

# CWEA NOMINATION FORM

## Operator of the Year Award

**Nominator:**

Name:

Agency:

Address:

City, Zip Code:

Work Phone:

Fax:

Email Address:

Local Section:

**Nominee:**

Name:

Agency:

Address:

City, Zip Code:

Work Phone:

Fax:

Email Address:

Local Section:

**Checklist of Awards Criteria:** You must include all of the following to be eligible for the award.

1. CWEA Member?
2. Nominee must be employed at a wastewater facility at the time of nomination.
3. Three copies of the nomination packet.
4. Nominee must have direct operational responsibilities. Not more than 10% of the candidate's time should be spent on administrative duties.
5. Depending on the size of the facility, nominee may perform maintenance duties and/or laboratory analysis. However the majority must be spent in the operational function.
6. Applicant must be certified by the State Water Resources Control Board. O.I.T. certificate not eligible.
7. Information submitted for evaluation must be from July 1, 2010 through June 30, 2011; prior background can also be included.
8. Nominee must have won the "Operator of the Year" award at the Local Section level. (only one Operator of the Year submission per Local Section).

**Instructions:**

1. Applicants must use the attached form. Other formats will not be accepted. Applicants must answer all questions that follow. NO more than 8 pages may be used for the entire application. Submitted materials will not be returned
  2. A single nomination for each category of this award may be submitted by each Local Section on behalf of their Local Section winner and CWEA Standing Committee (other than Operator Training).
  3. The CWEA Operator of the Year Award is coordinated by the CWEA Operator Training Committee; this Committee will evaluate all nominees.
  4. All award nominees will be notified of their status prior to the CWEA Annual Conference.
  5. Send State Award Nominations to CWEA Awards program, 7677 Oakport Street, Suite 600, Oakland, CA 94621. Applications may be sent by email to [ldvorak@cwea.org](mailto:ldvorak@cwea.org). Applications must be attached as .pdf only.
  6. **All state awards must be received by FRIDAY, JANUARY 13, 2012. Postmarks will not be accepted.**
- Questions: Call Jeff Cooley, Operations and maintenance Training Awards Committee Chair, (707) 469-6413 or [jcooley@cityofvacaville.com](mailto:jcooley@cityofvacaville.com)

PAGES 1-5 TO BE COMPLETED BY **NOMINATOR**

Please type or print clearly

I. NOMINEE:

- A. Name of Nominee: \_\_\_\_\_  
CWEA Member Number: \_\_\_\_\_ Years in Profession: \_\_\_\_\_  
California State Water Resources Control Board:  
Certification Grade: \_\_\_\_\_  
Certificate Number: \_\_\_\_\_  
Date Obtained: \_\_\_\_\_  
Level Required for Current Position: \_\_\_\_\_

II. NOMINATOR:

- A. Person Making Nomination: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Name Title
- |                       |       |       |
|-----------------------|-------|-------|
| B. Direct Supervisor: | _____ | _____ |
| Supervise(s):         | _____ | _____ |
|                       | _____ | _____ |
|                       | _____ | _____ |

Brief Description of the Facility:

\_\_\_\_\_

Number of employees: \_\_\_\_\_ Design Flow: \_\_\_\_\_

Actual Flow: \_\_\_\_\_

III. ACCOMPLISHMENTS:

- A. List contributions the candidate has made which have been beneficial to the facility. Be specific.

\_\_\_\_\_

- B. In what specific instances has the operator put operational knowledge to use to upgrade the system?

\_\_\_\_\_

- C. List specific instances when the operator has assumed additional responsibilities and comment on how well these responsibilities were executed.

\_\_\_\_\_

THIS SECTION TO BE COMPLETED BY THE NOMINATOR

- D. Describe the operator's performance while working under abnormal working conditions.

\_\_\_\_\_

- E. List public relations efforts by the operator.

\_\_\_\_\_

- F. List dates and topics of education pertaining to the wastewater field. (e.g. short courses, night school, correspondence courses)

\_\_\_\_\_

- G. List any in-plant training the candidate has conducted.

THIS SECTION TO BE COMPLETED BY THE NOMINATOR

H. Local Section Member?  Yes  No

I. Attendance at Section functions:

J. Describe participation in professional activities of groups such as CWEA, WEF, Local Section, etc

\_\_\_\_\_

TO BE COMPLETED BY "NOMINEE"

NAME OF NOMINEE: \_\_\_\_\_

- K. Why do you believe that the position of wastewater treatment plant operator is important?

\_\_\_\_\_

California Water Environment Association

Operator of the Year Award

Scoring Criteria
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Nominee: \_\_\_\_\_

<u>Points Awarded</u>	<u>Area of Evaluation</u>	<b>POINTS AWARDED</b>
5	Certification	
2	Organizational Information	
10	Contributions Beneficial to Facility	
10	Operator Knowledge to Upgrade System	
10	Assumed Additional Responsibility	
10	Performance Under Abnormal Conditions	
7	Public Relations Efforts	
7	Training and Education	
7	Training Conducted	
2	Local Section Membership	
5	Section Attendance	
10	Professional Association Participation	
15	Nominee Question	
<b>100 TOTAL POINTS</b>	⇒ Total Points Awarded to Nominee	

This form will be filled out by the Operator Training Committee. The Form does indicate total points available in each question area.