

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.

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## 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):

**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:

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**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:

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Name of Treatment facility: \_\_\_\_\_

Type(s) of Treatment process: \_\_\_\_\_

Types of chemicals used: \_\_\_\_\_

Date facility was placed online: \_\_\_\_\_