

WASTEWATER TREATMENT PLANT SUPERVISOR IV

SUPPLEMENTAL INFORMATION SHEET

Name \_\_\_\_\_

**Instructions:** This form is to be completed as part of your application. The information you will provide will be used to determine whether you meet the minimum qualification requirements. Complete this form as accurately and completely as possible. Incomplete information on this supplement may result in the non-acceptance of your application.

Describe your experience accurately and in as much detail as possible. NOTE: In your write-up, avoid using vague and ambiguous terms such as "was responsible for," "researched," "handled," "processed," etc. Instead, use specific language which shows clearly the exact nature of the tasks you performed and the extent of your involvement.

**A RESUME IN LIEU OF THIS SUPPLEMENTAL INFORMATION SHEET WILL NOT BE ACCEPTED.**

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Please circle the choice which applies to your education, work experience, certificate, traffic abstract, and license.

1. Do you have a high school diploma or equivalent (GED)?  Yes  No
2. Do you have a permanent Hawai'i Mandatory Wastewater Treatment Plant Operator Grade IV certificate?  
 Yes - attach copy of certificate  No
3. Do you have a valid driver's license?  Yes - attach copy of license  No
4. Do you have a good driving record?  Yes  No  
(A good driving record means having no DUI convictions in the last 3 years and no speeding citations in the last 12 months.)
5. Is your current traffic abstract attached? (A traffic abstract is current if dated 30 days from issuance)  
 Yes  No

**MINIMUM QUALIFICATION REQUIREMENTS:**

- 4 ½ years of experience involving the operation and maintenance and/or supervision of a Grade II, III, IV level wastewater treatment plant.

6. Do you have the minimum work experience as described above?  Yes  No

If "yes," describe your work experience, beginning on the next page, which you believe qualifies you to meet the minimum experience requirements.

**Wastewater Treatment Plant Supervisor IV**

**Supplemental Information Sheet**

Name: \_\_\_\_\_

**COMPLETE A SEPARATE FORM FOR EACH EMPLOYER WHERE YOU GAINED THE REQUIRED EXPERIENCE.** If you have been employed in more than one related position with the same employer, or if your duties changed significantly within a position, complete a separate form for each position. DUPLICATE THIS FORM OR USE ADDITIONAL SHEETS AS NECESSARY.

I gained the required work experience with the following employer:

**Employer** \_\_\_\_\_  
Dates of employment – From \_\_\_\_\_ (mo./yr.) To \_\_\_\_\_ (mo./yr.)  
Reason for leaving \_\_\_\_\_  
No. of hours worked per week ( use your best estimate) \_\_\_\_\_  
Your job title \_\_\_\_\_  
Job title of your supervisor \_\_\_\_\_

For the above position, indicate the percentage of time you worked at a WASTEWATER TREATMENT PLANT.  
This wastewater treatment plant is a Grade I  Grade II  Grade III  Grade IV

% of Time

1. **Operation and maintenance of wastewater systems and facilities** \_\_\_\_\_ %  
**Describe duties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Supervision of work in the operation and maintenance of wastewater systems and facilities** \_\_\_\_\_ %  
**Describe duties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL** \_\_\_\_\_ **100** %

Note: If you are including work experience gained through temporary assignment, please attach written verification from your employer of the total number of hours performed in this task.

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I hereby certify that all statements in this form are true and correct, to the best of my knowledge, and I agree and understand that any misstatements of material facts may be cause for non-selection or disqualification, and, if selected, may be cause for termination.

I further request and authorize the employer, his agent, and/or contact person named herein, to furnish verification of the statements made herein and/or employment information as may be requested by the Department of Human Resources.

Date \_\_\_\_\_

Signature \_\_\_\_\_