

PARAMOUNT UNIFIED SCHOOL DISTRICT
15110 S. California Ave., Paramount, CA 90723 (562)602-6008

SUPPLEMENTAL APPLICATION FORM

DIRECTOR OF TECHNOLOGY & INFORMATION SYSTEMS

Name: _____ SSN# XXX-XX-__ __ __

This supplemental application is intended to give each applicant the opportunity to provide more information regarding his/her qualifications for the position of **Director of Technology & Information Systems**. It will be used to evaluate each applicant more completely. Resumes or referral to a resume in lieu of a response on the applications are not acceptable.

Please answer each question. Information you provide is subject to verification.

- I. **TECHNICAL EXPERIENCE:** In each of the questions below, include the name of the company/organization where you obtained the experience, your job title at the time, the number of staff (by position name) and any other information requested.

Describe your experience in the following areas of:

- A. Developing and managing a technology plan
- B. Implementing and maintaining technology and information systems
- C. Experience with network operating systems
- D. Local and wide area network systems
- E. Management Information Systems

- II. **SPECIALIZED EDUCATION AND TRAINING:** Indicate the areas in which you have completed coursework or received formal training and date certified (attach a copy of certificate(s) to your application:

- A. Bachelor's Degree
- B. Other specialized education, degrees and/or certificates

- III. **SUPERVISORY EXPERIENCE:** Describe your experience in developing goals, policies and priorities at the supervisory level as well as selecting, training, evaluating, and supervising Technology and Information Systems personnel. Give examples of monitoring productivity of staff to ensure that goals and timelines are met.

- IV. **EXPERIENCE AND UNDERSTANDING OF CURRENT INDUSTRY PRACTICES:** Describe your experience complying and interpreting computer safety and security.

- V. **OTHER RELATED EXPERIENCE:** Describe any additional related experience, education, certification(s), and/or special training you have had that relates to this job.

CERTIFICATION

False or misleading statements may cause your disqualification or dismissal from employment. I certify that the statements on this supplemental application are true, complete and accurate to the best of my knowledge, and I authorize investigation of all statements contained herein. I understand that the supplemental application, along with my completed application form, is part of the examination process.

Signature _____ Date _____