IT Infrastructure Manager
SUPPLEMENTAL QUESTIONNAIRE

Name: _____

Applicant Information: *The recruitment process for IT Infrastructure 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 your experience managing, maintaining, or operating enterprise IT infrastructure and data center environments. Include the size and complexity of the environment, the systems and services supported, and your experience with data center operations, including environmental monitoring, power, cooling, security, and disaster recovery. Explain your specific roles and responsibilities.

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

2. Describe a significant IT project, operational improvement, or technical initiative in which you played an important role. Explain your responsibilities, how you approached challenges, how you worked with others, and the outcome. Include any examples of taking initiative or assuming responsibilities beyond your normal duties.

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: _____

This supplemental questionnaire must be completed and uploaded along with your online application by **3:30 p.m. on the designated deadline date.**