

To be considered, your application and this Questionnaire must be received in the State Personnel Division, Department of Administrative Services, 301 Centennial Mall South, P. O. Box 94905, Lincoln, NE 68509-4905, or be postmarked, by November 3, 2008.

NEBRASKA DEPARTMENT OF REVENUE
TRAINING SPECIALIST II, #16-01051-1
#16-01051-1 Lincoln
Supplemental Questionnaire

Applicant Name: _____

Social Security Number: _____

TERMS AND CONDITIONS OF EMPLOYMENT

Compensation

- This position is covered by a labor contract. If you are selected for this position and offered employment, it will be at the rate of \$17.545 hourly (a current State employee's salary will be determined by the labor contract). Are you willing to accept that rate of pay? ___Yes ___No
Explain: _____

Job Requirements

- You will serve a six-month original probation period. You must meet the performance expectations of the position in order to continue employment. During the probation, your employment can be terminated without cause.
- You must be able to perform the essential functions of this job as described with or without reasonable accommodation.
- Are you willing and able to maintain regular, predictable attendance as an essential function of this job? ___Yes ___No Explain: _____
- Are you willing and able to be and remain current in your state, local and federal tax filing and payment obligations? ___Yes ___No Explain: _____
- You cannot perform tax preparation or consultation work for others (with certain exceptions) while you are an employee of the Department of Revenue. Are you willing and able to meet this requirement? ___Yes ___No Explain: _____

Background Checks

- Any offer of employment will be made contingent on the outcome of our review of your background. Qualified applicants must possess a record that demonstrates: compliance with laws, rules, policies, and procedures; honesty; successful working relationships; regular and predictable attendance; and successful performance of duties.
- Your application must be complete and current. Any omission of information or inaccuracies regarding convictions, employment, or education will affect your chances of employment. Previous employment or criminal problems are not an automatic bar to employment but omissions and inaccuracies generally are.
- Checks that will be conducted:
 - Education Records. If used as a basis for your selection, original transcripts will be requested.
 - Employment Records. Dates of employment, duties held, eligibility for rehire, and attendance will be confirmed. Let us know in the "Additional Information" section if you do not want us to contact your current employer without first contacting you.
 - Criminal Record. New employees will be fingerprinted and checked through a national database.
 - Driving Record – if driving on the job is required, an accumulation of 6 or more points within the previous 24 months will result in a more in-depth review.
 - Tax Records.

INSTRUCTIONS:

The Supplemental Questionnaire is used to measure key knowledge, skills, and abilities required for this position. Candidates will be screened for further consideration based solely on how closely their responses on this Questionnaire match our expectations. Failure to provide any portion of the information requested on this Questionnaire will be a basis for elimination from consideration.

Each response must be supported by: specific examples of application, length of experience and/or training, and where the experience and/or training was obtained. Training refers to formal course work you have had, and may include workshops, seminars, scheduled in-service training, or one-day courses, as well as college, university, or technical school courses. Experience may be paid work experience, volunteer work experience, or personal life experience. Any experience, education or training referred to on this Questionnaire must also be documented on your application. Applicants who need accommodation in the selection process should request this in advance.

No item on this form is intended to have you provide information that would indicate your race, color, ethnic group, national origin, religion, sex, age, marital status, political persuasion, or any physical or mental disability. The words "ability" and "experience" in this questionnaire refer in all cases to ability or experience with or without reasonable accommodation for disabilities recognized under the Americans with Disabilities Act (ADA) of 1990.

Answer the following questions on the back of this questionnaire or attach a separate sheet of paper. Be sure your name and Social Security number are on each sheet you submit.

1. How would you describe your ability to communicate? Please provide descriptions of situations in which you have demonstrated your communication skills.
2. What is your experience in training/education/facilitation?
3. What did you do when a seminar participant challenged your answer in front of everyone in a meeting/seminar? How did it work? What feedback did you get from your audience?
4. In order to successfully facilitate education sessions for taxpayers (open to the public OR by request of a group or company), you will need extensive knowledge of state (Nebraska) and federal tax laws, rules, and regulations. Please explain your knowledge/experience in these areas.
5. The department uses portable PC's when conducting seminars. These PC's include presentation and word processing software packages. Describe your experience/knowledge in this area.
6. This job may require you to work in a variety of cities across Nebraska. Some seminars require overnight stays before and/or after the training sessions. The state makes available vehicles for out-of-town travel and reimburses for lodging. Describe your ability to fulfill this requirement.
7. Tell us about any experience you have had working on projects with short deadlines? What kind of projects were they and how did you handle them?
8. What experience have you had working as a member of a team? Please provide details of your role.

NOTE: IN ORDER FOR THIS QUESTIONNAIRE TO BE CONSIDERED COMPLETE, YOU MUST COMPLETE ALL QUESTIONS!

I understand that this Questionnaire is part of my application for this position, and is subject to all the terms and conditions on the Application for Employment, including rejection of the application or disciplinary action if false information is found to have been provided. Your application for this position will not be considered unless this signed Questionnaire is returned to the Nebraska Department of State Personnel, 301 Centennial Mall, South, Lincoln, NE 68509-4905 by November 3, 2008.

Signature: _____ Date: _____

(10/08)