EOCP
Environmental Operators Certification Program

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SUPERVISOR VERIFICATION PAGE

Name of Applicant: _____

SUPERVISOR VERIFICATION

EOCP will contact supervisors to confirm the verification. The information provided will be used to assess and validate the applicant's work experience.

INSTRUCTIONS
• The applicant's work experience may not be verified by a family member of the applicant. • Operators may not verify their own work experience. • It must be signed by the Operator's manager, or Supervisor.

I confirm that (name of applicant) _____ has worked ☐ full time or ☐ part time or ☐ seasonal for _____ years / months, and has spent the following percentage of time / number of hours per year working in each facility:

Facility /System	**% of Time per Year**	**Number of Hours per Year**	Does the applicant operate the system on a regular basis, similar to other Operators in the system?	Does the applicant operate primarily as a backup Operator (vacation, sick leave, on call)?
Water Distribution			☐ Yes	☐ Yes
Water Treatment			☐ Yes	☐ Yes
Wastewater Treatment			☐ Yes	☐ Yes
Wastewater Collection			☐ Yes	☐ Yes
Stormwater Collection			☐ Yes	☐ Yes
Facility/System Name			Facility/System City	
Supervisor Name (please print)			Supervisor Phone No. & Certification Number (if certified)	
Supervisor Signature:			Date (DD/MM/YYY):	
If your work experience is not in the five areas on the form, please provide a reference letter from your employer.				

Additional notes: