

Work Experience

List present, or most recent employer first. List all experience related to each position as a facility operator in full detail, including related military experience. If necessary, use additional paper and attached to back of this form.

Employment dates:	Name and address of Employer/facility	Supervisor's name and phone number	Your position title:
Employment start date: Mm/dd/yy			
Employment end date: MM/dd/yy			

Describe, in detail, your daily duties as related to the exam for which you are applying. Please be specific:

Employment dates:	Name and address of Employer/facility	Supervisor's name and phone number	Your position title:
Employment start date: Mm/dd/yy			
Employment end date: MM/dd/yy			

Describe, in detail, your daily duties as related to the exam for which you are applying. Please be specific:

Employment dates:	Name and address of Employer/facility	Supervisor's name and phone number	Your position title:
Employment start date: Mm/dd/yy			
Employment end date: MM/dd/yy			

Describe, in detail, your daily duties as related to the exam for which you are applying. Please be specific:

Work Experience continued.

Employment dates:	Name and address of Employer/facility	Supervisor's name and phone number	Your position title:
Employment start date: Mm/dd/yy			
Employment end date: MM/dd/yy			



Describe, in detail, your daily duties as related to the exam for which you are applying. Please be specific:

Training Credits

List previous or approved courses.

District Association Or Name of School	Location of School	Training Course	Date Start Finish	Credit

If you have or ever held certificate of competency, please furnished the following information:

Type of Certificate	Level Certified	Place of Issuance	Date Issued	Expiration Date
Water Distribution System				
Water Treatment Plant				
Wastewater Collection System				
Wastewater Treatment Plant				

Signature of Applicant

I, the undersigned, certify that all statements made and information contained in this application are true and correct to the best of my knowledge and belief and are submitted for review by the Administrator, or his representative, for the purpose of issuance of a certificate of competency for the class of operator’s certificate applied herein; that I understand that any omissions or misrepresentations may result in ineligibility for admission to any required examination applied or revocation of any certificate granted. I further consent to a thorough investigation by the Administrator, or his representative, of my employment, education, and experience record and other activities pertaining to qualifications or verifications for the certificate for which I have applied.

Printed name: _____

Signature: _____

Date: _____



DO NOT WRITE IN THIS SPACE - FOR GUAM EPA USE ONLY

_____ Approved _____ Disapproved

Education: _____ Years of Experience: _____

Training Credits: _____ Current Level and Cert ID No.: _____

Certificate Approved for: _____ Previous Application Approved: _____

Evaluated and Approved by: _____ Date: _____

Notes: _____

_____ Pass _____ Fail

Exam Date: _____ Exam Score: _____

Certificate Approved for: _____ New Certificate ID No.: _____

Effective Date: _____ Expiration Date: _____

Evaluated and Approved by: _____ Date: _____

Notes: _____

