STATEMENT OF QUALIFICATIONS

State of California
Department of Industrial Relations
Office of the Director – Research Unit

Please enter the following:

Applicant Name:	
Job Code #:	
Classification:	

Question 1

Please type your response to Question 1 in this box.

State of California
Department of Industrial Relations
Office of the Director – Research Unit

Applicant Name:	

Question 2

Please type your response to Question 2 in this box.

Please provide References to confirm your examples described in the above responses.

Reference #1 Name & Title:	
Contact Information:	
Reference #2 Name & Title:	
Contact Information:	