Administrator, IT Support and Operations
SUPPLEMENTAL QUESTIONNAIRE

Name: _____

Applicant Information: *The recruitment process for Administrator, IT Support and Operations 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. This position serves as the primary point of contact between Information Technology Services and departments throughout the organization. Describe your experience building relationships with customers or business units, identifying their technology needs, and communicating solutions.

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

2. Describe your experience leading an IT support or operations organization. Include the size of the organization, the services provided, and your role in managing daily operations.

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

3. Describe your experience managing technology budgets, procurement, vendor relationships, technology lifecycle programs, and developing technology solutions or cost estimates for customers. Please describe your role and provide an example of how you balanced customer needs with operational and financial responsibilities.

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

4. Describe an operational improvement you implemented that significantly improved customer service, operational efficiency, or service quality.

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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