



MANAGEMENT SERVICES, INC.

## **Supplemental Questionnaire**

### **Supplemental Questionnaire Instructions**

For your convenience the Supplemental Questionnaire can be completed online but must be **hand signed** and **mailed directly** to RJA Management Services, Inc. to complete your application package.

An application package consists of two (2) copies of your resume with a signed cover letter outlining your qualifications, an RJA supplemental questionnaire, and a **list** of five (5) professional references.



**EMPLOYMENT HISTORY:***Please note that your resume should reflect entire employment history.*

|                           |  |  |
|---------------------------|--|--|
| Dates of Employment<br>to | Job Title  | Largest annual budget administered                                   |
| Annual Salary \$          | Organization:  |  |
|                           | Address:   |  |
| Reason for Leaving        | Supervisor's Job Title   | Total population served by organization                              |
|                           | Total number of your staff:<br>Direct Supv. _____ Indirect Supv. _____ | Total number of employees in:<br>Organization _____ Department _____ |
| Dates of Employment<br>to | Job Title  | Largest annual budget administered                                   |
| Annual Salary \$          | Organization:  |  |
|                           | Address:   |  |
| Reason for Leaving        | Supervisor's Job Title   | Total population served by organization                              |
|                           | Total number of your staff:<br>Direct Supv. _____ Indirect Supv. _____ | Total number of employees in:<br>Organization _____ Department _____ |
| Dates of Employment<br>to | Job Title  | Largest annual budget administered                                   |
| Annual Salary \$          | Organization:  |  |
|                           | Address:   |  |
| Reason for Leaving        | Supervisor's Job Title   | Total population served by organization                              |
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| Dates of Employment<br>to | Job Title  | Largest annual budget administered                                   |
| Annual Salary \$          | Organization:  |  |
|                           | Address:   |  |
| Reason for Leaving        | Supervisor's Job Title   | Total population served by organization                              |
|                           | Total number of your staff:<br>Direct Supv. _____ Indirect Supv. _____ | Total number of employees in:<br>Organization _____ Department _____ |

*I certify that the information on this supplemental questionnaire is true to the best of my knowledge and belief.*

DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_