

# 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)