

EMERGE OTA APPLICATION

An enhancement opportunity tailored for Ohio's Trucking Industry Professionals

NOMINATION FORM Nominator's Business Information:

Name:
Company Name:
Title:
Company Address:
Company Phone:
Email:

Carrier Type:

For Hire Carrier: Private Carrier:
Truck Load: LTL:
Tank: Specialized:
Heavy Haul: Refrigerated:
Flatbed: Other: (Specify):

Nominee Information:

Name of Nominee:
Nominee's Title:
Number of years the nominee has worked for your company:

Nomination Agreement:

By nominating this candidate your company is committing to provide any assistance necessary to ensure their completion of the program, this may include:

- Payment of Tuition (\$750) by August 31, 2018
- Payment of travel costs to attend required meetings
- Approval of time off to attend meetings during the work week.

Signature: Date:

Why are you nominating this candidate?

A series of horizontal dotted lines for writing, overlaid on a large, light gray silhouette of a truck cab.



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APPLICATION FORM
Personal Information:

Full Name: Age:

Contact Information:

- Home Address:
- Mobile Phone Number:
- Email Address:

Resumé: Please attach a copy of your current resume.

Interests & Activities:

What are your interests outside of work? What do you do in your free time?

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Are you involved in any other organizations, charities, or groups?

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Program Agreement:

Signature: Date:



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