

To be considered, your application and this completed Questionnaire must be received in Nebraska State Personnel, 301 Centennial Mall South, P. O. Box 94905, Lincoln, NE 68509-4905, or be postmarked, by the **OPEN** closing date.

NEBRASKA DEPARTMENT OF REVENUE
AUDITOR
#16-04045
COMPLIANCE (Audit; Omaha/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 \$16.590 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.

8. How would you describe your writing skills? **Please provide an example of your writing used in an actual school or business situation.**

9. Do you have any experience of working on projects with short deadlines? What kind of projects were they and how did you handle them?

10. How would you describe your assertiveness? Please provide at least one example of how you have demonstrated your assertiveness.

11. What experience have you had working as a member of a team? Please provide details of your role.

12. What are your plans with regard to the CPA examination? How does the CPA designation fit into your career objectives?

NOTE: IN ORDER FOR THIS QUESTIONNAIRE TO BE CONSIDERED COMPLETE, YOU MUST ATTACH YOUR COLLEGE TRANSCRIPT(S) AND 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 Nebraska State Personnel, 301 Centennial Mall, South, P. O. Box 4905, Lincoln, NE 68509-4905 by the **OPEN** closing date.

Signature: _____ Date: _____