4A MINIMUM QUALIFICATIONS SUMMARY - Revised

CATS+ TORFP # J02B8400047

*All content on this form must also be on the Personnel Resume Form.   
ONLY include information on this summary that supports meeting a minimum qualification.*

|  |  |
| --- | --- |
| Proposed Individual’s Name and Company/SubContractor: | List how the proposed individual meets each requirement by including a reference to relevant entries in Form Appendix 4B |
| LABOR CATEGORY TITLE – (INSERT CATS+ LABOR CATEGORY NAME) | |
| Education:  Insert the education description from the CATS+ RFP from Section 2.10 for the applicable labor category | (Identify school or institution Name; Address; Degree obtained, and dates attended.) |
| Generalized Experience:  Insert the generalized experience description from the CATS+ RFP from Section 2.10 for the applicable labor category  Provide dates in the format of MM/YY to MM/YY | (Identify specific work experiences from the resume that illustrate compliance with the Master Contract RFP Labor Category requirements for Generalized Experience.)   |  |  |  | | --- | --- | --- | | FROM | TO | Job Title and Company | |  |  |  | | Match to Form Appendix 4B: | | <insert cross-reference(s) to the full description on Form 4B | |
| Specialized Experience:  Insert the specialized experience description from the CATS+ RFP from Section 2.10 for the applicable labor category  Provide dates in the format of MM/YY to MM/YY | (Identify specific work experiences from the resume that illustrate compliance with the Master Contract RFP Labor Category requirements for Specialized Experience.)   |  |  |  | | --- | --- | --- | | FROM | TO | Job Title and Company | |  |  |  | | Match to Form Appendix 4B | | <insert cross-reference to the full description on Form 4B | |
| TORFP Additional Requirements  Minimum qualifications and required certifications as defined in Section 2.10 of this RFP.  Provide dates in the format of MM/YY to MM/YY |  |

The information provided on this form for this labor class is true and correct to the best of my knowledge (Signatures must be included):

|  |  |  |
| --- | --- | --- |
| **Master Contractor Representative:** |  | **Proposed Individual:** |
|  |  |  |
| Signature |  | Signature |
| <<signatoryFirstName>> <<signatoryLastName>> |  |  |
| Printed Name: |  | Printed Name |
|  |  |  |
| Date |  | Date |

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4B. Labor Classification Personnel Resume Summary

TORFP # J02B8400047

|  |  |
| --- | --- |
| Instructions: Enter resume information in the fields below; do not submit other resume formats. Submit one resume for each proposed resource | |
| Candidate Name: |  |
| TO Contractor: | (offerorCompanyName) |

**Education / Training**

|  |  |  |  |
| --- | --- | --- | --- |
| Institution Name / City / State | Degree / Certification | Year Completed | Field Of Study |
|  |  |  |  |
| <add lines as needed> |  |  |  |

**Relevant Work Experience**

Describe work experience relevant to the Duties / Responsibilities and Minimum Qualifications described in the TORFP. Starts with the most recent experience first; do not include non-relevant experience.

|  |  |
| --- | --- |
| [Organization]  [Title / Role]  [Period of Employment / Work]  [Location]  [Contact Person (Optional if current employer)] | Description of Work… |
| [Organization]  [Title / Role]  [Period of Employment / Work]  [Location]  [Contact Person] | Description of Work… |
| <add lines as needed> |  |

**Employment History**

List employment history, starting with the most recent employment first

|  |  |  |  |
| --- | --- | --- | --- |
| Start and End Dates | Job Title or Position | Organization Name | Reason for Leaving |
|  |  |  |  |
| <add lines as needed> |  |  |  |

Personnel Resume Summary (Continued)

\*“Candidate Relevant Experience” section must be filled out. Do not enter “see resume” as a response.

**References**

List persons the State may contact as employment references

|  |  |  |  |
| --- | --- | --- | --- |
| Reference Name | Job Title or Position | Organization Name | Telephone / E-mail |
|  |  |  |  |
| <add lines as needed> |  |  |  |

|  |  |
| --- | --- |
| Proposed Individual’s Name/Company Name: | How does the proposed individual meet each requirement? |
| LABOR CATEGORY TITLE: | *Offeror to Enter the Labor Category Name* |
| Requirement (See Section 2.10) | Candidate Relevant Experience \* |
| Education:  [Insert the education description from Section 2.10 for the applicable labor category] | Education: |
| Experience:  [Insert the experience description from Section 2.10 for the applicable labor category] | Experience: |
| Duties:  [Insert the duties description from Section 2.10 for the applicable labor category] | Duties: |

The information provided on this form for this labor category is true and correct to the best of my knowledge:

|  |  |  |
| --- | --- | --- |
| TO Contractor Representative: |  | Proposed Individual: |
|  |  |  |
| Signature |  | Signature |
|  |  |  |
| Printed Name: |  | Printed Name |
|  |  |  |
| Date |  | Date |

**Sign each Form**