

# 2026 MA Wastewater Management Training Program

## Application-Part A

The applicant must complete this part of the application. Upon completion, return it with all supporting information to NEIWPCC, 650 Suffolk St., Suite 410, Lowell, MA 01854 Attn: MA Mgmt or email to [dshort@neiwpcc.org](mailto:dshort@neiwpcc.org).

### 1. Contact Information

Candidate Name: \_\_\_\_\_ WW Certificate Number & Grade: \_\_\_\_\_  
Company/Facility: \_\_\_\_\_ Facility Grade: \_\_\_\_\_  
Street: \_\_\_\_\_ City/ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (day) \_\_\_\_\_ (night) \_\_\_\_\_ Fax: \_\_\_\_\_  
Candidate's E-mail: \_\_\_\_\_ MAWEA Member #: \_\_\_\_\_

### 2. Education Level – Check your highest level of education completed.

High School/GED      Associates Degree      Bachelor's Degree      Master's Degree      Doctoral Degree

### 3. Related Employment History (see page 2 and attach additional pages, if necessary)

Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Years Employed: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_

### 4. Candidate Statement

Please attach a 250-word or less statement explaining why you wish to be admitted to the Massachusetts Wastewater Management Training Program. Include your full name in the statement.

### 5. Supervisor/Employer Certification

Have your employer fill out Part B of the application. They can either return it directly to NEIWPCC or return it with your Part A submittal.

Facility/Company: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

I certify that the above information is accurate and true. As a candidate, I also certify that I will attend all classes that are part of the Management Training Program, if accepted. I will ensure that my employer or I will make payment for the classes.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### 3. Related Employment History:

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Years Employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Description of Duties:

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Years Employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Description of Duties:

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Years Employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Description of Duties:

## 2026 MA Wastewater Management Training Program

### Application- Part B

This part of the application must be completed by the applicant's supervisor or representative of the employer who can authorize the employee's participation. Upon completion, return it with all supporting information to NEIWPCC, 650 Suffolk St., Suite 410, Lowell, MA 01854 Attn: MA Mgmt or email to [dshort@neiwpcc.org](mailto:dshort@neiwpcc.org).

#### 6. Candidate Name

#### 7. Supervisor/Employer Contact Information

Company/Facility: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### 8. Supervisor Statement

Please attach a brief statement as to why your applicant should be admitted to the Massachusetts Wastewater Management Training Program.

#### 9. Job Shadowing

The program will include one day of job shadowing. During this day, the students will spend a day with a manager of another wastewater facility. This allows the student to have a look at what it is to be a manager.

Is your facility willing to host a student for this day of job shadowing?

Yes, our facility agrees to host a participant for a day of job shadowing.

No, our facility cannot host a participant for a day of job shadowing.

I certify that the above information is accurate and true. As a supervisor of the applicant, I also certify that the applicant, if accepted, will be able to attend all the classes that are part of the Massachusetts Wastewater Management Training Program.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_