

CITY OF CAMDEN'S ENVIRONMENTAL REMEDIATION TECHNICIAN PROGRAM

Thank you for your interest in the Environmental Remediation Technician Job Training Program. In this packet you will find a brochure telling you about our program and application. Please take a moment to read the brochure and find out if our program is right for you. Our graduates average \$15 per hour when they become employed and the training is paid for through a grant from the Environmental Protection Agency (EPA), so there is no out-of-pocket expense to you.

All parts of the completed application packet, with the exception of the brochure must be returned to a site listed below on or before **June 14, 2013**.

Camden City Hall, 206 Van Buren NE, Camden, AR 71701
Ouachita Partnership for Economic Development, Camden, AR
Arkansas Environmental Training Academy, East Camden
Magnolia Chamber of Commerce
Arkansas Workforce Center, Magnolia, AR
El Dorado Chamber of Commerce
Arkansas Workforce Center, El Dorado, AR

If you wish to return the application by mail, email or fax, please send to:

Kathy Lee
City of Camden
P.O. Box 278
Camden, AR 71711
Fax: 870.836.3369
Email: admin1.camden@cablelynx.com

For more information, call Kathy Lee at 870.836.6436.

Frequently Asked Questions

What does this training offer to the student?

The classroom training, combined with practical, hands-on curricula modules will result in multiple certifications in environmental technology related subjects. This program will expose the student to a wide variety of jobs in environmental science and related fields: water treatment and reclamation operator, waste treatment, asbestos abatement, site assessment, hazardous chemical spill response, OSHA general industry, environmental safety technician, hazardous waste transporter, hazardous waste landfill operator, wastewater treatment, etc. Upon completion of this program the student will have earned multiple certificates from the Arkansas Environmental Training Academy.

How much does this program cost?

There is no charge to the student. All tuition, books, and fees are paid for with grant funds from the United States Environmental Protection Agency.

How do I register for this program?

Contact the Arkansas Workforce Center nearest you for more information
Toll Free: 1-866-303-7655 (Camden)
or 1-866-433-1274 (El Dorado)

Partners



Arkansas Environmental Training Academy
Randy Harper REM, Director
Phone: (870) 574-4550



City of Camden, Arkansas
Kathy Lee, Asst. Mayor
870-836-6436



Arkansas Workforce Center
1-866-303-7655



Southern Arkansas University Tech
Camden, Arkansas



This program is made possible by a grant from the US Environmental Protection Agency.



Environmental Remediation Technician

What is a Brownfield?

Brownfield's are real property. The expansion, redevelopment, or reuse of which may be complicated by the presence or potential presence of a hazardous substance, pollutant, or contaminant.

Cleaning up and reinvesting in these properties takes development pressures off of undeveloped, open land, and both improves and protects the environment.

Program Purpose

Building on the success of it's previous Brownfield Projects, the City of Camden, through a grant from the EPA, has partnered with the Arkansas Environmental Training Academy and others to develop the Environmental Remediation Technician Training Program to train students in environmental careers.

Training Curriculum

- Introduction to Brownfield's
- CPR / First-Aid
- Green Technologies: Innovated and Alternative Treatment Technologies
- OSHA 30-Hour General Industry
- Asbestos Worker
- Lead Renovation, Repair, and Painting (RRP)
- Underground Storage Tank Leak Prevention
- Confined Space Entry
- Solid Waste Management
- Backflow Prevention Assembly Tester
- HAZWOPER
- Chemical Safety Awareness
- DOT Hazardous Waste Transportation
- Material Recovery & Recycling
- Environmental Sampling & Analysis
- Environmental Spill Response
- Environmental Site Assessment (Phase I & II)
- Stormwater Management
- Wastewater Treatment Technologies
- Soil & Groundwater Remediation

Training Cycles

The Environmental Remediation Technician Training Program is comprised of three cycles.

Cycle I

January 7, 2013 - June 25, 2013

Cycle II

July 8, 2013 - December 17, 2013

Cycle III

January 6, 2014 - June 24, 2014

Training Hours/Cycle

The program consists of 418 total training hours. Each training cycle will be comprised of traditional classroom lecture and advanced laboratory training. Classes will be taught in the evening to provide students who are employed an opportunity to participate.

WORKFORCE CENTER REGISTRATION

(This information will be treated as confidential and used only by staff providing services.)

1. Social Security Number:		2. Date:	
3. First Name	Middle Name	Last Name	
4. Street Address or P. O. Box			
City	County	<input type="checkbox"/> Urban? <input type="checkbox"/> Rural?	State Zip
5. Telephone: Alternate Phone #		Fax:	
6. E-mail Address:		7. Date of Birth:	8. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
9. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Are you a single, separated, divorced or widowed individual with primary responsibility for one or more dependents under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Number in family (counting self):
12. Race: Check all that apply <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino	13. Education status: <input type="checkbox"/> In-school, high school or less, include ABE/ GED <input type="checkbox"/> In-school, alternative school <input type="checkbox"/> In-school, post-high school <input type="checkbox"/> Not attending school or high school dropout <input type="checkbox"/> Not attending school; high school graduate Highest Grade completed: _____	14. Have you served on active duty with the U.S. Armed Forces? <input type="checkbox"/> Yes, 180 days or less <input type="checkbox"/> Yes, more than 180 days <input type="checkbox"/> No If Yes, answer VETERAN questions, below	

