

**SAMPLE APPLICATION • BOARD OF EXAMINERS FOR THE MALCOLM BALDRIGE NATIONAL QUALITY AWARD****CONTACT INFORMATION**

First Name:  MI:   
Last Name:   
Title:  Suffix:   
Primary Email Address:   
Alternate Email Address:   
Primary Phone Number:  Type:   
Alternate Phone Number:  Type:

**Home Address**

Non-U.S. Address: ☐  
Address Line 1:   
Address Line 2:   
City:   
State:   
Zip:

**EMPLOYMENT INFORMATION****Current or Most Recent Employment**

Please use this form to describe your current or most recent primary job. If unemployed or retired, please provide information on your most recent employment below.

Primary Work? ☐ Yes ☐ No

Employment Status:   
Full Name of the Organization:   
Position Title:   
Position Description:

Non-U.S. Address: ☐  
Address Line 1:   
Address Line 2:   
City:   
State:   
Zip:

Parent Organization Name:

Date of Service: From (mm/yyyy)  To (mm/yyyy)

Primary Organization Type:

Secondary Organization Type: ☐ K-12 Education ☐ Higher Education  
☐ Other Education ☐ Healthcare  
☐ Government ☐ Independent Consultancy  
☐ Manufacturing ☐ Nonprofit  
☐ Small Business ☐ Service

Are you a C-Level executive (i.e., CEO, CFO, CIO) or a senior leader in your organization?  
☐ Yes ☐ No

Select all that apply to you:

<input type="checkbox"/> Chief Executive Officer	<input type="checkbox"/> Chief Human Resources Officer
<input type="checkbox"/> Chief Operations Officer	<input type="checkbox"/> President
<input type="checkbox"/> Principal	<input type="checkbox"/> Chief Financial Officer
<input type="checkbox"/> Chief Information Officer	<input type="checkbox"/> Partner
<input type="checkbox"/> Vice President	<input type="checkbox"/> Other
<input type="checkbox"/> Number of employees in your organization:	<input type="text"/>
<input type="checkbox"/> Number of employees you manage/supervise:	<input type="text"/>

**NAICS Code**

Please provide more information on areas of professional expertise that are relevant in evaluating an organization's performance. Federal agencies use the North American Industry Classification System (NAICS) to classify organizations for collecting, analyzing, and publishing data related to U.S. business.

**Choose Relevant NAICS:**

NAICS 1 (Primary):	<input type="text"/>	Lookup
NAICS 2:	<input type="text"/>	Lookup
NAICS 3:	<input type="text"/>	Lookup
NAICS 4:	<input type="text"/>	Lookup
NAICS 5:	<input type="text"/>	Lookup

### Preferred Mailing Address

Select your preferred mailing address for examiner, team, and other program-related material. **Addresses cannot contain a PO Box #.**

**Home Address:** *Will be entered on the Contact Information page*

**Work Address:** *Will be entered on the Current or Most Recent Employment page*

**Other Address:** *May be used to enter another preferred address*

### Professional Information

Please provide information on your areas of professional expertise (specialized or sector-related) that are relevant in evaluating an organization's performance.

**Do you have any expertise in the following industries?** *Select all that apply to you:*

- |   |  |
|---|--|
| <input type="checkbox"/> Cyber Security       | <input type="checkbox"/> Information Technology            |
| <input type="checkbox"/> Utilities            | <input type="checkbox"/> Federal, State, and City Agencies |
| <input type="checkbox"/> Finance              | <input type="checkbox"/> Technical Schools                 |
| <input type="checkbox"/> Retail Merchandising | <input type="checkbox"/> Other Nonprofit                   |

**Do you have a degree or work experience in health care?** *Select all that apply to you:*

- |   |  |
|---|--|
| <input type="checkbox"/> BNS                                  | <input type="checkbox"/> DDS                       |
| <input type="checkbox"/> DMD                                  | <input type="checkbox"/> DO                        |
| <input type="checkbox"/> Imaging Specialist                   | <input type="checkbox"/> LPN                       |
| <input type="checkbox"/> MD                                   | <input type="checkbox"/> Medical Device Specialist |
| <input type="checkbox"/> MSN                                  | <input type="checkbox"/> Physical Therapist        |
| <input type="checkbox"/> Pharm-D                              | <input type="checkbox"/> RN                        |
| <input type="checkbox"/> Primary Laboratory Technician        |  |
| <input type="checkbox"/> Any other degrees or work experience |  |

**Do you have a degree or work experience in education?** *Select all that apply to you:*

- |   |   |
|---|---|
| <input type="checkbox"/> Assistant Principal                  | <input type="checkbox"/> Assistant Superintendent |
| <input type="checkbox"/> Dean                                 | <input type="checkbox"/> Education Specialist     |
| <input type="checkbox"/> K-12 Teacher                         | <input type="checkbox"/> Principal                |
| <input type="checkbox"/> Professor                            | <input type="checkbox"/> Superintendent           |
| <input type="checkbox"/> Any other degrees or work experience |   |

**May we send your contact information to the Alliance for Performance Excellence, which consists of state, local, and other Baldrige-based programs, as a potential examiner or subject matter expert?**

*Please note: The Baldrige Program does not control how your contact information will be managed once it is sent to other programs.*

- ☐ Yes    ☐ No    ☐ Already Involved

### Education

List all completed or in-process degrees. Include the degree and year it was or will be obtained, the educational institution, and the state or country.

Institution Name:	<input type="text"/>
Degree:	<input type="text"/>
Concentration On:	<input type="text"/>
Non US Degree:	<input type="checkbox"/>
State:	<input type="text"/>
Year Obtained:	<input type="text"/>

### Baldrige State Examiner Experience

Please provide your experience as a Baldrige State level examiner or director. For each program for which you have served, indicate the name of the program, your role(s), and the years served.

