

# Management Skills Assessment Program (MSAP) 2009 Assessor Application

## Instructions

To apply for the Management Skills Assessment Program (MSAP), the applicant must complete this application form. Please keep in mind that this is an assessment program, not a training program. Participants in this program will be coming from the northern California UC campuses, labs, medical centers and Office of the President.

***Deadline for Receipt of Applications by Coordinator:  
Friday, March 6, 2009 — 5:00 PM***

Submit Applications to:

Karen Paris  
MSAP Coordinator  
Berkeley Lab Institute, Bldg 4-230  
KMParis@lbl.gov  
(510) 486-5122

### ***Schedule/Deadlines:***

**Attention applicants!!** The MSAP orientation is required for all assessors. Please note these dates on your calendar:

<b>Application Deadline:</b>	Friday, March 6, 2009— 5:00 PM Early applications appreciated; late applications not accepted
<b>Selection Notification:</b>	Friday, March 20, 2009
<b>MSAP Orientation:</b>	Thursday, April 2, 2009 (Bldg. 2-100B, 1:00p to 2:30p)
<b>MSAP Program:</b>	April 26 – May 1, 2009--Asilomar Conference Grounds, Pacific Grove, CA

## Assessor Information Sheet

The information you provide on this application will be used to compile a roster of participants. **IT IS VERY IMPORTANT THAT YOU FILL IN ALL INFORMATION AS COMPLETELY AS POSSIBLE.** Please type or print clearly. Thank you!

### Applicant Information:

Applicant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Working Title: \_\_\_\_\_

Payroll Title or Job Classification: \_\_\_\_\_

Campus, Lab or Medical Center: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Time in present position: \_\_\_\_\_ Total time with UC: \_\_\_\_\_

Phone (*we need your area code*):(\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

If selected, would you like to receive vegetarian meals at Asilomar?  Yes  No

Please indicate your motivation and a rationale for your selection:

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Past participation in Management Skills Assessment Program (MSAP) or Professional Skills Assessment Program (PSAP):

Assessee  Assessor  Assessee Supervisor

## MANAGEMENT SKILLS ASSESSMENT PROGRAM (MSAP)

To assist us in complying with federal and state reporting requirements, please check all of the following categories that apply. **Completion of this section is voluntary. This information will be kept confidential.**

*Please identify the appropriate categories by placing an "x" in the corresponding boxes.*

<input type="checkbox"/> Female	<input type="checkbox"/> Asian & Pacific Islander	<input type="checkbox"/> Disabled*
<input type="checkbox"/> Male	<input type="checkbox"/> Black	<input type="checkbox"/> Special Disabled Veteran
	<input type="checkbox"/> White	<input type="checkbox"/> Vietnam-era Veteran
	<input type="checkbox"/> Hispanic	
	<input type="checkbox"/> Native American	
	<input type="checkbox"/> Mixed Ancestry	

\*If you require an accommodation, please contact Karen Ramorino so that appropriate arrangements can be made.