

# **New Mexico Trucking Association**

## **The 'Jim Wilcox Award' for Safety Person of the Year**

1. The candidate for "Safety Person 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 will include safety directors, safety supervisors, and/or persons responsible for this duty.
2. The candidate must reside or service terminals in New Mexico.
3. The candidate must have been employed by the same employer for one year prior to the New Mexico Trucking Association Annual Awards Banquet.
4. Employer for whom the candidate is employed must be a member of the New Mexico Trucking Association.
5. Candidate will be selected on his/her accomplishments for the contest year only. The contest year will be from January 1 through December 31 of the year preceding the New Mexico Trucking Association meeting.
6. The winning candidate shall be selected by a committee sanctioned by the New Mexico Trucking Association.

# New Mexico Safety Person of the Year.

## Information Sheet.

Candidate's Name \_\_\_\_\_

Candidate's Home Address \_\_\_\_\_

Marital Status \_\_\_\_\_ If married, spouse's name \_\_\_\_\_

Children (Names and Ages) \_\_\_\_\_

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

Home Office Address \_\_\_\_\_

Principle Officer \_\_\_\_\_

How long has person served in this capacity with present employer?

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

How long did person serve in this capacity with previous employer?

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

Person's specific duties with this company \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OUTSTANDING ACTIVITIES OF THIS NOMINEE.**

A summary of outstanding activities or record developed by this nominee as a professional safety person during the year January 1 through December 31. Provide pertinent facts to aid the New Mexico Trucking Association selection committee in selecting the Safety Person best qualified. Insert any documentary material (copies are acceptable). Use additional pages if necessary to support your nominee for this high honor.

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**IMPORTANT NOTE:** When completed, please return this nomination form to the Managing Director of the New Mexico Trucking Association. He/She in turn will send it to the chairperson of the state association selection committee.

Date: \_\_\_\_\_

**INFORMATION ONLY.**

**Military Record** \_\_\_\_\_ **Dates** \_\_\_\_\_  
(Branch of Service)

**Principle Duties** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Campaigns and citations (submit copy of supporting documents, if available, with nomination)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Memberships: Church, Lodges, Clubs (Show offices held if any)**  
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**List other activities and hobbies:** \_\_\_\_\_  
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