

ATTACHMENT 14



Department of Civil Service

Biographical Sketch Form
RFP entitled:
"Dental Plan Services"

Prepare this form for each key staff individual, including subcontractor-provided key staff, if any, of the Offeror's proposed Account Team (RFP Section 5.2). Where individuals are not named, please include qualifications that will be sought to fill the positions. If additional space is needed you may add additional sheets.

Offeror Name: _____

Individual's Name: _____

Job Title: _____

Relationship to Project: _____

EDUCATION

| <u>Institution & Location</u> | <u>Degree</u> | <u>Year Conferred</u> | <u>Discipline</u> |
|-----------------------------------|---------------|-----------------------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

PROFESSIONAL EMPLOYMENT (Start with most recent.)

| <u>Dates From - To</u> | <u>Employer</u> | <u>Title</u> |
|------------------------|-----------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

ATTACHMENT 14



Department of
Civil Service

Biographical Sketch Form
RFP entitled:
“Dental Plan Services”

PROFESSIONAL EXPERIENCE (Significant experience/education relevant to program)
