APPLICATION FOR VOLUNTARY

COLLECTION SYSTEM OPERATION CERTIFICATION

Administered by the Indiana Water Environment Association’s Collection System Committee

**EXAM DATES: April 26 and October 25 at Clay Township / April 28 and October 27 at a North Location TBD**

*NOTE: A* ***complete*** *application form is required, including a $65.00* ***(non-refundable)*** *application fee for class I & II examinations and $75.00 (non refundable) application fee for class III & IV examinations; detailed employment information; supervisor’s and applicant’s signatures; and verification of your post high school educational qualifications attached. The application is to be typed, or neatly printed.* ***Checks shall be payable to IWEA****. Failure to return a completed application form by the final filing date will result in your ineligibility for that examination and* ***forfeiture*** *of your application fee.* ***ALL EDUCATION AND EXPERIENCE REQUIREMENTS MUST BE MET AND CLEARLY STATED. FAILURE TO MEET OR VERIFY EITHER OF THESE WILL RESULT IN INELIGIBILTY FOR THE EXAMINATION.***

All applications must be received prior to the 2nd Thursday in March for the April Examination and the 2ndThursday in September for the October Examination.

**CERTIFICATION EXAMINATION APPLICATION, CLASS: CS-I CS-II CS-III CS-IV (CIRCLE ONE)**

DATE:

# APPLICANT INFORMATION

# NAME

# Last First Middle

# MAILING ADDRESS

# Street

City State Zip Code County

1. WORK PHONE NUMBER: ( ) HOME PHONE NUMBER: ( )

Area Code & Number Area Code & Number

D. E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. What is the preferred way of contacting you? (Certifications will still be sent to mailing address. All other correspondence will occur by

your preference) CIRCLE ONE

**Mailing Address** **E-mail Address**

1. Have you previously applied for a Collection System Certificate? **YES** **NO**  (CIRCLE ONE)
2. What certifications do you presently hold? List all that apply:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Certification Number | State | Grade (Class) |
| Water Treatment |  |  |  |
| Water Distribution |  |  |  |
| Municipal Wastewater Treatment |  |  |  |
| Industrial Wastewater Treatment |  |  |  |
| Wastewater Collection System |  |  |  |
| Other |  |  |  |

# EDUCATION AND TRAINING

1. High School: Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years Attended: \_\_\_\_\_\_ Date of Graduation: \_\_\_\_\_\_

1. College: Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years Attended: \_\_\_\_\_\_ Date of Graduation: \_\_\_\_\_\_

1. **NOTE: Attach verification of your post-high school educational qualifications. Copies of college transcripts or certificates of completion for courses related to wastewater treatment/collection provide acceptable proof of educational qualifications. You may list training courses, short courses, or other courses in the wastewater field that you have attended on Page 4. Include only post high school information**

# WORK EXPERIENCE HISTORY

*List your present employment first then any additional employment. Give a* ***detailed*** *description of your collection system work experience as designated below. If you are not a full-time Collection Systems Operator, specify the average number of hours per week that are spent in the actual operation and maintenance of the collection system.* ***NOTE: If you are applying for a Class III or IV examination, clearly define AND document your “in-charge” experience and qualifications (supervision does not necessarily dictate “in-charge” experience).***

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| CURRENT EMPLOYMENT: | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | |  | | | | | | |
| Current Employer: | | |  | | | | | | | | Dates – From | | / / | | to **Present** | | |
|  | | | | | | | | | | |  | | | | | | |
| Job Title: |  | | | | | | | | | Number of Persons Supervised: | | | |  | |  | |
|  | | | | | | | | | | |  | | | | | | |
| Job Description: | |  | | | | | | | | | | | | | | |  |
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| Collection System Duties: | | | | | |  | | | | | | | | | | |  |
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| Classification of Wastewater Treatment Plant: | | | | | | | | Municipal - I II III IV (Circle One) | | | | | | | | |  |
|  | | | | | | | | Industrial - I-SP A-SO A B C D | | | | | | | | | |
| Wastewater Treatment Plant Capacity: | | | | | | |  | | Gallons Per Day (gpd) | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | |
| Supervisor’s Name: | | | |  | | | | | | | |  | | | | | |
| Address: | | | |  | | | | | | | |  | | | | | |
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| Phone No.: | | | | ( ) | | | | | | | |  | | | | | |
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| PRIOR EMPLOYMENT: | | | | | | | | | | |  | | | | | | | | |
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| Past Employer: | |  | | | | | | | | | Dates – From | | / / | | to | / / | |  | |
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| Job Title: |  | | | | | | | | | Number of Persons Supervised: | | | |  | | |  | | |
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| Job Description: | | |  | | | | | | | | | | | | | | | |  |
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| Collection System Duties: | | | | | |  | | | | | | | | | | | | |  |
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| Classification of Wastewater Treatment Plant: | | | | | | | | Municipal - I II III IV (Circle One) | | | | | | | | | | |  |
|  | | | | | | | | Industrial - I-SP A-SO A B C D | | | | | | | | | | | |
| Wastewater Treatment Plant Capacity: | | | | | | |  | | Gallons Per Day (gpd) | | | | | | | | | | |
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| Supervisor’s Name: | | | |  | | | | | | | |  | | | | | | | |
| Address: | | | |  | | | | | | | |  | | | | | | | |
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| Phone No.: | | | | ( ) | | | | | | | |  | | | | | | | |
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**III. WORK EXPERIENCE HISTORY (Continued)**

