

## Appendix E: Key Personnel Resume Sheet

This form must be used to respond to key positions. For each named individual a separate Key Personnel Resume Sheet must be submitted.

Vendor Organization: \_\_\_\_\_

Key Position: \_\_\_\_\_

Candidate:

Full Name: Last Name First Name MI

Address Street: City: State: Zip:

U.S. Citizen  Non-U.S. Citizen Visa Status:

Status:  Employee  Self Employed  Subcontractor (Name: \_\_\_\_\_)

Other:

Education:

Mark highest level completed.	Some HS <input type="checkbox"/>	HS/GED <input type="checkbox"/>	Associate <input type="checkbox"/>	Bachelor <input type="checkbox"/>	Master <input type="checkbox"/>	Doctoral <input type="checkbox"/>
List most recent first, all secondary and post-secondary education (high school, GED, colleges, and universities) attended. Do not include copies of transcripts unless requested. Add additional rows if necessary						
School Name			Degree/Major	Degree Earned	Year Received	

Work Experience:

Describe your work experience related specifically to the Request for Proposal to which you are responding. Please list most recent job first. To add work experience, copy the format below and add additional sheets as needed.

Work Experience #:			
Job Title:			
From	To	Reason for Leaving:	Hours per week
Describe your duties and responsibilities as they relate to the Request for Proposal:			

Professional References:

List 3 Professional References below.

Reference 1		
Name	Title	Organization

Address	Phone ( ) -	E-mail Address
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Reference 2		
Name	Title	Organization
Address	Phone ( ) -	E-mail Address

Reference 3		
Name	Title	Organization
Address	Phone ( ) -	E-mail Address

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### Candidate and Vendor Certification

By submitting this data sheet to Alabama Medicaid Agency, the Candidate and Vendor certify that, to the best of their knowledge and belief, all of the information on and attached to this data sheet is true, correct, complete, and made in good faith. The candidate further authorizes the release of all relevant prior employment, military service, academic/school, and criminal records. False or fraudulent information on or attached to this data sheet may be grounds for disqualifying a candidate or firing a candidate once work has begun. Any information provided to Alabama Medicaid Agency may be investigated.

By submitting this data sheet to Alabama Medicaid Agency, the Candidate and Vendor certify that both parties understand the entire scope of requirements for this position as defined in the RFP and the Candidate agrees to be submitted for consideration exclusively by this Vendor. Any candidate that is submitted by more than one Vendor for a line item will be considered disqualified.

Candidate Data Sheets must be signed below by the Vendor.

\_\_\_\_\_  
Authorized Vendor Signature

\_\_\_\_\_  
Date