15. If you answered that you are a VETERAN, please answer the questions in this section 15.

Select your branch of service: <input type="checkbox"/> US Air Force <input type="checkbox"/> US Army <input type="checkbox"/> US Coast Guard <input type="checkbox"/> US Marine <input type="checkbox"/> US Navy	Active duty start date:	Active duty end date:
	Type of Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Other <input type="checkbox"/> Dishonorable	Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you a participant in the Transition Assistance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you within 12 months of discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you within 24 months of retirement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran Type: <input type="checkbox"/> Veteran <input type="checkbox"/> Campaign
	Are you entitled to compensation for a disability incurred while on active military duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you discharged or released from active military duty because of a disability incurred while on active military duty? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you received a rating for a disability incurred while on active military duty that is not entitled to compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you entitled for compensation for a disability incurred while on active military duty and disability is rated at 30% or more? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your disability been rated at less than 30%, and has the Department of Veterans Affairs classified you as a "Special Disabled Veteran" because the disability you incurred while on active military duty is considered a serious barrier to employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your current disability rating from the Department of Veteran Affairs? _____%		

16. Was your spouse in the military? Yes - answer the questions below in section 16 No - skip this section 16

Are you the spouse of any person who died on active military duty or military service connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the spouse of any member of the Armed Forces service who, at this time, has been in any one or more of the following categories for more than 90 days? <input type="checkbox"/> Missing in action <input type="checkbox"/> Forcibly detained or interned by a foreign government or power <input type="checkbox"/> Captured in the line of duty <input type="checkbox"/> No
Are you the spouse of a person who has a total disability permanent in nature resulting from a military service-connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the spouse of a veteran who died while diagnosed with a total disability permanent in nature resulting from a military service-connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the spouse of a military service member of the armed forces who is receiving transitional services prior to retirement or discharge from military service? <input type="checkbox"/> Yes <input type="checkbox"/> No

17. Are you a seasonal farm worker or migrant farm worker? Yes No **If Yes, please answer the following questions:**

Did you work at least 25 days in an seasonal agricultural jobs during the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you work in a food processing plant on a seasonal and migrant basis during the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was more than one-half of your past year's income earned by working in agriculture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you work for more than one agricultural employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you able to return home every day you worked in agriculture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a full-time student who traveled with a group other than your family to work in agriculture?	<input type="checkbox"/> Yes <input type="checkbox"/> No

18. Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Employed, but with notice of termination or military separation Number of weeks not employed during the last 26 weeks: _____	19. Select your interstate worker status: <input type="checkbox"/> Live in another state but looking for work in AR <input type="checkbox"/> Live in AR but looking for work in another state <input type="checkbox"/> Live in AR and looking for work in AR <input type="checkbox"/> Live in AR and looking for work in AR and other states <input type="checkbox"/> Live in another state and looking for work in another state	20. State Unemployment Insurance <input type="checkbox"/> State claimant <input type="checkbox"/> Federal or military claimant <input type="checkbox"/> Extended benefits claimant <input type="checkbox"/> TRA claimant <input type="checkbox"/> Exhausted UI benefits <input type="checkbox"/> Not a claimant
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MEDICAL QUESTIONNAIRE

NAME _____

DATE _____

Please fill out this questionnaire to the best of your knowledge on any and all medical conditions you have or have had for your protection. The respirators and suits do become hot, heavy, and put a strain on the cardiovascular and pulmonary systems.

If you have any medical conditions not listed on this form which may be affected by participating in these activities please notify the instructor.

If you answer yes to any of the questions please list if there are no restrictions.

- | | | | |
|-----|----|-----|--|
| YES | NO | 1. | Do you have or have you had a heart condition (heart attack, angina, heart murmur, pacemaker, etc.)? |
| YES | NO | 2. | Have you ever had rheumatic fever? |
| YES | NO | 3. | Do you have or have you ever had a brain tumor, stroke, or aneurysm? |
| YES | NO | 4. | Do you have claustrophobia (fear of confined space)? |
| YES | NO | 5. | Do you have high blood pressure? |
| YES | NO | 6. | Do you take medication for high blood pressure? |
| YES | NO | 7. | Do you have any lung diseases (emphysema, one or partial lung removed, etc.)? |
| YES | NO | 8. | Do you have asthma or severe allergies? |
| YES | NO | 9. | Do you have a hernia? |
| YES | NO | 10. | Have you suffered from heat exhaustion or heat stroke within the last two years? |
| YES | NO | 11. | Are you diabetic either controlled by diet, pills, or insulin? |
| YES | NO | 12. | Do you have grand or any other type of seizures (epilepsy)? |
| YES | NO | 13. | Are you taking any prescribed medication for a medical condition not mentioned above? |
| YES | NO | 14. | Do you wear contact lenses? |
| YES | NO | 15. | Are you pregnant? |
| YES | NO | 16. | Have you been approved by a physician or licensed health care professional to wear respiratory protection. |