I.T. Support & Operations Manager
SUPPLEMENTAL QUESTIONNAIRE

Name: _____

Applicant Information: *The recruitment process for I.T. Support & Operations Manager will include an evaluation of the information you provide on this Supplemental Questionnaire. This supplemental questionnaire must be completed and uploaded along with your online application by* ***3:30 p.m. on the designated deadline date.***

Review each question carefully and provide complete, thorough responses. *This questionnaire is designed to assist the Riverside County Office of Education in gaining knowledge of your experience. You may attach additional pages if needed to thoroughly respond to the questions.*

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1. Describe a situation in which a customer or department was dissatisfied with the technology support they received. How did you identify the underlying concerns, establish realistic expectations, and coordinate a resolution? Explain your personal role and how you determined whether the concerns were adequately addressed.

Employer: _____
Dates of Employment: _____
Supervisor Name: _____
Phone Number: _____

2. Describe how you have managed technology equipment inventory or coordinated equipment replacement across multiple locations. Explain how you maintained accurate records, established replacement priorities, managed spare equipment, and coordinated deployment while minimizing disruption.

Employer: _____

Dates of Employment: _____

Supervisor Name: _____

Phone Number: _____

3. Describe a specific example of how you led a technical support team to improve service delivery across multiple locations or competing operational demands. Explain how you assigned and prioritized work, addressed differences in staff skills or performance, and measured the results. Clearly identify your personal responsibilities and actions.

Employer: _____
Dates of Employment: _____
Supervisor Name: _____
Phone Number: _____

CERTIFICATION

I hereby declare that the statements on this supplemental application are true and complete to the best of my knowledge. I hereby authorize the RCOE to contact the references listed to verify the information I have supplied. I hereby release from liability all persons and organizations furnishing such information. I understand that the district reserves the right to validate information received on the supplemental application and that I will be subject to disqualification and/or termination if any statement in this supplemental application is found to be untrue or determined to be misleading.

Name: _____

Signature: _____

Date: _____

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