

TELEPHONE NUMBER: _____

Nebraska Health and Human Services
Lincoln Regional Center

Pharmacy Technician
#25-10552-4
Supplemental Questionnaire

NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE: _____

This information will be used to further evaluate your training and experience as it relates to the positions for which you have applied. You may include paid employment, military, volunteer, or educational training, and/or experience. Experience noted on this questionnaire must be shown in the employment record section of the application. Ask for additional Employment Record sheets if necessary.

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.

This questionnaire is a supplement to your application and is made a part thereof subject to all terms and conditions noted on the Application for Employment. Accommodations for recognized disabilities should be requested in advance.

1. Describe your experience in a pharmacy setting.
2. Describe what is meant by a "unit-dose distribution system".
3. What has been your experience in packaging and labeling drug doses?
4. Describe, in detail, what your experience has been in interpreting physician's medication orders, and include the terminology used:
5. List your experience with office machines and the types you have used:

6. Describe, in detail, your experience in basic office skills.

7. Are you familiar with trade and generic drug names? ____ yes ____ no

8. What types of duties do you prefer?

9. What type of duties do you find least desirable?

10. List any other information, including strengths, that you feel will aid us in determining your qualifications for the position.

11. Have you listed in the application Employment Record Section ALL the jobs you described on this questionnaire? ____ yes ____ no. (Redo your online application form, or ask for additional Employment Record sheets, if necessary)

NOTE: FAILURE TO LIST ALL JOBS COULD BE CAUSE FOR REJECTION BASED ON INSUFFICIENT INFORMATION. CHECK YOUR APPLICATION AGAIN.

EEO/AA

PLEASE RETURN THIS SUPPLEMENTAL QUESTIONNAIRE WITH YOUR STATE OF NEBRASKA APPLICATION (WHICH CAN ALREADY BE ON FILE), TO:

**Nebraska State Personnel
301 Centennial Mall South
P. O. Box 94905
Lincoln, NE 68509-4905**

**Lincoln Regional Center
Human Resource Office
P. O. Box 94949
Lincoln, NE 68509-4949**