

# 2009 Human Resources Professional of the Year Award

**Application Form**



**DEADLINE FOR  
SUBMISSION:  
July 1, 2009**

## 2009 Human Resources Professional of the Year Award

Dear Company Official:

Is your company's Human Resources Vice President outstanding? Has your H.R. Director succeeded in recruiting and retaining qualified employees? Is your Benefits Manager keeping your medical and retirement programs competitive and cost effective?

If the answer is an emphatic "YES!" then I encourage you to consider the following.

American Trucking Associations acknowledges the importance of human resources professionals, particularly to motor carriers' successful operations, profitability, and productivity. H.R. professionals today are not only responsible for processing applications and retaining employee files, they now must find new and different ways to inspire individuals to enter trucking and stay in trucking.

In acknowledgment of these professionals' significance, the ATA Safety Management Council is seeking nominations for its national **Human Resources Professional of the Year Award** for the trucking industry. ATA and/or SMC member companies are encouraged to submit the name of their exceptional H.R. professionals for consideration of this award. The winner will be announced and commended at the ATA SMC Safety & Human Resources National Conference & Exhibition during a special awards ceremony on September 18, 2009. This year the National Conference is scheduled for September 16-18, 2009 at the Sheraton Baltimore City Center Hotel, Baltimore, Maryland. The winner will also be recognized in press releases and in writing at the 2009 ATA Management Conference & Exhibition, Oct. 4-7, 2009 in Las Vegas, Nevada.

If you would like to have your company's extraordinary H.R. professional considered for this prestigious Award, please have the appropriate individual within your company complete the attached questionnaire. Once completed, I ask that you please indicate your endorsement of this individual's application by signing where indicated on the last page.

Please don't hesitate to call me with questions at (703) 838-1861. The deadline for submission is **July 1, 2009**.

Warmest regards,

Susan Chandler  
Executive Director

# 2009 HUMAN RESOURCES PROFESSIONAL OF THE YEAR AWARD

## GENERAL INSTRUCTIONS & INFORMATION

The Award criteria and entry form were developed by the ATA SMC Awards & Recognition Committee. All contestants will be evaluated based upon the extent and effectiveness of their human resource programs and their individual contributions to those programs. The Committee evaluating the Entry Forms will be looking for exemplary execution of successful H.R./personnel programs above all others in the industry.

Criteria for evaluation include: Service Orientation, Communication, Employee Relations, HR Professional Knowledge, and Performance. The functional areas considered are Policy/Procedure Development; Recruiting; Compensation & Benefits; Training & Development; Efficient Partnering; Health & Safety; Integration of Work and Family; and Diversity. This recipient of this award will be an individual who has dedicated his/her career to Human Resources and has successfully mastered the profession within trucking industry.

For fairness sake, the Committee will weigh the size of employee base, single versus multiple state operations, staffing and program budget relative to the company's successful experience. Whether working for a small or large company, every company, who is a member in good standing of either American Trucking Associations and/or the ATA Safety Management Council, is eligible to submit an application on behalf of their H.R. professional.

All information should be complete and truthful. *We ask that before submitting the Entry Form, a senior company official sign the last page of this Entry Form where indicated.* This tells the Committee that the Company supports and authenticates the entry.

### **Preparing the Entry Form**

1. Complete the Entry Form as thoroughly and accurately as possible. If more space is required, add rows/columns/pages as needed, however the completed Entry Form should not exceed 25 pages, exclusive of forms, manuals, posters, newsletters, and similar supporting documents.
2. Supply all supporting documentation as requested. If your human resource/personnel program includes resource materials supplied by ATA SMC or other HR organizations, be sure to indicate where applicable. Please do not send sample materials produced by vendors.
3. If your company uses commercially available services, please include sufficient information to permit evaluation of the scope, adequacy and effectiveness of the service.
4. Arrange and order the completed Entry Form and supporting documentation in a 3-ring binder format. The order of the information should remain consistent with this Entry Form.
5. Have senior company official endorse the Entry Form by signing the last page of the Entry Form as indicated.

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## VERIFICATION FORM

**This Entry Form  
Is Submitted on  
Behalf of:**

\_\_\_\_\_  
Company

**This Entry Form  
Is Submitted by:**

\_\_\_\_\_  
Signature

Name/Title: \_\_\_\_\_

Company/City, State: \_\_\_\_\_

Telephone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**This Entry Form  
Is Endorsed by:**

\_\_\_\_\_  
Signature

Name of Senior  
Co. Official/Title: \_\_\_\_\_

Company/City, State: \_\_\_\_\_

Telephone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

The above named individuals attest that all information contained in this Entry Form is representative of the Human Resources program(s) of the above named company and is true and accurate or represents the best available estimates; and that all supporting documentation represents materials currently in use.

