Student Information Systems and Reporting Operator

**SUPPLEMENTAL QUESTIONNAIRE**

Name: _____

***Applicant Information:*** *The recruitment process will include an evaluation of the information you provide on this supplemental questionnaire. This questionnaire must be completed and attached to your completed application no later than 3:30 p.m. on* ***the 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 student information systems and related educational data systems.

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

2. Please describe your experience managing electronic student records.

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: _____