

To be considered, your application and this Questionnaire must be received in Nebraska State Personnel, 301 Centennial Mall South, P.O. Box 94905, Lincoln, NE 68509-4905 or be postmarked by February 25, 2008.

NEBRASKA DEPARTMENT OF REVENUE

REVENUE OPERATIONS CLERK II

#16-04059R-3

AUDIT/Omaha

Supplemental Questionnaire

Applicant Name:

Social Security Number:

**INSTRUCTIONS:** This information will be used to further evaluate your training and experience as it relates to the position for which you have applied.

Write out the appropriate responses on this form or attach a separate page. For each of the following requests, provide information that supports what you describe. **The supporting information should include 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. 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.

Please feel free to handwrite your response. It is not necessary to type. If there is not enough room for your responses, please attach a separate sheet. **Be sure that each answer you give is documented/supported on your application form.** Your name and Social Security number should be on each sheet.

1. Describe your computer software application skills. Describe your skill in using Microsoft Word and Excel:

CONTINUED ON REVERSE

2. Describe any office support training or experience you possess:

3. Tell us about your knowledge of bookkeeping and basic math:

4. How would you describe your ability to communicate? Please provide descriptions of situations in which you have demonstrated your communication skills:

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 until the signed Questionnaire is returned to Nebraska State Personnel by February 25, 2008.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(1/08)