To be considered, your current application form and your responses to this questionnaire must be on file or received by Nebraska State Personnel, 301 Centennial Mall South, wrk4neb@notes.state.ne.us or P.O. Box 94905, Lincoln, NE 68509-4905, or postmarked by **July 26, 2007.**

SUPPLEMENTAL QUESTIONNAIRE
NE Department of Agriculture
Agricultural Veterinary Field Officer I / Dog and Cat Inspection Program
July 2007

#18-05407

Name: _____

Social Security Number: _____

Add more pages if necessary, but put your name and Social Security number on each sheet.

1. Describe your experience in veterinary medicine, including the number of years of experience:

2. Describe your experience in directing or managing a program:

3. What are your views on the commercial production of dogs and cats?