

Driver of the Month Nomination Form

Nominations can be made by KMCA members only. The nominee must be employed as a full-time professional truck driver at the time of the nomination. Drivers submitted for consideration as a Kansas Driver of the Month must be domiciled in, or a resident of, the state of Kansas. ***Incomplete applications will be Disqualified.***

Deadline: February 11, 2022 at 5 PM CST. Return Applications to: KMCA Attn: Kay Hendrix, Director of Safety
 Fax: 785-266-6551, EMAIL: kayh@kmca.org, MAIL: PO Box 1673, Topeka, KS 66601, for Questions call 785-267-1641.

| | | | |
|--|----------------|-------------------|--|
| Driver's Name: | | | |
| Candidate | | | |
| Driver's License #: | License State: | Date of Birth: | |
| Home Address: | | | |
| Cell Phone: | | Email: | |
| Marital Status: | | Spouse Name: | |
| Children Names & Ages: | | | |
| Profile/Experience | | | |
| Employer: | | | |
| Years with Current Employer: | | | |
| Total Commercial Driving Years: | | | |
| Type of Equipment Regularly Operated: <input type="checkbox"/> Straight Truck <input type="checkbox"/> Semitruck | | | |
| Type of Operation: <input type="checkbox"/> Short haul <input type="checkbox"/> Long Haul | | | |
| Annual Mileage: | | Lifetime Mileage: | |
| Accident-Free Miles: | | | |
| Current Employer | | | |
| Employer: | | Date Employed: | |
| Terminal Manager/Supervisor: | | Email Address: | |
| Main Address: | | | |
| Terminal Address: | | | |
| All Previous Employment (starting with most recent) | | | |
| Company: | | Dates: | |
| Company: | | Dates: | |
| Company: | | Dates: | |
| Military Record | | | |
| Branch of Service: | | Dates: | |
| Principal Duty: | | | |
| Military Campaigns and Citations: | | | |

Industry Activity

Awards and Recognition (award and year):

Course and Training (e.g. first aid, driver education, or safety):

Safety Activities (e.g. road team, accident review committee):

Championship Competition (List name of competition, class participated in, and standing) (e.g. Truck Driving Championships, State and/or National Championships and any other trucking competition):

Personal Activity

Organizations (e.g. church, lodges, or clubs):

Hobbies/Interests:

Police Record

List all moving violations:

Accident Record (4 previous accidents starting with most recent)

Total Preventable Accidents:

Total Non-Preventable Accidents:

Accident #1

Date:

Property Damage Cost:

Number of Persons Injured:

Number of Fatalities:

Type of Vehicle Driver was Operating (truck/car):

Accident Classified as (Preventable/Non-preventable):

Accident #2

Date:

Property Damage Cost:

Number of Persons Injured:

Number of Fatalities:

Type of Vehicle Driver was Operating (truck/car):

Accident Classified as (Preventable/Non-preventable):

Accident #3

Date:

Property Damage Cost:

| | | | |
|---|-------|-----------------------|--|
| Number of Persons Injured: | | Number of Fatalities: | |
| Type of Vehicle Driver was Operating (truck/car): | | | |
| Accident Classified as (Preventable/Non-preventable): | | | |
| Accident #4 | Date: | Property Damage Cost: | |
| Number of Persons Injured: | | Number of Fatalities: | |
| Type of Vehicle Driver was Operating (truck/car): | | | |
| Accident Classified as (Preventable/Non-preventable): | | | |

Application Packet Materials

With this nomination/application form, you must include the following:

- Color Photo of Nominee (current and in digital form)
- Clear Copy of MVR
- Clear Color Photo of Driver's License

Finalists

"KMCA Driver of the Month" is awarded to professional drivers that display the highest degree of professionalism, safety, and courtesy in performing their jobs and representing the trucking industry. KMCA Safety Management Council Awards and Recognition Committee's selection of 12 Drivers of the Month are finalists for the KMCA's Driver of the Year award.

Application

The company representative must complete the application and include a statement, not more than 1 page, on why they think their driver should be a KMCA Driver of the Month. Judges will not look for grammar mistakes, but rather they look for passion and dedication in someone who will take this honor to heart.

Certification and Agreement

Nominating Members: This nomination is based upon the personal character and reputation of the driver and upon his/her records and deeds as a professional truck driver. I certify that the information on this form is correct to the best of my knowledge and has been compared with company records.

Signed: _____ Title: _____ Date: _____

Driver: All the statements contained in the material submitted in support of my nomination are true. I authorize the Kansas Motor Carriers Association (KMCA) and its representatives to make an independent check of all information contained herein. I authorize KMCA and its designated parties to make full use of the above described information about myself and the photographs supplied with this application, along with photographs subsequently taken under KMCA's direction, in publicity enterprises arranged by KMCA with newspapers, magazine writers, radio, television and internet personnel. To the best of knowledge, the statements listed in the foregoing are true & correct.

Signed _____ Date _____

Company: All the statements contained in the material submitted in support of this driver's nomination are true to the best of the company's knowledge. The company to the best of its ability has investigated these statements and a company representative has personally reviewed with the driver the facts contained herein.

Representative Name: _____ Title: _____

Email: _____ Phone Number: _____ Date: _____