



**3-A SANITARY STANDARDS, INC.  
APPLICATION FOR CERTIFIED CONFORMANCE EVALUATOR (CCE)**

**Applicant Information**

<b>First Name</b>	
<b>Middle Name</b>	
<b>Last Name</b>	
<b>Nickname</b>	
<b>Company Name</b>	
<b>Street Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	
<b>Phone</b>	
<b>Email</b>	

# Education

## University Information

Please attach an academic transcript to this application.

College/University Name	City/State	Major	Semester Hours	Degree Received	Year

If no college degree, provide the name and location of the high school you attended or GED certificate you received.

Name	City	State	Zip	Phone	Year of Graduation/GED

## Other Training

List any other courses or training received that would be relevant to your work as a CCE.

Title of Training	Training Provider	Date of Training	Hours of Instruction Complete	Certificate Received?

## Work Experience

List most recent employment first.

1. Name and Address of Employer:	Dates Employed (month, day, year):
	From: _____ To: _____
	Exact Job Title:

Description of work: Describe your specific duties, responsibilities, and accomplishments as they relate to the specific knowledge, skill and ability requirements. Add additional pages as necessary.

2. Name and Address of Employer:	Dates Employed (month, day, year):
	From: _____ To: _____
	Exact Job Title:

Description of work: Describe your specific duties, responsibilities, and accomplishments as they relate to the specific knowledge, skill and ability requirements. Add additional pages as necessary.

3. Name and Address of Employer:	Dates Employed (month, day, year):
	From: _____ To: _____
	Exact Job Title:

Description of work: Describe your specific duties, responsibilities, and accomplishments as they relate to the specific knowledge, skill and ability requirements. Add additional pages as necessary.

4. Name and Address of Employer:	Dates Employed (month, day, year):
	From: _____ To: _____
	Exact Job Title:

Description of work: Describe your specific duties, responsibilities, and accomplishments as they relate to the specific knowledge, skill and ability requirements. Add additional pages as necessary.

## Special Skills, Accomplishments and Awards

List special skills or qualifications, and the title and year of any awards or special recognition received, that may help you qualify as a CCE.

List all language(s) that you speak or read (English required).

1-Beginner: Basic phrases/simple conversations

2-Intermediate: Use more complex language use and understanding

3-Proficient: Near-native fluency and comprehension

Language	Reading level of fluency	Speaking level of fluency
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

## Attestation

I, the undersigned, do hereby attest that all statements and information provided or attached in this application are true, accurate, and complete.

Applicant's Signature:	Date:
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## CODE OF ETHICS CERTIFICATION

To ensure that every user of the 3-A Symbol can have confidence in the integrity of the 3-A Symbol authorization, CCEs shall respect and adhere to the principles of ethical conduct set forth in this section. The following general principles apply to every CCE. Where a situation is not specifically covered by these principles, a CCE shall apply the intent of the principles in determining whether their conduct is proper. Violators of any of the Code of Ethics tenets shall be subject to removal from the TPV Program and the loss of any and all certifications granted under the program.

1. I shall not hold financial interests that conflict with the conscientious performance of my duties.
2. I shall not engage in financial transactions using audit-derived information or allow the improper use of such information to further any private interest.
3. I shall not solicit or accept any gift or other item of monetary value beyond reasonable compensation for my duties from any person or entity seeking or contracting with me for TPV services, or whose interests may be substantially affected by the performance or nonperformance of my duties as an evaluator.
4. I shall only perform my TPV activities within the scope of my knowledge.
5. I shall maintain strict confidentiality of proprietary information learned through my TPV activities.
6. I shall act impartially and not give preferential treatment to any organization or individual.
7. I shall adhere to all laws and regulations that provide equal opportunity for all, regardless of race, color, religion, sex, national origin, age, or disability.
8. I shall endeavor to avoid any actions creating the appearance that I am violating the ethical tenets set forth in this certificate. Whether particular circumstances create an appearance that these tenets have been violated shall be determined from the perspective of a reasonable person with knowledge of the relevant facts.
9. I shall not act in any way that would prejudice the reputation of the TPV program or 3-A SSI and I shall cooperate fully with any inquiry in the event of any alleged breach of the CCE program.
10. I certify that I will abide by the above Code of Ethics as a Certified Conformance Evaluator and that all of the statements and information provided or attached to my application are true, accurate and complete.

Applicant's Signature:	Date:
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