

III. 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).**

CURRENT EMPLOYMENT:

Current Employer: _____ Dates – From ____ / ____ / ____ to Present

Job Title: _____ Number of Persons Supervised: _____

Job Description: _____

Collection System Duties: _____

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: _____

Phone No.: () _____

PRIOR EMPLOYMENT:

Past Employer: _____ Dates – From ____ / ____ / ____ to ____ / ____ / ____

Job Title: _____ Number of Persons Supervised: _____

Job Description: _____

Collection System Duties: _____

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: _____

Phone No.: () _____

IV. ADDITIONAL EDUCATION (Attach Copy of Completion Verification and/or Transcripts)

1. NAME/DESCRIPTION OF COURSE: _____

(Location) (Dates) (College Units or Class Hours)
2. NAME/DESCRIPTION OF COURSE: _____

(Location) (Dates) (College Units or Class Hours)
3. NAME/DESCRIPTION OF COURSE: _____

(Location) (Dates) (College Units or Class Hours)
4. NAME/DESCRIPTION OF COURSE: _____

(Location) (Dates) (College Units or Class Hours)

V. 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.

Supervisor's Signature Date

Printed Title

VI. 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.**