

To be considered, your current application and this completed questionnaire must be on file or received in **Nebraska State Personnel**, wrk4neb@notes.state.ne.us, 301 Centennial Mall South, P.O. Box 94905, Lincoln, NE 68509-4905, or postmarked by **November 27, 2006**.

Community Health Nurse III

#20-12024-1

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

Supplemental Questionnaire

Applicant Name: _____

Social Security Number: _____

1. Describe your experience working in public health, community health nursing, or health education. Include place and length of time:
2. Describe your experience administering immunizations:
3. Describe your experience working with sensitive issues and confidential information:
4. Describe your experience conducting training or giving presentations:
5. Identify any programs or activities you have monitored or evaluated. Describe your role:
6. Specify the medical offices or clinical settings in which you have worked. Describe that experience:
7. Tell me about an occasion when you have had to be flexible and adapt to change: