

APPENDIX 2
CCE APPLICATION AND CERTIFICATION

Appendix 2
Exhibit 1
Page 1 of 4



Identification Number: _____

3-A SANITARY STANDARDS, INC.
APPLICATION FORM FOR CERTIFIED CONFORMANCE EVALUATOR

General Information:

Name (Last, First, Middle): _____

Address: _____

City State Zip Code

Other Names Used (e.g., maiden name, nickname, etc.): _____

Home Telephone: _____ Work Telephone: _____

Fax Number: _____ E-mail: _____

Are you a United States Citizen? Yes No

If "No," state citizenship country: _____

I, the undersigned, do hereby attest that all statements and information provided or attached in this application are true, accurate and complete.

Signature: _____	Date: _____
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Special Skills, Accomplishments and Awards:

List any special skills or qualifications, the title and year of any awards or special recognition received that may help you qualify for the position.

List all language(s), which you speak or read. Indicate whether you read, speak, or both and the level of fluency.

Code of Ethics Certification is attached

Education:

Did you graduate from high school or receive a GED high school equivalency certificate?

GED Yes No Diploma Attached Yes No

Identify the name and location (city and state) of the high school you attended or where you received your GED certificate.

Name and location (city, state, zip code) of any college or university attended:

Name	City	State	Zip	From	To	Semester Hr.	Quarters	Degree	Month and Year of Degree
1.									
2.									
3.									

Chief Undergraduate Subjects Show Major on First Line	Semester Hr.	Quarters	Chief Graduate Subjects Show Major on First Line	Semester Hrs.	Quarters Hrs.
1.					
2.					
3.					

List any other courses or training received related to the position. Identify the name and location (city, state, and zip) of the training, month and year attended, classroom hours, subjects, and if the training completed, include a diploma, degree granted or certification.

Work Experience: List most recent employment first.

1. NAME AND ADDRESS OF EMPLOYER:	Dates Employed (month, day, year):
	From: _____ To: _____
	Exact Job Title:

Description of work: Describe your specific duties, responsibilities, and accomplishments as they relate to the specific knowledge, skill and ability requirements. Add additional pages as necessary.

2. NAME AND ADDRESS OF EMPLOYER:	Dates Employed (month, day, year):
	From: _____ To: _____
	Exact Job Title:

Description of work: Describe your specific duties, responsibilities, and accomplishments as they relate to the specific knowledge, skill and ability requirements. Add additional pages as necessary.

If you need more experience blocks, add additional pages with the requested information.