

Employment Addendum Wastewater Licensure Current Employer

NOTE: Self-verification will not be accepted

Applicant Name: _____

Title/Position: _____

Current Employer: _____

System Classification: Lagoon (Treatment Only) Collection
 Very Small Wastewater System Treatment
 Wastewater Treatment Land Application Wastewater Laboratory Analyst

System Type: Class I Class II Class III Class IV Other: _____
(Only required for collection or treatment systems)

Business Address: _____

Business Phone: _____ Supervisor Name: _____

Number of Hours Worked

NOTE: The number of hours worked may NOT include vacation, sick, or paid holidays taken. Applicants may not receive more than one (1) year of experience for hours worked in excess of one thousand six hundred (1,600) hours in a calendar year unless specifically approved by the Board based upon documentation submitted by the Applicant (IDAPA 24.05.01.300.03).

Dates of Employment: ____ / ____ / ____ to ____ / ____ / ____
 mm dd yyyy mm dd yyyy

Dates of Responsible Charge: ____ / ____ / ____ to ____ / ____ / ____
(Required for Class III or IV License) mm dd yyyy mm dd yyyy

Total Number of On-Site Experience Hours: _____ hours

Total Number of Responsible Charge Experience Hours: _____ hours

Are the above dates taken from payroll records: Yes No

If No, please explain: _____

Job Duties Relevant to Class of Licensure

If applying for Class 3 or higher, list responsible charge duties.

NOTE: An operator-in-training cannot accept or perform the designated responsible charge duties at any system (IDAPA 24.05.01.250.04)

Certification

Upon oath I certify each of the following: the responses and information provided in this addendum is true and correct to the best of my knowledge; falsification of any information could lead to disciplinary including but not limited to revocation of licensure; any of the hours submitted are subject to additional verification.

Supervisor Name: _____

Title: _____ License Number: _____

Supervisor Signature: _____ Date: _____

Employment Addendum Wastewater Licensure Previous Employer

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Title/Position: _____

Previous Employer: _____

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Supervisor Name: _____

Title: _____ License Number: _____

Supervisor Signature: _____ Date: _____