By signing above, the above-named individuals grant complete and full authority to the ATA Safety Management Council to investigate the records of the company's human resources operation for the sole purpose of validating the information provided. The results of such investigation shall be held in confidence.

It is further agreed that the Company, if selected for the Award, will have a company representative attend the 2009 Safety & Human Resources National Conference & Exhibition of the ATA Safety Management Council, to receive the recognition during the Awards Banquet on September 18, 2009.

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## 2009 HUMAN RESOURCES PROFESSIONAL OF THE YEAR AWARD

### APPLICATION SUMMARY SHEET

Please provide the following information on the professional being considered for the Human Resources Professional of the Year Award. **Please feel free to submit Applicant’s resume in lieu of the following requested information, adding any information not covered in the resume on this Sheet.**

<b>Applicant Name:</b>			
<b>Title/Position:</b>			
<b>Company:</b>			
<b>Company Address:</b>			
<b>Parent Corp.*:</b>			
<b>Telephone #:</b>		<b>Fax #:</b>	
<b>Previous Employment:</b> (in reverse chronological order)	Company	City, State	Dates of Employ
	1.		
	2.		
	3.		
<b>Military Record:</b>	Branch of Service:		Dates:
	Campaigns:		Citations:
<b>Membership(s) &amp; Offices Held:</b>			

\* Is your company a division of a larger organization or a “stand alone” company? If a division, indicate corporate parent.

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**SECTION I – QUALIFICATIONS**

*Please feel free to submit the Applicant’s resume in lieu of the following requested information in A-F, adding any information not covered in the resume on this Form.*

**A. Professional Experience:** Provide the following information for each employer for which the Applicant performed H.R.-related work. Employment should be listed in reverse chronological order (current employee first). For Job Description include title/position held, requirements, duties and length of position.

Employer Name/Address	Type of Business	Dates of Employ
1.		
<i>Job Description:</i>		
2.		
<i>Job Description:</i>		
3.		
<i>Job Description:</i>		
4.		
<i>Job Description:</i>		

**Appendix A: Past Employment Verification** - Attach statements from past employers verifying Applicant’s employment record as listed above.

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**B. Formal Education/Curriculum:** Provide the following information on Applicant’s education including courses and subjects within the course that contributed to Applicant’s knowledge of the Human Resources field.

High School(s) / Location(s)	Dates of Attendance	Date of Graduation	Honors?
College(s) or Technical Institute(s) or Academies/Location(s)	Dates of Attendance	Date of Graduation	Degree/ Honors
1.			
<i>Courses Taken/Subjects (Dates Taken/Subject Hours):</i>			
2.			
<i>Courses Taken/Subjects (Dates Taken/Subject Hours):</i>			
Certification(s) or Credential(s)/ Certifying/Credentialing Organization		Date of Certification/ Credential	
1.			
2.			
3.			

**Appendix: Transcript** – Attach all pertinent undergraduate, graduate and technical transcripts.

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**C. Informal or In-service Training:** Provide the following information for all human resources-related training courses successfully completed, including apprenticeships, in-house training and association educational sessions on H.R. topics. Indicate if a certificate of completion was offered and obtained.

<b>Company/Institution/ Sponsoring Organization</b>	<b>Dates of Training</b>	<b>Classroom Study Hours</b>	<b>On-the-Job Training Hours</b>
1.			
<i>Courses Taken/Subjects:</i>			
2.			
<i>Courses Taken/Subjects:</i>			
3.			
<i>Courses Taken/Subjects:</i>			

**Appendix: Evidence of Training** – Attach copies of certificates, letter from course instructors, or other evidence verifying Applicant’s successful completion of the information or in-service training.

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D. **H.R. Writings:** List all pertinent articles, manuals, and other publications that Applicant authored on the subject of human resources or H.R.-related issues. Indicate the titles of all papers or publications written by Applicant that were required for completion of formal education and training, and all H.R. articles written by Applicant for trade, industry or other publication, including ATA and SMC publications.

