



Affidavit of Employment Form (to be completed by Supervisor)

Note: A separate Affidavit of Employment Form is required for every position held for each employer. Instructions are on the back of this form.

Last name of applicant: _____ First _____ MI _____

Job Title: _____ Certification # (optional) _____

PWS Name: _____ Washington WFI# _____

PWS Address: _____

Company Name: _____
(This line is for name of company that contracts services to Public Water Systems or private company)

Address: _____

City: _____ State: _____ Zip: _____

Verification of Employment and Experience

Applicant: is currently employed was employed Starting from: ____/____/____ to ____/____/____
Total number of months employed: _____ Full time Half Time Less than half time (# hrs/week) _____
 Volunteer

The following activities are considered water system operating experience. Please place a check mark in the box beside each activity this employee performs or has performed while in your employment or under your supervision. List the total percentage of time this employee spent or is responsible for all of the activities you checked. NOTE: O&M = Operation and Maintenance (not Maintenance only).

Water Treatment Job Duties

Water Distribution Job Duties

- Performance of Laboratory Tests
- O&M of Coagulant Feed System
- Calculation of CT Values
- O&M of Conventional or Direct Filtration System
- O&M of Fluoride Feed System
- O&M of Hypochlorination & Gas Chlorination System
- O&M of Slow Sand Filter
- O&M of Cartridge, Bag, or Diatomaceous Earth Filter

- O&M of Storage Tanks
- O&M of Valves
- O&M of Cross Connection Program
- Distribution of System Flushing
- Installation of Taps/Pipelines/Service Connections
- Leak Detection/Repairs
- O&M of Booster Station/Pumps and Motors
- Water Quality testing (sampling) (i.e. bacteria, and so on)

List other water treatment duties you perform(ed): _____

List other water distribution duties you perform(ed): _____

Experience and Job Description Type

Percentages MUST be completed

- Water Distribution Operator (WD) % of the time = _____
- Water Treatment Operator (WT) % of the time = _____

Source Type

- Surface Water
- Groundwater

Statement of Authenticity

It is a violation subject to penalties or revocation of certification for any person to knowingly and willfully make any false statement or representations in any application, record, or other document filed herewith.

I have completed the information on this page.

Supervisor's Signature: _____ Phone: (____) _____

Supervisor's Name (printed) _____ Cert # _____ Title: _____
(if applicable)

Instructions to Supervisor/Employer for Completing Affidavit of Employment

This Affidavit of Employment is required for waterworks certification in the State of Washington. It is used to verify employment and experience of applicants applying for certification. Please fill in all the requested information on the Affidavit of Employment.

Employee Name	Fill in the last name, first name, and middle initial of the applicant.
Job Title	Fill in the actual job title of the employee.
PWS Name	Fill in the name and address of the Public Water System (PWS) where the employee attained the experience.
PWS I.D. #	Fill in the water facility I.D. number assigned to the PWS by the State of Washington, Office of Drinking Water. (Not applicable for out-of-state public water systems.)
Company Name	Fill out only when your company contracts services to a PWS or you are a private company and you are verifying that employment for an applicant for certification.
Dates of Employment	Indicate whether the applicant is currently employed. Fill in the month/day/year of the employee's drinking water experience employment .
Work Status	Fill in the number of months worked and check whether the work was full time, half time, or less than half time (<i>list the hours per week when less than half time</i>).
Job Duties	Check the appropriate drinking water duties the employee performed <u>while in your employment or under your supervision</u> .
Job Description Type	Check the appropriate job description of the employee. Fill in the total percentage of time the employee <u>spent</u> or was <u>responsible</u> for Treatment or Distribution.
Statement of Authenticity	Sign and date the form verifying that all the information is correct and true. Do not allow anyone else to sign for you. After you have signed the form, please fill in your daytime phone number, print or type your name in the space provided, and list your working title. <u>Do not sign an incomplete form. An applicant cannot sign here.</u>

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388)