

Please make additional copies of this page and include them with your application in order to provide additional employment history necessary to meet the experience requirements associated with the license you are applying for.

EXPERIENCE

1. Position

_____	_____	_____
Title	Date Position Began	Date Position Ended

Employer's Name	Address	

City/Town	Supervisor's Name	Title

Supervisor's Phone	Supervisor's email address	

2. Public Water Supply Information

Name of Public Water System: _____

Public Water System ID Number: _____

DEP classification of the Public Water System.
(If not sure, please verify by contacting your local DEP Regional Office.)

DI DII DIII DIV VSS TI TII TIII TIV

3. List your duties and responsibilities (please be specific):

Please note: You may not list more than 40 hours worked per week.

Distribution:

How much of your time is spent on Distribution duties each day? _____ hours per day _____ days per week

List your specific Distribution duties in space provided below:

Treatment:

How much of your time is spent on Treatment duties each day? _____ hours per day _____ days per week

List your specific Treatment duties in space provided below:

Name of Treatment facility: _____

Type(s) of Treatment process: _____

Types of chemicals used: _____

Date facility was placed online: _____