**FORM A**

**Worker Minimum Requirements**

As stated in Section 11 Response Format, complete the number of years for the candidate’s skill/experience for each requirement and ensure to merge the Worker resume after Form A.

|  |  |  |  |
| --- | --- | --- | --- |
| **Minimum Requirements:** Candidates that do not meet or exceed the **minimum** stated requirements (skills/experience) will not be considered for this opportunity. | | | |
| Years ( leave no  blanks) | Years | Skills/Experience | Vendor Comments (as  applicable) |
|  | 4-7 | Experience in planning, leading, gathering and analyzing business and functional requirements in cooperation with business and technical groups |  |
|  | 4-7 | Experience developing business process maps and performing fit-gap analyses |  |
|  | 4-7 | Experience solving complex problems and troubleshooting software systems |  |
|  | 4-7 | Experience simultaneously collecting requirements across multiple program areas that have varying business needs |  |
|  | 4-7 | Experience gathering, documenting, and capturing design requirements |  |
|  | 4-7 | Experience with developing Business Requirement Documents and Software Requirement Specifications |  |
|  | 4-7 | Experience facilitating workshops, meetings and collaborative work sessions with cross-functional teams in a remote environment |  |
|  | 4-7 | Experience preparing and executing test plans, leading and assisting team members in performing and completing test activities, and documenting/communicating testing results |  |
|  | 4-7 | Experience implementing and testing interfaces that exchange data with large, complex legacy systems |  |
|  | 4-7 | Experience in assisting with development of plans and work artifacts in support of the project management life cycle |  |
|  | 4-7 | Experience with Software Development Life Cycle (SDLC) management software such as HP Application Lifecycle Management (ALM) or Atlassian |  |

**Preferred:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Years | Skills/Experience | Vendor Comment (as  applicable) |
|  | 2 | State of Texas experience |  |
|  | 2 | Unemployment Insurance Systems Experience |  |
|  | 2 | Experience with UI State Information Data Exchange Systems |  |

**FORM B**

**Worker References**

**Worker Name**:

Reference #1

|  |  |
| --- | --- |
| **Name** |  |
| **Company/Organization** |  |
| **Phone Number** |  |
| **Email Address** |  |
| **Professional Relationship** | **See options below** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Co-worker |  | Customer |  | End User |
|  | | | | | |
|  | Peer |  | Subordinate |  | Supervisor |

Reference #2

|  |  |
| --- | --- |
| **Name** |  |
| **Company/Organization** |  |
| **Phone Number** |  |
| **Email Address** |  |
| **Professional Relationship** | **See options below** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Co-worker |  | Customer |  | End User |
|  | | | | | |
|  | Peer |  | Subordinate |  | Supervisor |

Reference #3

|  |  |
| --- | --- |
| **Name** |  |
| **Company/Organization** |  |
| **Phone Number** |  |
| **Email Address** |  |
| **Professional Relationship** | **See options below** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Co-worker |  | Customer |  | End User |
|  | | | | | |
|  | Peer |  | Subordinate |  | Supervisor |

**NOTE:** Only include the information requested on this form. Please do not include additional information.

**FORM D**

**Special Instructions**

**Qualified Vendor**

The Vendor and/or its subcontractors, if any, shall certify that they are not suspended or debarred from doing business with the federal government as listed in the Excluded Parties List System (EPLS) maintained by the General Services Administration, and as of the effective date of the Contract, are not listed in the prohibited vendors list authorized by Executive Order #13224, "Blocking Property and Prohibiting Transactions with Persons Who Commit, Threaten to Commit, or Support Terrorism”, published by the United States Department of the Treasury, Office of Foreign Assets Control. DIR will verify EPLS status via the Texas Comptroller of Public Accounts, Statewide Procurement Division (SPD) web site at https://comptroller.texas.gov/purchasing/. Vendors listed on the prohibited vendors list will result in disqualification of the entire response.

**TWC Terms and Conditions**

To the extent applicable in this Request for Resume, the Vendor shall comply with the terms available in TWC Terms and Conditions.

**Right to represent**

I, (Worker) hereby authorize

(Vendor) to submit my resume in response to Solicitation 5471126BA2 for Texas Workforce Commission.

**Acceptance of Purchase Order**

Vendor hereby acknowledges that it has read and understands this Request for Resume and all attachments included or referenced herein. Vendor agrees to abide by all terms and conditions specified herein should a Contract be awarded and certifies that the information provided to TWC is true and correct in all respects to best of its knowledge and belief. Acceptance of any PO issued under this solicitation shall serve as Vendor's agreement to comply with the solicitation requirements and the Terms and Conditions