

## CalSAWS Request for Consideration BenefitsCal Manager

**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:** \_\_\_\_\_

## 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.*



# CalSAWS Request for Consideration

## BenefitsCal Manager

### 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*

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## 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.*

<hr/>		
Name	Position	Phone
<hr/>		
Signature	Date	
<hr/>		
I have reviewed this Request for Consideration and approve its submission.		
<hr/>		
Director's Signature	Date	
<hr/>		
Director's Printed Name		
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## 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 [Careers@CalSAWS.org](mailto:Careers@CalSAWS.org).

## NON-COUNTY CANDIDATE SUBMISSION

Scan the completed Request for Consideration form and resume, then send to [Careers@CalSAWS.org](mailto:Careers@CalSAWS.org).

For questions, please contact us at [Careers@CalSAWS.org](mailto:Careers@CalSAWS.org).