

INFORMATION TECHNOLOGY SUPERVISOR (22598A)

APPLICANT'S NAME: _____

LNAME

FNAME

MI

LAST 4 DIGITS OF SSN

III. CERTIFICATIONS: Please attach proof of certification or certificate of training received in the following:
(Credit will be given for submitted certificate(s).)

- | | | |
|--------------------------------|------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> ITIL | <input type="checkbox"/> TQM | <input type="checkbox"/> Business Process Management |
| <input type="checkbox"/> COBIT | <input type="checkbox"/> Six Sigma | <input type="checkbox"/> RCA methodologies |
| <input type="checkbox"/> ISO | <input type="checkbox"/> CMMI | <input type="checkbox"/> PMP |
| <input type="checkbox"/> SPACL | | |

Please describe your knowledge and experience with SPACL: _____

IV. EXPERIENCE:

1) Please describe below your full-time paid experience in design, development, implementation, operation and maintenance of information systems.

Dates of experience(MM/DD/YY) _____ TO _____ Hours worked per week: _____

Payroll title: _____ Salary: _____ Monthly Hourly

Did you supervise? ____ Yes ____ No If yes, how many supervised? _____

Employer Name and Address: _____

Detailed Description of Duties Performed: _____

**ALL RESPONSES ARE SUBJECT TO VERIFICATION.
ATTACH ADDITIONAL PAGES AS NECESSARY.**

