



NORTH CAROLINA WATERWORKS OPERATORS ASSOCIATION

OUTSTANDING & CERTIFIED OPERATOR OF THE YEAR NOMINATION FORM

SUBMISSION DEADLINE **JULY 31**

Please Check One:

- | | | |
|--|---|--|
| <input type="checkbox"/> A-Surface Operator of the Year | <input type="checkbox"/> A-Well Operator of the Year | <input type="checkbox"/> The Outstanding Operator of the Year |
| <input type="checkbox"/> B-Surface Operator of the Year | <input type="checkbox"/> B-Well Operator of the Year | |
| <input type="checkbox"/> C-Surface Operator of the Year | <input type="checkbox"/> C-Well Operator of the Year | |
| | <input type="checkbox"/> D-Well Operator of the Year | |

Name of Nominee: _____

Employer: _____

Address: _____

Phone #: _____

Years of Service in the Industry: _____

Present Position: _____

Extent of Self-improvement (job history, promotions, department growth, personal accomplishments, etc.):

Professional Growth / Continuing Education (list courses/schools completed, indicate interest in training of other employees, initiative shown in seeking training opportunities): _____

New Ideas or Improvements Developed For Existing Facility (efficient utilization of equipment, machinery modification, improved procedures, pride in work, etc.):

Ability To Serve The Best Interest Of The Community (awareness of public relations, concern for the public during construction of projects, concern for personal safety and that of other employees, personal discipline and loyalty, professional conduct on the job, etc.): _____

Character: _____

Previous Recognition Or Other Supportive Material: _____

NOTE: Please provide sufficient data in each of the above categories to fully evaluate. If more space is needed, attach additional sheets to this form.

NOTE: If the nominee is selected for the above award, you will be contacted to insure that the recipient will be at the **Wednesday** Awards Luncheon for the NCWOA Annual Waterworks Operators School in September.

Submitted By: _____ Date: _____

Title: _____ Employer: _____

Phone: _____ Email: _____

Endorsed By: _____ Date: _____

Title: _____ Employer: _____

Please send nomination form to:

Heather Cagle, NCWOA
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High Point, NC 27262
heather@ncwoa.com