

Environmental Operators Certification Program

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EXPERIENCE

NAME: _____

Additional Employers

Application will not be processed if this page is not filled in.

PLEASE ATTACH A LIST OF YOUR DUTIES IN WATER & WASTEWATER FROM YOUR EMPLOYER

Previous Employer* _____

Your Title _____

Position held from _____ to _____ = _____ Years

Supervisor _____ Phone No. _____

I confirm that (name of operator) _____ worked for the above employer full time or part time , hands-on for a period of _____ years.
The operator has spent the following percentage of time/or number of hours per year working in each system:

Facility	% of Time or Hours per Year
Water Treatment Plant	_____
Water Distribution System	_____
Wastewater Collection System	_____
Wastewater Treatment Plant	_____

Date _____ Signature of Verification _____
(Signature of Verification must be signed by a Supervisor or Provincial Regulator) (Please print name under Signature)

Previous Employer* _____

Your Title _____

Position held from _____ to _____ = _____ Years

Supervisor _____ Phone No. _____

*** You must provide Previous Employer Information to account for the Total Years indicated above.** If you have additional previous employer, complete and print out additional copies of this form.

I confirm that (name of operator) _____ worked for the above employer full time or part time , hands-on for a period of _____ years.
The operator has spent the following percentage of time/or number of hours per year working in each system:

Facility	% of Time or Hours per Year
Water Treatment Plant	_____
Water Distribution System	_____
Wastewater Collection System	_____
Wastewater Treatment Plant	_____

Date _____ Signature of Verification _____
(Signature of Verification must be signed by a Supervisor or Provincial Regulator) (Please print name under Signature)