

STATE OF MAINE POSTING REQUEST QUESTIONNAIRE FOR IT



E-mail to: **MEMSP@knowledgeservices.com**

Questions? Call: **207-624-9728** or use Internal Ext: **49728**

*** Indicates Required Fields**

*** 1. Position Overview**

Posting Title**	** A State approved job description MUST be attached.			# of Positions Available
Desired Career Level	JR <input type="checkbox"/> Mid <input type="checkbox"/> SR <input type="checkbox"/>	Minimum Education Level	HS <input type="checkbox"/> Assoc. <input type="checkbox"/> BA <input type="checkbox"/> MSTR <input type="checkbox"/> PhD <input type="checkbox"/>	
Contract Extension?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Incumbent Name	
Project Name				

*** 2. Position Information**

Position Type	TEMP <input type="checkbox"/> TEMP-TO-HIRE <input type="checkbox"/>	Billing Type	HOURLY <input type="checkbox"/> DAILY <input type="checkbox"/>	
Shift Start Time	8:00 AM <input type="checkbox"/> PM <input type="checkbox"/>	Shift End Time	5:00 AM <input type="checkbox"/> PM <input type="checkbox"/>	
Shift	DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT <input type="checkbox"/> OTHER* <input type="checkbox"/>	Anticipated Hours per Week		
Shift Days Needed	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su <input type="checkbox"/>	Weekend?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Overtime? **	YES <input type="checkbox"/> NO <input type="checkbox"/> **If you check YES, your agency will be billed an overtime differential of 1.4 the hourly rate on any time worked over 40 hours.			
Travel Required?	YES <input type="checkbox"/> NO <input type="checkbox"/>		Expenses Reimbursed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you require additional background beyond the State's required minimum?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please specify				
Do you wish to interview candidates?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what mode?	PHONE SCREEN <input type="checkbox"/> FACE-TO-FACE <input type="checkbox"/>	
Is interview location same as position location?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Address		
If NO, enter address				
Additional Comments				
FOR MEMSP USE ONLY: dotStaff™ Posting ID				

*** 3. Manager Information**

Is this your first time using the MSP to acquire temporary labor?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Include Requesting Manager contact information in job posting? **	YES <input type="checkbox"/> NO <input type="checkbox"/>
**If you check yes, the contact information will be viewable by the vendor community.	

	Requesting Manager Information	Report-To Manager Information
Manager Name		
Manager Phone	(____)____-____	(____)____-____
Manager E-mail		

Access to Bid / Resumes (if applicable)		
Name		
Phone	(____)____-____	(____)____-____
E-mail		

Access to Timesheets (if applicable)		
Name		
Phone	(____)____-____	(____)____-____
E-mail		

4. Position Description and Job Skill Set	
Describe this position's most important duties performed in the normal course of work. Please describe them, in order of their importance, and indicate the average percent of time devoted to each duty over the course of the year or contract period.	
Description of Duties (<i>primary & secondary</i>)	% of Total Work Effort

Skill Set	Skill Level (BEGINNER, INTERMEDIATE, ADVANCED, EXPERT)	Experience (YEARS)	Required?	Clarification/Comments
Operating Systems				
			<input type="checkbox"/>	
			<input type="checkbox"/>	
Programming Language/Development Tools				
			<input type="checkbox"/>	
			<input type="checkbox"/>	
Hardware				
			<input type="checkbox"/>	
			<input type="checkbox"/>	
Database Systems/Database Tools				
			<input type="checkbox"/>	
			<input type="checkbox"/>	
Frameworks/SLDs/Methodologies				
			<input type="checkbox"/>	
			<input type="checkbox"/>	
QA/Testing – Approaches, Applications				
			<input type="checkbox"/>	
			<input type="checkbox"/>	

* 5. Position Justification
This section must accompany any request for temporary labor. Please answer each section in detail before submission.
A. Specific Problem or Need.
<ul style="list-style-type: none"> i. Identify and fully describe the specific problem, requirement, or need that the contract is intended to address and which makes the services necessary. ii. Explain how the department determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated by Maine statute. iii. If applicable, discuss issues which arise if work is not performed.

B. Availability of other Public Resources. Explain how the agency concluded that:

- i. Sufficient staffing or expertise is not available **within the department and not just within a departmental division** to perform the service.

C. Timeframe.

- i. Provide the date by which the suppliers or services must be delivered.
- ii. Indicate how that date was determined and its significance.
- iii. Indicate the impact of delay beyond that date in terms of program schedules, milestones, funds, etc.