Administrator, Information Technology Services
SUPPLEMENTAL QUESTIONNAIRE

Name: _____

Applicant Information: *The recruitment process for Administrator, Information Technology Services 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.*

This position supervises staff responsible for business systems analysis and serves as a liaison between business users and technical teams. Please consider this context when responding to the following two (2) questions.

1. Describe your experience leading or overseeing business systems analysis efforts, including requirements gathering, business process analysis, functional and user acceptance testing, and system implementation. Please include a specific project example that demonstrates your analytical leadership.

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

2. Describe your experience bridging the gap between business needs and technical execution. How did you ensure business rules were accurately documented for developers, and how did you effectively translate complex technical logic, risks, and testing results back to business users and leadership to achieve organizational goals?

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.**