



CPS

CERTIFIED PLANT SUPERVISOR

APPLICATION

Illinois ASBO can help you bring recognized credentials to your district! The Certified Plant Supervisor (CPS) certification, offered in partnership with the Association for Facilities Engineering, is one of the fastest growing and most prestigious certifications of its kind.

After completing your application, please send the application form and payment to Iturnroth@iasbo.org.

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OVERVIEW

Supervisors must demonstrate proficiency in varying roles within the plant/facility workplace that include a blend of technical know-how and interpersonal skills. Basic supervision requires individuals that understand what to do in the face of change, be effective communicators, empower employees and enable them to overcome the daily challenges they face. As more plant and facilities personnel move into leadership roles, they find they must clearly demonstrate their expertise. Becoming a Certified Plant Supervisor (CPS) will leave no doubts about your ability to provide first-line supervision within the organization. The CPS credential is designed to validate that you, as a certified individual, possess the professional expertise and knowledge required to successfully perform plant and facilities supervisory activities.

OVERVIEW OF THE PROGRAM

- To provide a standard of professional competence in the field plant/facility supervision.
- To identify and recognize those individuals who, by passing an examination and fulfilling requirements of experience, responsibility and conduct, meet that standard.
- To encourage professionals or those aspiring to promote to supervision in a continuing program of professional development.
- To stimulate and provide a standard for the development of educational curricula and degree programs for plant/facility supervisory professionals.
- To enhance the status of plant/facilities supervision as a unique discipline and profession by demonstrating that a realistic standard of professional competence can be clearly defined.

AFE Certified Plant Supervisor Application Instructions:

Each application must meet the following requirements before processing. This application must be filled out completely and signed. The employment verification form needs to be completed by your employer(s) based on your employment history and eligibility. Applications will not be processed until all supporting documentation has been received by AFE. All fees are non-refundable. Mail completed application to: Illinois ASBO, Attn: Laura Turnroth, 108 Carroll Ave. NIU, IA-103, DeKalb, IL 60115, or email to lturnroth@iasbo.org or fax to to (815) 516-0184 or (815) 753-9367.

PERSONAL DATA (Please type or print.)

Name Mr. Mrs. Ms. _____
Title _____ Employer _____
Employer Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____ DOB ____/____/____
Home Address _____
City _____ State _____ Zip _____
Home Phone _____ E-mail _____
Preferred Mailing Address: Company Home AFE Member? Yes No

PAYMENT METHOD

Check / PO Check # _____ PO# _____ VISA MasterCard Discover AMEX
Card # _____ Exp. Date _____
Cardholder Name _____ Signature _____

EDUCATION

Highest level completed: H.S. College exp-no degree Vocational/Associate Bachelor's Master's Doctorate

AFE HEADQUARTER'S USE ONLY:

Membership ID# _____ Date Paid: _____ Check # _____
Amount Paid: \$ _____ Application #: _____ Reference #: _____ Certification # _____
Certification Date: _____ Approved By: _____

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EMPLOYMENT DATA

Please complete the following in reverse chronological order, beginning with your present position. If further space is required to explain job responsibilities or to provide additional work experience, please list this information on a separate sheet of paper and attach it to the application.

CURRENT EMPLOYMENT

From (Mo/Yr) _____ To (Mo/Yr) _____

Employer's Name and Location _____

Immediate Supervisor's Name and Title _____

Your title _____

Number of Years of Plant Engineering/Management Experience _____

Number of Years of Maintenance experience _____

Duties and Responsibilities _____

From (Mo/Yr) _____ To (Mo/Yr) _____

Employer's Name and Location _____

Immediate Supervisor's Name and Title _____

Your title _____

Number of Years of Plant Engineering/Management Experience _____

Number of Years of Maintenance experience _____

Duties and Responsibilities _____

From (Mo/Yr) _____ To (Mo/Yr) _____

Employer's Name and Location _____

Immediate Supervisor's Name and Title _____

Your title _____

Number of Years of Plant Engineering/Management Experience _____

Number of Years of Maintenance experience _____

Duties and Responsibilities _____

AFE Certified Plant Supervisor Certificate Affidavit and Pledge:

The applicant acknowledges that the Certification Board of the Association for Facilities Engineering, by its usual standards and procedures, will investigate and compile a record with respect to all aspects of the applicant's career. The applicant agrees to provide any additional information in connection with the investigation as may be required. In consideration of the services to be rendered by the Certification Board, the applicant hereby releases, discharges and exonerates the Certification Board of the Association for Facilities Engineering, its officers, directors, and agents from any and all liability of every kind and nature arising out of the procedures, information transmitted concerning the application, or action of the Board in approving or disapproving applications. I hereby attest that the above information and its attachments are true and complete. I understand that the Association for Facilities Engineering certification programs will not discriminate among applicants as to age, sex, race, color, religion, national origin, disability, citizenship status or veteran status. I further pledge to maintain the highest ethical standards of practice in carrying out my assigned duties with regard to this certification.

Signature _____ Date: _____



This form needs to be completed by your employer(s) based on your employment history and eligibility (i.e. If you have been with your current employer for five or more years, one form is required. If you have been with several companies within a five year period, a form for each employer is required).

Applicant's Address _____

Dear, _____

I am applying to the Association for Facilities Engineering (AFE) to become a Certified Plant Supervisor (CPS). In this regard, I authorize the release of the requested information enclosed which verifies my employment and duties from the period

_____ to _____

Please furnish the requested information as completely as possible, and return to the AFE Certification Board.

The receipt of replies will be reported by AFE, but under no circumstances will the information be divulged to me, or used for any purpose except to validate my application for the Certified Plant Supervisor.

Applicant's signature

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TO BE COMPLETED BY APPLICANT

Name Mr. Mrs. Ms. _____
Employer Address _____
City _____ State _____ Zip _____

Letter of Employment Verification - To Be Completed By Employer

The following information verifies the employment and duties of the above applicant for AFE's Certified Plant Supervisor Program:

EMPLOYER

Company Name _____
Address _____
City _____ State _____ Zip _____

EMPLOYMENT PERIOD

The above named applicant was (has been) employed by our company from _____ to _____

He/she has held the following positions:

Title _____ Dates _____
Title _____ Dates _____
Title _____ Dates _____

JOB FUNCTION - Please describe in full the responsibilities of the applicant and identify those positions which were/are classified as: (Attach descriptions if necessary to answer fully)

To your knowledge, has action ever been taken against the applicant because of violations of the standards of professional practice, or to the rules and regulations of your firm?

Yes No If yes, please explain: _____

AFFIDAVIT - To the best of my knowledge and our employment records, I hereby attest that the above information is true and correct.

Name of person supplying information _____ Official Title of Respondent _____
Signature _____

Return to: Illinois ASBO, 108 Carroll Ave. NIU, IA-103 DeKalb, IL 60115 | fax: (815) 516-0184 | email: Iturnroth@iasbo.org

AFE HEADQUARTER'S USE ONLY: Date Received: _____ File # _____

