



State of Louisiana
Department of Health and Hospitals
Office of Public Health

EDUCATION AND EXPERIENCE

(Please PRINT Clearly or Type and Fill in COMPLETELY)

Full Name: _____
Last First Middle

Operator ID# or Social Security#: _____ Email: _____

Mailing Address: _____
Number Street City State ZIP

Phone: _____ Fax: _____

Did you receive a high school diploma? YES () NO () If not, did you receive an equivalent certificate (GED)? YES () NO ()

Name and address of high school: _____

Month/year diploma or GED: _____

College or University (include name & location of college, dates attended (from-to), credit hours (semester and/or quarter) and note degrees received:

NOTE: You must provide a copy of your degree and/or your transcripts.

Other schools attended (include business, trade, military, etc.). Be sure to include name and address of each school, dates attended (month and year), type of course, and provide copies of diploma or certificates received and DD214.

Note: if more space is needed, use a separate sheet of paper.

WATER AND/OR WASTEWATER EXPERIENCE:

CURRENT JOB: Date of employment (include month, day, and year) _____ / _____ / _____ to **PRESENT**

System/Facility Name _____

Position Title _____ Supervisory Position? Yes – No

Name immediate supervisor _____

Describe your water &/or wastewater work in detail: _____

PREVIOUS Position/Employment: Date of employment (include month, day, & year) ____ / ____ / ____ to ____ / ____ / ____

System/Facility Name _____

Position Title _____ Supervisory Position? Yes – No

Name immediate supervisor _____

Describe your water &/or wastewater work in detail: _____

PREVIOUS Position/Employment: Date of employment (include month, day, & year) ____ / ____ / ____ to ____ / ____ / ____

System/Facility Name _____

Position Title _____ Supervisory Position? Yes – No

Name immediate supervisor _____

Describe your water &/or wastewater work in detail: _____

PREVIOUS Position/Employment: Date of employment (include month, day, & year) ____ / ____ / ____ to ____ / ____ / ____

System/Facility Name _____

Position Title _____ Supervisory Position? Yes – No

Name immediate supervisor _____

Describe your water &/or wastewater work in detail: _____

Note: If more space is needed, use a separate sheet of paper of the same size as this application.

I certify that the above information is true and correct to the best of my knowledge. I understand that any false or erroneous information may be cause for loss of certification.

Date

Signature of Operator

Date

Signature Of Operator's Supervisor

Previous Credited Points

Updated Points