



MSBOA Transportation Specialist Award

Nominee: _____ School District(s): _____

Company Name: _____ No. of Buses: _____

Nominee's Years of Service: _____ Company Phone Number _____

Categories (**check all that apply**):

- Regular Route Driver
- Special Ed Route Driver
- Bus Aide

- Mechanic/Shop Foreman
- Dispatcher/Office Staff
- Other _____

Any Volunteer activities enhancing his/her ability to perform their job as a Transportation Specialist : _____

Show Commendations by others of a "Job Well Done!" (Attach copies of letters, training certificates, etc.): _____

Show ability to communicate with students/customers/employees/school officials by: _____

Shows concern for students/customers/employees/school officials by: _____

Show how person has developed these skills to make a safer environment for workers/students by: _____

Main reason for choosing this nominee for the "Specialist" award: _____

Other comments: _____

Person submitting this application: _____ Date: _____