

John Bel Edwards
GOVERNOR



Dr. Courtney N. Phillips
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of Public Health
Engineering Services-Operator Certification Program

Education and Experience Update

1. PERSONAL DATA

Full Name: _____

Last

First

Middle

Social Security # or Operator ID #: _____ Email: _____

Mailing Address _____

Number Street

City

State

Zip

Phone: _____ Fax: _____

Did you receive a High School diploma? Yes No If not, did you receive an equivalent certificate (GED)? Yes No

Name and Address of High School: _____

2. YEARS OF FORMAL EDUCATION

- a. Did you receive a high school diploma or equivalent certificate (GED)? YES NO
- b. Name and address of high school (include month/year) diploma or GED received. _____

- c. College or University (include name & location of college, dates attended (from-to), credit hours, (semester & quarter-hours), and degree received).

- d. Other schools attended (include business, trade, military, etc.). Be sure to include name and address of each school, dates attended (month and year), type of course, and diploma or certificates received. If no diploma or certificate, indicate whether or not you completed the course. Indicate total number of classroom hours for completed courses.

3. WATER AND/OR WASTEWATER WORK EXPERIENCE

CURRENT EMPLOYMENT: Start Date (include month, day, and year) ____/____/____ to PRESENT

System/Facility Name: _____

Title of your position: _____ Supervisory Position Yes No

Name and Title of immediate supervisor: _____

Describe your water &/or wastewater work in detail: _____

PREVIOUS EMPLOYMENT (include month, day, and year) ___ / ___ / ___ to ___ / ___ / ___

System/Facility Name: _____

Title of your position: _____ Supervisory Position Yes No

Name and Title of immediate Supervisor: _____

Describe your water &/or wastewater work in detail: _____

PREVIOUS EMPLOYMENT (include month, day, and year) ___ / ___ / ___ to ___ / ___ / ___

System/Facility Name: _____

Title of your position: _____ Supervisory Position Yes No

Name and Title of immediate Supervisor: _____

Describe your water &/or wastewater work in detail: _____
