

**SCHOOL PLANT OFFICIALS SOCIETY OF ALBERTA
SCHOOL PLANT OFFICIALS ASSOCIATION OF BRITISH COLUMBIA**

APPLICATION FOR CERTIFICATION

I. INSTRUCTIONS TO APPLICANTS

1. Read all the instructions carefully. Incomplete or improperly prepared applications will be returned. Faxed applications are not accepted. Applications without supporting documents attached will be returned.
2. Applications must be typed or printed neatly in ink.
3. Attach photocopies of your certificate, validation card, and/or college transcripts.
4. Mail this form, a check or money order in the amount of the application fee, and all supporting documents to _____. Make your check payable to _____. You will be mailed an application receipt about 3 weeks after the application deadline.
5. Test eligibility notifications are mailed about 4 to 6 weeks after the application deadline.

Fees

Application for Certification	
All Certification Levels	\$75.00
PLUS	
Certification Exams	
Educational Facility Maintenance Professional 3	\$180.00
Educational Facility Operations Professional 3	\$180.00
Educational Facility Manager	\$200.00

II. APPLICATION INFORMATION

This is an application for certification in (check one):

- Educational Facility Maintenance Professional Level 1
- Educational Facility Maintenance Professional Level 2
- Educational Facility Maintenance Professional Level 3
- Educational Facility Operations Professional Level 1
- Educational Facility Operations Professional Level 2
- Educational Facility Operations Professional Level 3
- Educational Facility Manager

Your Name: _____(please print)

BIOGRAPHICAL INFORMATION

Name _____
(last) (first) (middle)

Mailing address _____

Work phone _____ cell _____ fax _____

E-mail (optional): _____

Current member of SPOSA/SPOA? ____yes ____no _____# of years

SPONSOR: (Requirement)

1. Name: _____

Employer and Position Title: _____

Relationship: _____

Years Associated: _____

Willing to Sponsor for Certification as: _____

Signature: _____ Date: _____ Phone: _____

WORK HISTORY: (Relevant to maintenance, operations and/or management – current to past. Please use additional pages, if necessary.)

1. Employer _____

Title: _____

Employed from : _____ to _____

Immediate Supervisor: _____ Phone #: _____

Describe Core Responsibilities: _____

2. Employer _____

Title: _____

Employed from : _____ to _____

Immediate Supervisor: _____ Phone #: _____

Describe Core Responsibilities: _____

3. Employer _____

Title: _____

Employed from : _____ to _____

Immediate Supervisor: _____ Phone #: _____

Describe Core Responsibilities: _____

4. Employer _____

Title: _____

Employed from : _____ to _____

Immediate Supervisor: _____ Phone #: _____

Describe Core Responsibilities: _____

Please submit along with this application;

1. Your organization chart clearly showing your position and reporting relationships.
2. Position descriptions and business card (if you do not have a position description, attach a written description of your position).

b. In Related Industry / Years

	1	2	3	4	5	6-10	11-15	16-20	21-25	26+	Describe Experience
• Lead Hand											
• Sub Foreman											
• Foreman											
• Supervisor											
• Manager											
Total											

SPOSA/SPOA Events Attended in the Past 3 Years:

•
•
•
•

Positions Held in SPOSA/SPOA:

•
•
•
•

USE ADDITIONAL SHEETS TO LIST ADDITIONAL EDUCATION, TRAINING AND EXPERIENCE. DO NOT FORGET TO ATTACH TRANSCRIPTS IF YOU ARE USING EDUCATIONAL CREDITS.

SIGNATURE OF APPLICANT

I, the undersigned, certify that I am the above named applicant; that all statements made and information contained in the above application are true and correct to the best of my knowledge and belief; that I understand that any omissions or misrepresentations may result in ineligibility of the examination being applied for or revocation of any certificate granted. I also consent to a thorough investigation of my employment records and other qualifications in related activities for the purpose of verification of my qualifications for the certificate for which I have applied. I have read and understand the policies listed on Page 4 of this application.

DATE: _____ Signature of Applicant: _____
