

CalSAWS Request for Consideration

Full Name: _____
Last
First
MI

County: _____ **Division:** _____

Please provide the mailing address, telephone number and email address at which you would like to be reached.

Address: _____

City/State: _____ **Zip:** _____

Daytime Telephone: _____

Email: _____

ASSIGNMENT INTEREST

Place an "X" in the box beside the assignment(s) for which you would like to be considered.

All positions are full-time assigned to the CalSAWS Project inclusive of backfilling the existing CalWIN, C-IV and LRS positions at the project sites.

LONG-TERM POSITIONS <i>Continues into CalSAWS Maintenance & Operations</i>	LIMITED-TERM POSITIONS <i>Does not continue into CalSAWS Maintenance & Operations</i>
<p>Project Management Office or Common Services <input type="checkbox"/> PMO Analyst</p> <p>Technical & Operations <input type="checkbox"/> Cloud Analyst</p> <p>Application Development & Test <input type="checkbox"/> Business Analyst</p> <p>Policy, Design & Governance <input type="checkbox"/> Business Analyst <input type="checkbox"/> Lead Business Analyst <input type="checkbox"/> Lead Business Analyst (CDSS – Long Term)</p>	<p>Customer Engagement <input type="checkbox"/> Change Management Lead <input type="checkbox"/> Implementation Coordinator</p> <p>Policy, Design & Governance <input type="checkbox"/> Business Analyst</p> <p>Technical & Operations <input type="checkbox"/> Help Desk Analyst (See Business Analyst description) <input type="checkbox"/> Conversion Analyst</p>

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RELEVANT EXPERIENCE AND SKILLS

Summarize your skills and experience that directly relate to the assignment(s) for which you would like to be considered. Include any C-IV, LRS, or CalWIN experience.

RELEVANT EDUCATION

List any education, training, or specific courses completed that directly relates to the assignment for which you would like to be considered (include completion dates).

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EMPLOYMENT HISTORY

Starting with the most recent, list relevant employment or job assignments or you may attach a resume.

Employer: _____

Assignment: _____

Dates Served: _____

Responsibilities: _____

Reason for Leaving: _____

Employer: _____

Assignment: _____

Dates Served: _____

Responsibilities: _____

Reason for Leaving: _____

Employer: _____

Assignment: _____

Dates Served: _____

Responsibilities: _____

Reason for Leaving: _____

Employer: _____

Assignment: _____

Dates Served: _____

Responsibilities: _____

Reason for Leaving: _____

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REASON FOR PARTICIPATION

Please tell us why you would like to participate on this CalSAWS Project and what you can bring to the project team.

TRAVEL

Travel is required throughout the state for most positions. Travel expenses are covered through your employer's short-term travel policy and claimed back to the CalSAWS Project.

CONDITIONS

Please read carefully before signing.

If I am a county employee who wishes to remain a county employee, I understand and agree that appointment to the CalSAWS Project Team is dependent on my county's ability to release me from my current job assignment. I understand that should I be appointed to the CalSAWS Project Team:

- I will be required to travel
- I will be required to sign an agreement regarding confidentiality

The information on this Request for Consideration Form is accurate to the best of my knowledge and expresses my interest in an assignment on the CalSAWS Project Team. I understand I may be asked to provide references, attendance records and/or past evaluations as part of the interview and reference process.

Signature

Date