Type of the Award Program:	<input type="text"/>
The Name of the Program:	<input type="text"/>
State(s) Covered by the Program:	<input type="text"/>
Describe State and Local Program Experience:	<input type="text"/>

Roles:	<input type="checkbox"/> Application Author	Years From:	<input type="text"/>	To:	<input type="text"/>
	<input type="checkbox"/> Consensus/Site Visit Team Leader	Years From:	<input type="text"/>	To:	<input type="text"/>
	<input type="checkbox"/> Examiner	Years From:	<input type="text"/>	To:	<input type="text"/>
	<input type="checkbox"/> Feedback/Tech Writer/Editor	Years From:	<input type="text"/>	To:	<input type="text"/>
	<input type="checkbox"/> Judge	Years From:	<input type="text"/>	To:	<input type="text"/>
	<input type="checkbox"/> Program Director	Years From:	<input type="text"/>	To:	<input type="text"/>
	<input type="checkbox"/> Other	Years From:	<input type="text"/>	To:	<input type="text"/>

### Other Baldrige-Related Experience

Please provide your experience in evaluating or preparing Baldrige-like applications for internal, state, local, international, association, or other organizational award programs. Also include experience with internal or supplier Baldrige-based assessment processes. For each program, indicate the type and name of the program, your role(s), and the number of years of involvement. **DO NOT enter your experience as a Baldrige Examiner.** We have this information in the database.

Type of the Award Program:	<input type="text"/>
The Name of the Award Program:	<input type="text"/>
Describe Other Baldrige-Related Experience:	<input type="text"/>

**Examiner Knowledge Skills & Abilities (Multi choice)**

1. Which of the following best describes your strategic planning experience?
  - ☐ As a strategic planning expert, I established strategic plan objectives and action plans and I measured these plans using key performance measures or indicators.
  - ☐ I led strategic planning over a number of years or with a variety of organizations.
  - ☐ I have participated substantially in the strategic planning process.
  - ☐ I have had limited participation in the strategic planning process.
  - ☐ I have no experience in the strategic planning process.
2. Which of the following best describes your experience designing work systems and managing and improving work processes for implementing those work systems?
  - ☐ I am a recognized expert in work system design and work process management.
  - ☐ I have significant experience in work system design and work process management.
  - ☐ I have direct involvement in the design and delivery of the key processes of my organization.
  - ☐ I have a substantial educational background and/or substantial training in process management.
  - ☐ I have no experience in process management.
3. Which of the following best describes your experience engaging, managing, and developing an organization's workforce?
  - ☐ I have held one or more leadership or supervisory positions and I have made organization-wide decisions regarding employee recruitment benefits training development and/or safety.
  - ☐ I have supervised a large enough group of employees to understand workforce engagement approaches and issues.
  - ☐ I have had first-line supervisory responsibility for implementing training and/or workforce policies.
  - ☐ I have had training in workforce policies and practices.
  - ☐ I have no experience in workforce policies and practices.
4. Which of the following best describes your experience with systematic processes and formal methodologies for determining customer/student/patient satisfaction, customer/student/patient relationships, market knowledge, and customer/student/patient/stakeholder requirements?
  - ☐ As an expert in this field I routinely determine the requirements of key customer processes design and measure processes that meet these requirements and improve processes to achieve better performance.
  - ☐ I have had significant experience with customer relationship management processes in a variety of settings over a number of years.
  - ☐ I have implemented and improved customer relationship and management processes and methodologies.
  - ☐ I have had formal education or training in these processes and methodologies.
  - ☐ I have no experience in these processes and methodologies.

### Examiner Knowledge, Skills, & Abilities *(Essay)*

Please plan to dedicate a block of time to complete this section. We suggest that you write your essays in a word-processing application, then copy/paste into the text boxes provided below.

1. Describe your personal and work knowledge and experience that qualifies you to evaluate and provide feedback to an organization on its business and work processes. *(Maximum 1300 char)*

2. Describe your personal and work knowledge and experience that qualifies you to evaluate and provide feedback to an organization on its business results. *(Maximum 1300 char)*

3. Please tell us why you want to become a national Baldrige Examiner. *(Maximum 1300 char)*

### Recommendation Provider

For your application to be considered, two individuals must submit recommendations on your behalf via the online system by the application deadline. No other form of recommendation is accepted. Recommenders may not be relatives, friends, or sitting members of the Baldrige Program's Panel of Judges. We suggest that you select recommenders early to give them sufficient time to respond.

Following are steps for selecting and notifying your recommenders:

1. Identify up to four recommenders.
2. Enter the name and e-mail address of the first recommender, and click "send email." The recommender will receive an e-mail containing a link to the online system and a pass code enabling him or her to log in and complete the recommendation. Add up to three more recommenders in the same way. Once the recommenders have logged in and begun their recommendations, a date will appear on the "started" line, and you will no longer be able to edit their information.
3. Monitor your email for notification that the Baldrige Program has received a completed recommendation. We will add only the first two recommendations received to your file, and you may not delete a recommendation after the program has received it.
4. If you wish, once you have received two notifications, delete the remaining recommenders. This will generate an email informing them that you no longer require their recommendations.
5. If you wish, send reminder emails to your recommenders by clicking "send email."

### Add Recommendation Provider

**Recommendation Provider Info**First Name: Last Name: Primary Email Address: Employer: Job Title: Relationship to You: 

Do you wish to waive your right to examine this letter of recommendation?: YES\_\_\_ NO\_\_\_

Note for the recommendation provider that will be included into the email: