



Idaho Operator of the Year Award 2024

OPERATOR **COLLECTION OPERATOR** **LAB ANALYST** **MAINTENANCE**

Due by: **May 18th, 2024!**

Please fill out the attached nomination form and return it to the method listed below:
Email: Swiosadm@gmail.com
Subject: Idaho Operator of the Year 2024

1. **Operator Name:** _____

Place of Employment: _____

Job Title: _____

Length of Service: _____ Years of Service in the Industry: _____

Certification Type/Class: _____

2. **Achievements/Contributions:** _____

3. **Productivity:** _____

4. **Teamwork:** _____

5. **Self Improvement:** _____

6. **Public Relations/Community Involvement:** _____

7. **Supervisors Comments :** _____

Candidate *MUST* be State Certified and an associated member of SWIOS

Candidate Nominated by:

Name: _____ Phone: _____ Email: _____

This form is provided only as a guideline. Do not feel obligated to complete every line. Use additional pages as necessary. Any other pertinent information is welcomed. Thank you, the SWIOS Board.