  
SAFETY SUPERVISOR OF THE YEAR**

**SUPERVISOR INFORMATION SHEET**

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

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Names and Ages of Children: \_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

Principal Officer: \_\_\_\_\_

How long has the supervisor served in this capacity with the present employer?

Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ (This is extremely important)

Supervisor's specific duties with present employer: (use additional sheets if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Additional Information

Military Record:

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

Dates of Service: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Campaigns and Citations (submit copy of supporting documents, if available, with nomination form): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Memberships (church, lodges, and clubs – show offices held, if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List other Activities and Hobbies: \_\_\_\_\_

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