

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 (please circle appropriate answer):

Status: Employee Self Employed Subcontractor (Name: __) Other:

Education:

Mark highest level completed.	Some HS	HS/GED	Associate	Bachelor	Master	Doctoral
-------------------------------	---------	--------	-----------	----------	--------	----------

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.			
Work Experience #:			
Job Title:			
From:	To:	Reason for Leaving: New Job Opportunity	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
Reference 2		
Name	Title	Organization
Address	Phone	E-mail Address

Reference 3		
Name	Title	Organization
Address	Phone	E-mail Address

Candidate and Vendor Certification

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

Candidate Data Sheets must be signed below by the PCCM-E.

*[SIGNATURE]*_____

Authorized PCCM-E Signature

Date