

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 **May 27, 2008.**

**NEBRASKA DEPARTMENT OF REVENUE
AUDITOR – MOTOR FUELS**

#16-14325-1, Omaha
Supplemental Questionnaire

Applicant Name: _____

Social Security Number: _____

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. Please feel free to handwrite your response. It is not necessary to type. **BE SURE YOUR NAME AND SOCIAL SECURITY NUMBER ARE ON EACH SHEET YOU SUBMIT.**

1. What are your employment objectives for the next three years?

2. What are your long-range career objectives?

3. How would the Auditor position fit into your career objectives?

4. Do you have a Bachelor's degree with at least 30 hours of accounting? **(YOU MUST ATTACH A COPY OF YOUR TRANSCRIPTS!)**

5. The Department uses portable PC's when conducting audits. These PC's include software packages such as database, spreadsheet and word processing. Describe your experience/knowledge in this area.

6. This job requires you to work at a variety of taxpayer locations. Some taxpayer locations require overnight stays. The state makes vehicles available for out-of-town travel and reimburses for lodging and meals. Describe your ability to fulfill this requirement.

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

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 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 COLLEGE TRANSCRIPT(S) AND A WRITING SAMPLE 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 94905, Lincoln, NE, 68509-4905 by: **May 27, 2008.**

Signature: _____ Date: _____