<b>To Whom Paper / Article Was Submitted</b>	<b>Title of Paper or Article</b>	<b>Date Published</b>
1.		
<i>Why Written/Audience:</i>		
2.		
<i>Why Written/Audience:</i>		
3.		
<i>Why Written/Audience:</i>		
<b>If Manual or Other publications, for Whom Written/Published and to Whom Distributed</b>	<b>Title of Paper or Article</b>	<b>Date Published</b>
1.		
<i>Why Written/Audience:</i>		
2.		
<i>Why Written/Audience:</i>		

**Appendix: Articles and Comments** – Attach copies of the papers and articles written by Applicant. Please include, if available, any comments made on the articles by other H.R. professionals or organizations.

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**E. Teaching:** List all H.R.-related teaching/instruction experiences of Applicant. Include courses/training classes taught by Applicant which were a part of employer, industry and/or adult education programs.

Company/Organization for Which Course Was Taught	Name of Course/ Subject Taught	Teaching Dates	Hours Taught
1.			
<i>Brief Summary/Outline of Course Taught:</i>			
2.			
<i>Brief Summary/Outline of Course Taught:</i>			
3.			
<i>Brief Summary/Outline of Course Taught:</i>			

**Appendix: Evidence of Teaching** – Attach any documentary evidence of teaching experience such as copies of letters of appreciation, course promotion, course catalogue, etc.

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**F. Personal Recognition:** List all special recognitions/awards the Applicant has received for his/her involvement in H.R. activities including those received by the individual and/or his/her H.R. Department (while under his/her management) from the industry, state association(s), trade or business organizations, community groups, etc.

<b>Company/Organization/Group Giving the Recognition/Award</b>	<b>Name/Type of Recognition/Award</b>	<b>Date Recognized</b>
1.		
<i>Reason for Recognition/Purpose of Award:</i>		
2.		
<i>Reason for Recognition/Purpose of Award:</i>		
3.		
<i>Reason for Recognition/Purpose of Award:</i>		

**Appendix: Evidence of Recognition** – Attach any documents as proof of recognition of award/recognition.

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**SECTION II – SCOPE OF H.R. PROGRAM**

*Please feel free to submit existing documents which answer the following questions, rather than retyping.*

**A. Description of Operation / Truck Fleet:** Provide information on the current size and type of operation (leased and owned) which is covered under the Applicant’s Human Resources program.

1. *Operation:*

Name of Operation	Type of Operation	Extent of Operation

2. *Components:*

# of Terminals	# of Vehicles in Fleet	# of Co. Employees	# of Drivers	# of Dock Workers	# of Shop Workers

3. *Mileage:*

Total Mileage of All Power Units in Fleet	Breakdown by City Mileage	Breakdown by Road Mileage

4. *Factors:* List the factors that affect/have affected Applicant’s responsibilities, such as growth and expansion of operation, consolidation, downsizing, added benefits, etc. during the time of employment.

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**B. Job Analysis:** Describe Applicant’s position in the organizational structure of the department and company, and other information requested below. Feel free to include an organizational chart. In addition, indicate any unique H.R. challenges resulting from the geographical areas in which the company/fleet operates and what Applicant does to resolve/manage/minimize such challenges.

1. <i>Position/Report to:</i>	
2. <i>Size of H.R. Department:</i>	
3. <i># of Employees Supervised by Applicant:</i>	
4. <i>Organization of H.R. Dept.:</i>	
5. <i>Applicant’s Duties/ Responsibilities/Authority:</i>	
6. <i>Problems in geographic areas &amp; how handled by Applicant:</i>	

**C. H.R. Pre-Employment Practices:** Check each of the following pre-employment measures for which the Applicant is responsible. Indicate whether the Applicant performs or oversees the activity with a “Y”; if another department within the company that performs the activity with a “D”; or if it is outsourced with an “O”.

√		Y/D/O
	Targeted Job Postings	
	Employment Application	
	Personnel Interview	
	Pre-Employment Medical Screening	
	Drug/Alcohol Screening	
	MVR Checks (Drivers)	
	Previous Employer Verification	

√		Y/D/O
	Personal Reference Confirmation	
	Credit Check Run	
	Criminal Records Checked	
	Personality/Fit Assessments	
	Skills Tests	
	Other: (specify)	
	Other: (specify)	

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**D. H.R. Programs/Responsibilities:** Indicate with a check each of the following employment measures for which the Applicant is responsible.

