# **SAFETY SUPERVISOR 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, 2024, through December 31, 2024.**
2. The contest is open to companies of all sizes including small owner/operators. The safety supervisor must be employed by a member company of the Idaho Trucking Association.
3. Any member company may submit only one safety supervisor per contest year. The safety supervisor must have been employed by their current employer for the entire contest year.
4. The safety supervisor will be ineligible for this award if they have won within the last three contest years.
5. The winning Safety Supervisor of the Year will be nominated for the Rocky Mountain Regional Safety Rendezvous Supervisor of the Year Award.
6. The nominee for “Safety Supervisor of the Year” must be actively involved in the loss prevention program and safety activities of an ITA member company. This will include Safety Directors, Safety Supervisors, or other persons responsible for those duties.
7. The Safety Awards Selection Committee will particularly consider the safety supervisor’s performance during the contest year; however, his/her performance over past years is also important in the selection process.
8. The Safety Awards Selection Committee will use officially approved and established criteria to select the winner of the award.
9. Submissions are limited to this official entry form and must be legible.
10. Submission deadline is **August 1, 2025**.

**Mail** **to**:

ITA Safety Awards Selection Committee

3405 East Overland Road/Suite 175

Meridian, ID 83642

**E-mail to:** *office@idtrucking.org*

## **CERTIFICATION AND AGREEMENT**

As a **nominee** for the “Safety Supervisor 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 “Safety Supervisor 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 “Safety Supervisor 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.

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Nominee’s Signature Date

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

1. All statements contained in, and the material submitted herewith for this Safety Supervisor 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 “Safety Supervisor of the Year” program.

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Signature of Company Officer

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**SAFETY SUPERVISOR OF THE YEAR AWARD CANDIDATE INFORMATION**

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

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

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

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

Current Terminal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Total years as Safety Supervisor/Director: \_\_\_\_\_\_\_\_\_\_\_\_\_

Years at Present Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years at Previous Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Outstanding Attributes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Military Record:

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

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

Principal Duties/MOS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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If you have any questions regarding the application, please call Idaho Trucking Association at 208.342.3521 or email: [office@idtrucking.org](mailto:office@idtrucking.org). **Submit form at: office@idtrucking.org**

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