Appendix D QSA Employee Application

For each individual applying for qualification as a QSA Employee (each a “Candidate”), the QSA Company or applicant QSA Company employing such individual (the “Company”) must submit to PCI SSC a copy of this QSA Employee Application, completed and executed by such Candidate.

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| --- | --- | --- | --- | --- | --- |
| **Company Information** | | | | | |
| Company Name: |  | | | | |
| **Candidate Information** | | | | | |
| Name: |  | Job Title: |  | | |
| Telephone: |  | E-mail: |  | | |
| Business Address: |  | City: |  | | |
| State/Province: |  | Country: |  | ZIP: |  |
| URL: |  | | | | |

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| --- | --- | --- |
| **QSA Employee Skills, Experience and Education** | | |
| Provide examples of the Candidate’s work and/or description of experience in the following areas of expertise (requires at least one year in each area): | | |
| Examples of work and/or description of experience in **network security** (for example, administration of firewalls, intrusion prevention systems, etc.): | | |
| From (date): | To (date): | Total time: Years Months |
| Examples of work and/or description of experience in **application security:** | | |
| From (date): | To (date): | Total time: Years Months |
| Examples of work and/or description of experience in **systems integration and security:** | | |
| From (date): | To (date): | Total time: Years Months |
| Examples of work and/or description of experience in **auditing information systems and processes:** | | |
| From (date): | To (date): | Total time: Years Months |
| Examples of work and/or description of experience in **information security risk assessment or risk management:** | | |
| From (date): | To (date): | Total time: Years Months |

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| --- | --- | --- | --- |
| **Candidate Professional Certifications (check all that apply):** | | | |
|  | **(ISC)2** CISSP | **Certification number:** | **Expiry date:** |
|  | **ISACA** CISM | **Certification number:** | **Expiry date:** |
|  | **ISACA** CISA | **Certification number:** | **Expiry date:** |
|  | **SANS** GIAC/GSNA | **Certification number:** | **Expiry date:** |
|  | IRCA Auditor | **Certification number:** | **Expiry date:** |
|  | **IIA** CIA | **Certification number:** | **Expiry date:** |
|  | ISO 27001, Lead Auditor/Implementer, Internal Auditor | **Certification number:**  **Accredited certification body:** | **Date achieved:** |
|  | **METI RISS** | **Certification number:** | **Date achieved:** |

***NOTE:*** *“In process” certifications, where the certification number has not yet been issued, do not meet the requirement.*

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| **Signature** | | | | |
| By signing below, I hereby acknowledge and agree that:   1. The information provided above is true, accurate and complete; 2. I have read and understand the QSA Qualification Requirements and will comply with the terms thereof; and 3. I have read and understand the PCI SSC Code of Professional Responsibility, and will advocate, continuously adhere to and support the terms and provisions thereof. | | | |
| Candidate: |  | Title: |  | |
|  | | |  | |
| *Candidate signature*  | | | *Date*  | |