PROGRAM ASSISTANT, PROGRAM COMPLIANCE (ECE)
SUPPLEMENTAL APPLICATION

Name: _____

Applicant Information: *The recruitment process for this position will include an evaluation of the information you provide on this supplemental application. This supplemental application must be completed and uploaded along with your online application by* ***3:30 p.m., on the designated deadline date.***

Please include all information when responding to questions including various positions you may have held. You may attach additional pages, if needed, to thoroughly respond to the questions.

1. Please describe your experience with developing, supporting and/or implementing Quality Assurance practices?

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.

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.***