<input type="checkbox"/>	H.R. Program Design
<input type="checkbox"/>	Employee Handbook
<input type="checkbox"/>	Employee Orientation
<input type="checkbox"/>	Employee Annual Evaluations
<input type="checkbox"/>	Employee Mid-Year Evaluations
<input type="checkbox"/>	Progressive Discipline Programs
<input type="checkbox"/>	Employee Development

<input type="checkbox"/>	Employee Counseling
<input type="checkbox"/>	Periodic Drug & Alcohol Testing
<input type="checkbox"/>	Training on Personnel Issues
<input type="checkbox"/>	Recognition Programs
<input type="checkbox"/>	Newsletter
<input type="checkbox"/>	Website
<input type="checkbox"/>	Other: (specify)

Check Yes (“Y”) or No (“N”) to the following questions. If no, indicate whether another company department handles it with a “D” or whether it is outsourced with an “O”.

Y	N		D/O
<input type="checkbox"/>	<input type="checkbox"/>	Payroll Processing	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Tracking Employee Leave Status	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Health Benefits	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Dental Benefits	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Eye Care	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Prescription Care	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Long/Short Term Disability	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Life Insurance	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Flexible Spending Accts.	<input type="checkbox"/>

Y	N		D/O
<input type="checkbox"/>	<input type="checkbox"/>	Retirement Plan(s)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Workers’ Compensation	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	FMLA Issues	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Meal Vouchers	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Recognition Programs	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Tuition Reimbursement	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Relocation	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Training	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>

**E. H.R. Termination Practices:** Describe Applicant’s involvement in the termination of an employee.

**F. H.R. Training:** Describe Applicant’s involvement in training employees whether on H.R. issues such as sexual harassment or other skills training, as applicable.

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**G. H.R. Program Updates:** How often are policies and procedures updated? How often are compensation and benefits revised?

**H. Other H.R. Responsibilities:** Discuss how the Applicant interacts with the various outside companies that provide services to the H.R. Department?

**SECTION III – H.R. PROGRAM SUCCESS**

**A.** Describe the success of the H.R. Department’s recruitment efforts and how it was accomplished (both in terms of locating and motivating candidates to apply and in hiring them). Indicate what criteria are used to measure the success and impact on the company.

**B.** Describe the success of the H.R. Department’s retention efforts – be sure to indicate your turnover rate. Indicate what criteria are used to measure success and impact on the company.

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**C.** Describe other measures of success (i.e., reduced Workers' Compensation claims, minimal legal claims filed, etc.).

**D.** Share a major event(s) in which the Applicant played a significant role in its success (i.e., acquisition, downsizing, restructuring, leadership changes, etc.).

**E.** What innovative policies or best practices were originated by Applicant and how have they benefited the company (e.g., in recruitment, compensation, benefits, training, employee relations)?

**F.** If you checked "Recognition Programs" in II, D above, describe how these programs helped with employee satisfaction.

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**SECTION IV – REFERENCES**

In order for the Judges to perform due diligence, please provide contact info for the companies that you work with – Firms/Agencies are suggestions:

<b>Law Firm</b>	
<b>Contact:</b>	
<b>Title:</b>	
<b>Company:</b>	
<b>Telephone:</b>	
<b>E-Mail:</b>	

<b>Accounting Firm</b>	
<b>Contact:</b>	
<b>Title:</b>	
<b>Company:</b>	
<b>Telephone:</b>	
<b>E-Mail:</b>	

<b>Placement/Staffing Agency</b>	
<b>Contact:</b>	
<b>Title:</b>	
<b>Company:</b>	
<b>Telephone:</b>	
<b>E-Mail:</b>	

<b>Consulting or Benefits Firm</b>	
<b>Contact:</b>	
<b>Title:</b>	
<b>Company:</b>	
<b>Telephone:</b>	
<b>E-Mail:</b>	

## 2008 HUMAN RESOURCES PROFESSIONAL OF THE YEAR AWARD

### Note:

- \* This prestigious award recognizes each year the individual who has dedicated his/her career to human resources and has excelled above all others in managing a successful H.R. program in the trucking industry.
- \* Competition is open to all ATA and/or SMC members in good standing.
- \* Entry deadline is July 1, 2009.
- \* Complete instructions are included in this Entry Form packet. Be sure to keep a copy of the completed Entry Form and supporting documentation before sending.
- \* Return completed Entry Form Binder (marked “confidential”) to:

Susan Chandler, Executive Director  
ATA Safety Management Council  
950 N. Glebe Road, Suite 210  
Arlington, VA 22203

For electronic application forms and award program information, visit our website at <http://smc.truckline.com>

Application Deadline is July 1, 2009.

For additional information, contact Susan Chandler  
(703) 838-1861 or [schandler@trucking.org](mailto:schandler@trucking.org).