CWS/WEB COUNTY STAFF
COUNTY CONSULTANT NOMINATION FORM
Open Recruitment

County:_____

Nominee: _____

County Position and Current Duties:
_____
_____
_____

Office Address:
_____

Office Telephone Number: _____

E-mail
address:_____

County Welfare Director Approval:

_____
Signature Date

_____

Please mail or fax this form and your resume to:

Tom Burke
California Department of Social Services
CWS/Web Project
744 P Street MS 8-5-75
Sacramento, CA 95814
FAX (916) 651-6246