First Review Beginning the DATE ON RJA WEBSITE.

KJA Management Services, Inc.

Supplemental Questionnaire

TO APPLY: Submit a complete application package consisting of this completed questionnaire, 2 copies of a current resume with signed cover letter outlining qualifications, and a list of 5 professional references. Please notify RJA at (626) 447-3318 if you are unable to meet the deadline. **SEND TO**: Dr. Richard Garcia, President, RJA Management Services, Inc., 2719 So. Mayflower Ave., Suite A, Arcadia, CA 91006.

Position Applying For	<i>osition Applying For</i> Upper San Gabriel Valley Municipal Water District Community and Government Affairs Representative					
First Name	MI	Last Name	Current T	1	sentative	
Home Address			Alternate	l Phone # (e Phone # ()	circle one C H W circle one C H W
Degree(s) and Related C	O-rtificatos/Licanses	Dates Received	Email Have you	ever been cor	wicted of a felony?	(Convictions are not an auto-
Degree(s) and related C	Jertificates/Licenses	Dates Received		qualification for	2	f yes, please explain.
Are you bilingual?			Do you have any objections to RJA conducting background checks? If yes, please explain.			
RJA would like for you t following job related act	to honestly evaluate you ctivities.	r experience in/with the	Key:		ive Experience erable Experience	L = Limited Experience N = No Experience
General Management	P	Media Relations			Report Writing	
Strategic Planning	F	Board Relations			Public Presentation	ns
Goal Setting	ľ	Marketing			Oral Communication	ion
Policy Analysis	F	Public Outreach			Written Communic	cation
Legislative Analysis	V	Water Policy Issues & Trend	ıds		Contract Administr	ration
Survey Data Analysis Water Resources Manageme		ient		Information Techno	ology	

Survey Data Analysis	 Water Resources Management	 Information Technology
Project Management	 Water Related Legislation	 Other
Budgeting	 Public Administration	 Other
Project Management	 Problem Solving	 Other
Intergovernmental Relations	 Consensus Building	
Community Relations	 Audio/Visual Presentations	

Please answer the following essay questions. Be concise. Use additional paper, but no more than two pages.

Describe how your experience and background have prepared you to be the Director of Community and Government Affairs. What skills, knowledge or abilities sets you apart from other candidates?

The following <i>voluntary</i> and <i>confidential</i> questions are for statistical and research purposes only.						
How did you hear abo		Race/Ethnic Group	Gender Female Male			
 RJA Letter RJA Call ACWA AWWA 	 3CMA CAPIO Newspaper Other 	 African American Hispanic Asian Filipino American Indian Other Caucasian 	If you believe you possess any disability that would require test accomodation, please call RJA at (626) 447-3318.			

EMPLOYMENT HIS	TORY:				
Please note that your re	esume should reflect entire empl	loyment history.			
Dates of Employment	Job Title		Largest annual budget adm	inistered	
to					
Salary \$	Organization and Location				
Reason for Leaving	Supervisor's Job Title		Total population served by organization		
	Total number of your staff:		Total number of employees	s in:	
	Direct Supv I	Indirect Supv	Organization	Department	
Dates of Employment to	Job Title		Largest annual budget adm	inistered	
Salary \$	Organization and Location		L		
Reason for Leaving	Supervisor's Job Title		Total population served by organization		
	Total number of your staff:		Total number of employees	s in:	
	Direct Supv In	Indirect Supv	Organization Department		
Dates of Employment	Job Title		Largest annual budget adm	inistered	
to					
Salary \$	Organization and Location				
Reason for Leaving	Supervisor's Job Title		Total population served by organization		
	Total number of your staff:		Total number of employees	s in:	
	Direct Supv I	Indirect Supv	Organization	Department	
Dates of Employment	Job Title		Largest annual budget administered		
to					
Salary \$	Organization and Location				
Reason for Leaving	Supervisor's Job Title		Total population served by	organization	
Total number of your staff:			Total number of employees	s in:	
	Direct Supv If	Indirect Supv	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_____