



Membership Application

Advisory Council for the Certification of Public Water System Operators

Section 1. Basic Information

Name: _____
 prefix/title first M.I. last suffix/designation

Current residence: _____
 street P.O. Box (if applicable)

_____ city state zip code county

Telephone & DOB: _____
 day phone cell phone date of birth

Email address(es): _____

Have you resided at your current residence less than 5 years? YES NO

If yes, please list all residences for the past five years, excluding current residence:

Section II. Employment experience

Provide your professional work history, starting with the most recent:

employer/company	position/title	start and end dates

Section III. Professional Licenses and Certificates

license	date issued/date expires	status (active, inactive)

Section IV. Education

Provide your complete educational background. Dates do not need to be exact.

	school name/state	certificate, diploma, or degree	dates attended
High school			
College			
Other			

Section V. Organizations and Society Memberships

Please list all organizations and societies of which you have been, or are currently, affiliated.

organization name	previous	current

Section VI. Additional Information

Do you or your spouse own real property, personal property, financial holdings, or receive income from any source which might present, or appear to present, a conflict of interest with your requested appointment? YES NO If yes, please explain: _____

Have you or your spouse ever been affiliated (as an officer, owner, director, trustee, partner, advisor, or consultant) with any institutions (corporations, firms, partnerships business enterprises, non-profit organizations, etc.) within the past five years which might present, or appear to present, a potential conflict of interest with your requested appointment? YES NO

If yes, please explain: _____

Have you filed federal and state income tax returns for the past seven years? YES NO

If no, please explain: _____

Have you ever been convicted of a misdemeanor or a felony as an adult? ? YES NO

If yes, please explain: _____

Are you currently under any federal, state, or local investigation for violation of a criminal law?

YES NO If yes, please explain: _____

Has a tax lien or other collection procedure ever been instituted against you by federal, state, or local authorities? YES NO If yes, please explain: _____

Are you only interested in a paid appointment? YES NO

Required compensation (if any): _____

Certain boards and councils require full disclosure of personal financial data. If required for this council for which you are applying, are you willing to do so? YES NO

If no, please explain: _____

How much time are you able to commit to a voluntary, unpaid position? _____

The following questions are optional. They will enable the Division to consider the appointment of a diverse group of individuals to meet statutory requirements and requirements of various boards and councils:

Are you a person, or a relative of a person, with a disability? YES NO

If yes, indicate which: person with a disability or relative

Are you registered to vote in Delaware? YES NO

If yes, what political affiliation? _____

Are you a United States citizen? YES NO

If no, identify citizenship country: _____

Gender: _____

Ethnicity: _____

Section VII. Intent

Explain why you wish to serve on this council:

Explain what skills you would bring to enhance productivity of this council:

Section VIII. References

List three references that are not relatives:

name	phone number

Section IX: Acknowledgement

I fully understand that I alone am responsible for the accuracy and veracity of all information in this questionnaire.

signature of applicant date

Return this application to: Stephen Mann phone: 302-741-8589
Program Administrator Fax: 302-741-8631
Office of Drinking Water
Division of Public Health
Delaware Health and Social Services
43 South DuPont Highway
Dover, Delaware 19901

You may send this completed form electronically to: stephen.mann@delaware.gov