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| PRIOR EMPLOYMENT: | | | | | | | | | | |  | | | | | | | | |
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| Past Employer: | |  | | | | | | | | | Dates – From | | / / | | to | / / | |  | |
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| Job Title: |  | | | | | | | | | Number of Persons Supervised: | | | |  | | |  | | |
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| Job Description: | | |  | | | | | | | | | | | | | | | |  |
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| Collection System Duties: | | | | | |  | | | | | | | | | | | | |  |
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| Classification of Wastewater Treatment Plant: | | | | | | | | Municipal - I II III IV (Circle One) | | | | | | | | | | |  |
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| Wastewater Treatment Plant Capacity: | | | | | | |  | | Gallons Per Day (gpd) | | | | | | | | | | |
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| Supervisor’s Name: | | | |  | | | | | | | |  | | | | | | | |
| Address: | | | |  | | | | | | | |  | | | | | | | |
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| PRIOR EMPLOYMENT: | | | | | | | | | | |  | | | | | | | | |
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| Past Employer: | |  | | | | | | | | | Dates – From | | / / | | to | / / | |  | |
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| Job Title: |  | | | | | | | | | Number of Persons Supervised: | | | |  | | |  | | |
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| Job Description: | | |  | | | | | | | | | | | | | | | |  |
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| Collection System Duties: | | | | | |  | | | | | | | | | | | | |  |
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| Classification of Wastewater Treatment Plant: | | | | | | | | Municipal - I II III IV (Circle One) | | | | | | | | | | |  |
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| Wastewater Treatment Plant Capacity: | | | | | | |  | | Gallons Per Day (gpd) | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | |
| Supervisor’s Name: | | | |  | | | | | | | |  | | | | | | | |
| Address: | | | |  | | | | | | | |  | | | | | | | |
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| Phone No.: | | | | ( ) | | | | | | | |  | | | | | | | |
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1. **ADDITIONAL EDUCATION (Attach Copy of Completion Verification and/or Transcripts)**

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| --- | --- | --- | --- |
|  | NAME/DESCRIPTION OF COURSE: |  | |
|  |  |  |  |
| (Location) | | (Dates) | (College Units or Class Hours) |
|  | | | |
|  | NAME/DESCRIPTION OF COURSE: |  | |
|  |  |  |  |
| (Location) | | (Dates) | (College Units or Class Hours) |
|  | |  | |
|  | NAME/DESCRIPTION OF COURSE: |  | |
|  |  |  |  |
| (Location) | | (Dates) | (College Units or Class Hours) |
|  | |  | |
|  | NAME/DESCRIPTION OF COURSE: |  | |
|  |  |  |  |
| (Location) | | (Dates) | (College Units or Class Hours) |
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1. **SUPERVISOR’S VERIFICATION OF CURRENT EMPLOYMENT (to be completed by present Employer)**

I hereby verify that the information contained in the current employment section of the application made by

to be true and correct to the best of my knowledge and belief.

Date

Supervisor’s Signature

Title

Printed

# SIGNATURE OF APPLICANT

I, the undersigned, certify that I am the above applicant; that all statements made and information contained in this application are true to the best of my knowledge and belief; that I understand that any omissions or misrepresentations may result in ineligibility for the examination applied for. I also consent to a thorough investigation of my employment record and other qualifications in related activities for the purpose of verification of my qualifications for the certificate for which I have applied.

/ /

(Signature of Applicant) (Date)

**Completed application form with check/money order for proper amount, and payable to IWEA**, should be returned to:

IWEA

8909 Purdue Road, Suite 130

Indianapolis, IN 46268

**NOTE: DUE DATE FOR APPLICATIONS, MARCH 12 FOR SPRING EXAM / SEPTEMBER 10 FOR FALL EXAM.**

**LATE APPLICATIONS WILL NOT BE REVIEWED.**