AWS Test Supervisor Application Form

AWS is looking for qualified individuals who are able to supervise our various certification exams across the United States. These individuals must uphold to AWS testing guidelines and provide excellence in customer service in order to maintain the integrity of these certification programs.

If you are interested in becoming a test supervisor for the American Welding Society, and meet the criteria for test supervisors, please provide the information requested below and submit it via email to the AWS Test Site Coordinator in Certification, at testsupervision@aws.org

---

**APPLICANT INFORMATION**

Indicate the supervisor role you wish to apply for:

- [ ] Fundamental & open code test supervisor
- [ ] Practical test supervisor

**Affiliated Section:**

First Name: ___________________ Last Name: ___________________

Certification #: ___________________ AWS member #: ___________________

Company Name or School: __________________________________________

Address: _______________________________________________________

City: ___________________ State: ___________________ Zip/Postal Code: ___________________

Primary Phone: ___________________ Alternate Phone: ___________________

E-mail: ___________________

Indicate locations you are willing to travel to for exam: ____________________________

Do you have any trouble standing or being on your feet for long periods of time?  
Yes  No

If yes, please explain: ____________________________________________________________

Please list your educational background:

- [ ] High School
- [ ] Associate’s Degree
- [ ] Bachelor’s Degree
- [ ] Master’s Degree or Higher

Please describe program or major if applicable:

____________________________________________________________________________

____________________________________________________________________________

Do you have any classroom or instruction experience?  
Yes  No

If yes, please fill out the attached Instructor’s Credentials form.

List any public speaking, classroom, training, conference, or presentation experience:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Your principal job responsibilities or current field of study:

____________________________________________________________________________

____________________________________________________________________________

Please list any AWS Certifications currently held (i.e. CWI or CWE):

____________________________________________________________________________

____________________________________________________________________________
Please describe any experience you may have handling confidential material or information, the nature of that material, and the procedures maintained:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Applicant:
By signing below, the applicant is confirming that the information provided on this form is true and accurate.

Name: ___________________________  Signature: ___________________________
Title: ___________________________  Date: ___________________________

Signature of AWS personnel for approval (AWS use only):

Name: ___________________________  Signature: ___________________________
Title: ___________________________  Date: ___________________________
The applicant must submit a formal recommendation attesting to the applicant’s qualifications to become a test supervisor and/or proctor with the American Welding Society. This 2-page form should be given to at least two references. References should know the applicant for at least 2 years, must not be related to the applicant, or currently report to the applicant in an employment setting. Additional pages for this recommendations should be submitted on letterhead.

This form must be filled out and emailed to testsupervision@aws.org or mailed directly to:

American Welding Society
Attn: Nichole Bradley
8669 NW 36th Street #130
Miami, FL 33166-6672

### RECOMMENDATION OF APPLICANT

Please indicate how you would rate the applicant on the following skills:

<table>
<thead>
<tr>
<th>Skill</th>
<th>Above Average</th>
<th>Satisfactory</th>
<th>Below Average</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintaining security/confidentiality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Following procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attention to detail</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer literacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public speaking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vigilance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerical tasks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flexibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem solving</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you ever witnessed the applicant engage in public speaking (training, educating, lecturing, etc.)?  
Yes  
No

If so, please describe the event:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Have you ever witnessed the applicant engage in customer service? Yes
No

If so, please describe the circumstance:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

How long have you known the applicant?

____________________________________________________________________________________

What is your relationship to the applicant?

____________________________________________________________________________________
Please provide a brief summary as why you feel the applicant would be an asset to the AWS team as a Test Supervisor below: (use additional sheets on letterhead as necessary)

Name of person filling out recommendation: _________________________________

Phone: _____________________ Email: _________________________________

Signature: ___________________ Date: _________________________________
Applicant’s Last Name ___________________________________________ First Name ___________________________ MI ______

<table>
<thead>
<tr>
<th>Type of Institution</th>
<th>Institution’s Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Company</td>
<td>Name ______________________</td>
</tr>
<tr>
<td>☐ 4 Year college</td>
<td></td>
</tr>
<tr>
<td>☐ E-Learning</td>
<td>Address ____________________</td>
</tr>
<tr>
<td>☐ Vocational/Technical</td>
<td>Phone _____________________</td>
</tr>
<tr>
<td>☐ High School</td>
<td>City _______________________</td>
</tr>
<tr>
<td>☐ Private Tutor/Contract</td>
<td>State/Province ___________</td>
</tr>
<tr>
<td></td>
<td>Zip Code _________________</td>
</tr>
<tr>
<td></td>
<td>Country _________________</td>
</tr>
</tbody>
</table>

Statement of instructional methods
1. List the subjects/processes that you teach at your institution/company
2. For each subject/process, provide information on the duration of training and how much time is spent between classroom and laboratory.
3. Describe how students in your courses are evaluated
4. What documentation is furnished to track the completion of instruction
5. Describe how you as an instructor are evaluated.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Confirmation of instructional method delivery – Must be completed by Manager, Supervisor or Department Dean
1. This section must be completed by the applicant’s administrator, direct supervisor or personnel manager
2. Provide a brief statement attesting to the accuracy of the above description
3. Attest to the applicant’s performance as an educator
4. Fill out a Test Supervisor Recommendation form

NOTE: Self-employed or contract applicants
- In lieu of this section, must provide two letters of reference on company letterhead from separate clients, attesting to the nature of work assignments during the period of performance.
- If the employer is no longer in business, please include a copy of the W2 form.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I recommend ___________________________________________ be recognized for certification as an AWS Test Supervisor.

Name ___________________________ Signature ___________________________

Title ___________________________ Date _________________________________