Full Name:		
Last	First	MI
County:	I	Division:
Please provide the mailing address, telephone num	ber and email addr	ress at which you would like to be reached.
Address:		
City/State:	7	Zip:
Daytime Telephone:		
Email:		
ASSIGNMENT INTEREST  Place an "X" in the box beside the assignment(s) for All positions are full-time assigned to the and LRS positions at the project sites.		like to be considered.  ect inclusive of backfilling the existing CalWIN, C-IV
LONG-TERM POSITIONS  Continues into CalSAWS Maintenance & Operation	ons	LIMITED-TERM POSITIONS  Does not continue into CalSAWS Maintenance & Operations
Technical & Operations  Cloud Manger  Application Development & Test  Business Analyst  Project Management Office  Procurement Manger		Customer Engagement  Implementation Coordinator Trainer  Technical & Operations Technical/Security Analyst  Application Development & Test Business Analyst  Policy, Design, Governance Business Analyst  CalWIN M&O
		Business Analyst Lead

#### **RELEVANT EXPERIENCE AND SKILLS**

arize your skills and experience that directly relate to the assignment(s) for which you would like to be considered. Incl · CalWIN experience.	lude any C-IV,

# 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).

#### **EMPLOYMENT HISTORY**

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

Starting with the most recent, instruction and compromise of you may actually a teach a resume.	
Employer:	
	_
Assignment:	_
Dates Served:	_
Responsibilities:	_
Reason for	_
Leaving:	
Employer:	_
Assignment: Dates Served:	_
Dates Served:	_
Responsibilities:	
- Treatment	_
Reason for	_
Leaving:	_
Employer:	
	_
Assignment:	_
	_
Assignment:  Dates Served:	- - -
Assignment:	
Assignment: Dates Served:  Responsibilities:  Reason for	
Assignment: Dates Served: Responsibilities:	
Assignment: Dates Served:  Responsibilities:  Reason for	
Assignment: Dates Served: Responsibilities: Reason for Leaving:	
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Assignment: Dates Served: Responsibilities: Reason for Leaving:	
Assignment: Dates Served:  Responsibilities:  Reason for Leaving:  Employer:	
Assignment: Dates Served:  Responsibilities:  Reason for Leaving:  Employer:  Assignment: Dates Served:	
Assignment: Dates Served: Responsibilities: Reason for Leaving:  Employer: Assignment:	
Assignment: Dates Served:  Responsibilities:  Reason for Leaving:  Employer:  Assignment: Dates Served:  Responsibilities:	
Assignment: Dates Served:  Responsibilities:  Reason for Leaving:  Employer:  Assignment: Dates Served:	

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:
<ul> <li>I will be required to travel</li> <li>I will be required to sign an agreement regarding confidentiality</li> </ul>
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.

Date

Signature

#### MANAGEMENT RECOMMENDATION (FOR CURRENT COUNTY EMPLOYEES ONLY)

Instruction to Manager: Please tell us why this candidate should be considered for selection to participate on the CalSAWS Project.

Name	Position	Phone	
Signature		Date	
I have reviewed this Request fo	r Consideration and approve its su	bmission.	
Director's Signature	Date		
Director's Printed Name			

#### **COUNTY CANDIDATE SUBMISSION**

To be considered for this assignment:

- 1. Complete this form, including the county management recommendation and the Director's approval. You may also include a resume.
- 2. Scan and email to <a href="mailto:Careers@CalSAWS.org">Careers@CalSAWS.org</a>.

#### **NON-COUNTY CANDIDATE SUBMISSION**

Scan the completed Request for Consideration form and resume, then send to <a href="mailto:Careers@CalSAWS.org">Careers@CalSAWS.org</a>.

For questions, please contact us at <a href="mailto:Careers@CalSAWS.org">Careers@CalSAWS.org</a>.