



Employment History

Operator Certification Application | Drinking Water Services

Phone: 971-673-0321 | Fax: 971-673-0694 | dws.opcert@dhsoha.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: _____

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: _____

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: _____

