RJA

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.

RJA

Management Services, Inc.

Supplemental Questionnaire

ALL MATERIALS MUST BE RECEIVED BY
THE DATE ON OUR WEBSITE
www.rjamanagement.com
FOR CONSIDERATION.

***TO APPLY**: Submit a complete application package consisting of this completed questionnaire, 2 copies of a current resume with cover letter, and a list of 5 professional references. Please call RJA at (626) 447-3318 if you are unable to meet the deadline.*
***SEND TO**: Dr. Richard Garcia, President, RJA Management Services, Inc., 550 W. Duarte Rd., Ste. 6, Arcadia, CA 91007.*

Position Applying For: ***POMONA VALLEY HOSPITAL MEDICAL CENTER, CA- BENEFITS MANAGER***

First Name	MI	Last Name	Current Title
			Business Phone ( )
Home Address			Home Phone ( )
			Cell Phone ( )
			Email
Degree(s) and Related Certificates		Dates Received	Do you have any objections to RJA conducting background checks? If yes, please explain. ____Yes ____No
Are you bilingual? ____ Yes ____ No If yes, what language(s)?			

RJA would like for you to honestly evaluate your demonstrated knowledge of or experience in/with the following job related activities.

Key: E = Extensive Experience; C = Considerable Experience; L = Limited Experience; N = No Experience

General Management	-	401(k) Plan Administration	-	Payroll Administration	-
HR Policies & Procedures	-	403(b) Plan Administration	-	Risk Management	-
Hospital Policies	-	5500 Data Collection	-	Employee Relations	-
Statistical Analysis	-	ERISA	-	Contract Negotiations	-
Financial Analysis	-	COBRA	-	Contract Administration	-
Microsoft Word	-	Cash Incentive Plan	-	Dispute Resolution	-
Microsoft Excel	-	Tuition Reimbursement	-	Oral Communications	-
Budgeting	-	Aetna Retirement Plan	-	Report Writing	-
Benefits Administration	-	Pens. Ben. Guaranty Corp. Filing	-	Annual Employee Benefit Events	-
Records Management	-	Team Building	-	Customer Service	-

*Please answer the following essay question. Be concise. Use additional paper, but **no more** than one page.*

Please describe your professional work experience directly related to the administration of employee benefits. Include the types of benefit programs for which you were directly responsible.

In accordance with State Law, the information requested below shall be used for statistical purposes only. This information will be kept confidential and separate from the application form. Refusing to provide this information will have no impact on the evaluation process. Thank you for your assistance.

How did you hear about this position?

____ RJA Letter
____ RJA Call
____ Jobs Available
____ ISCEBS
____ IPMA
____ SCPMA
____ IFEBP
____ SHRM
____ Internet _____
____ Other _____

Race/Ethnic Group

____ African American
____ Asian
____ American Indian
____ Caucasian
____ Hispanic
____ Filipino
____ Pacific Islander
____ Other

Sex

____Female ____Male

Can you perform this function with reasonable accommodations?

____Yes ____No

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

Dates of Employment 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: Direct Supv. _____ Indirect Supv. _____	Total number of employees in: Organization _____ Department _____
Dates of Employment 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: Direct Supv. _____ Indirect Supv. _____	Total number of employees in: Organization _____ Department _____
Dates of Employment 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: Direct Supv. _____ Indirect Supv. _____	Total number of employees in: Organization _____ Department _____
Dates of Employment 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: Direct Supv. _____ Indirect Supv. _____	Total number of employees in: 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*_____