

Application for MA Wastewater Management Training Program – Part A

This part of the application must be completed by the applicant. Upon completion, return it with all supporting information to NEIWPC, 116 John St., Lowell, MA 01852 Attn: James LaLiberte

1. Contact Information

Candidate Name: _____ WW Certificate Number: _____ Grade: _____
Company/Facility: _____ Facility Grade: _____
Street: _____
City/Town: _____ State : _____ Zip: _____
Telephone: (day) _____ (night) _____ Fax: _____
Candidate's E-mail: _____ MWPCA Member #: _____

2. Education Level – Circle your highest level of education completed.

7 8 9 10 11 12 13 14 15 16 17+

3. Related Employment History (attach additional pages, if necessary)

Employer: _____ Title: _____

Years Employed: _____ Supervisor: _____

Description of Duties:

4. Candidates Statement

Please attach a 250-word or less statement explaining why you wish to be admitted to the Massachusetts Wastewater Management training Program. Include your full name in the statement.

5. Supervisor/Employer Certification

Have your employer fill out Part B of the application. They can either return it directly to NEIWPC or return it with your Part A submittal.

Facility/Company: _____ Supervisor Name: _____

I certify that the above information is accurate and true. As a candidate, I also certify that if accepted, I will be able to attend all classes that are part of the Management Training Program. I will ensure that payment for the classes will be made by me or my employer.

Applicant Signature: _____

Date: _____

3. Related Employment History:

Employer: _____

Title: _____

Years Employed: _____

Supervisor: _____

Description of Duties:

Employer: _____

Title: _____

Years Employed: _____

Supervisor: _____

Description of Duties:

Employer: _____

Title: _____

Years Employed: _____

Supervisor: _____

Description of Duties:

Application for MA Wastewater Management Training Program – Part B

This part of the application must be completed by the applicant's supervisor or representative of the employer who can authorize the employee's participation. Upon completion, return it with all supporting information to NEIWPC, 116 John St., Lowell, MA 01852 Attn: James LaLiberte

6. **Candidates Name**

Candidates Name: _____

7. **Supervisor/Employer Contact Information**

Company/Facility: _____

Street: _____

City/Town: _____ State : _____ Zip: _____

Supervisor's Name: _____ Supervisor's Title: _____

Telephone: _____ Fax: _____

8. **Supervisor's Statement** (Attach more pages, if necessary)

Please attach a brief statement as to why your applicant should be admitted to the Massachusetts Wastewater Management Training Program.

9. **Job Shadowing**

The program will include one day of job shadowing. During this day, the students will spend a day with a manager of another wastewater facility. This allows the student to have a look at what it is to be a manager.

Is your facility willing to host a student for this day of job shadowing?

_____ **Yes**, our facility agrees to host a participant for a day of job shadowing.

_____ **No**, our facility cannot host a participant for a day of job shadowing.

I certify that the above information is accurate and true. As a supervisor of the applicant, I also certify that the applicant, if accepted, will be able to attend all the classes that are part of the Massachusetts Wastewater Management Training Program.

Supervisor Signature: _____ **Date:** _____