



# Employment History

Operator Certification Application | Drinking Water Services  
Phone: 971-673-0321 | Fax: 971-673-0694 | [dws.opcert@state.or.us](mailto:dws.opcert@state.or.us)

Applicant Name: \_\_\_\_\_ Cert #: \_\_\_\_\_

Describe in detail ALL work duties and responsibilities you performed. If you need additional pages, make a copy of this page and attach it to the application. Begin with your current or most recent employer first. **Please print clearly.**

## EMPLOYER #1

Employer: \_\_\_\_\_ PWS ID #41- \_\_\_\_\_  
Employer's Address: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Contract Job:  Yes  No

Dates Employed: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Total # of Months Employed: \_\_\_\_\_

Full Time  Half time  less than 1/2 time: \_\_\_\_\_ # of hours per week

Describe all duties you perform, be detailed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYER #2

Employer: \_\_\_\_\_ PWS ID# 41- \_\_\_\_\_  
Employer's Address: \_\_\_\_\_

Employers Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Contract Job:  Yes  No

Dates Employed: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Total # of Months Employed: \_\_\_\_\_

Full Time  Half time  Less than 1/2 times: \_\_\_\_\_ # of hours per week

Describe all duties you perform, be detailed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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