

To be considered, your current application and this completed questionnaire must be on file or received by **January 8, 2008**.

ATTORNEY III
#251-75018, Lincoln
Department of Health and Human Services
Training and Experience Questionnaire

Name: _____

Social Security Number: _____

INSTRUCTIONS

This questionnaire is meant to help you provide additional information about your background. It is your chance to tell us what you know and can do in relation to this job. You will be evaluated on your experience and training. The evaluation score is based on your responses to the items below. Be sure to include personal life and volunteer experience as well as paid experience and formal training. Please be as accurate as you can. False information may lead to dismissal. **You do not need to have all the training and experience that is listed on this form to be considered for this position, but you need to show what you have.** Read through the whole form before you start to fill it out. Applicants who need accommodation in the selection process should request this in advance.

Check or write out the appropriate answers for you on the Checklist. **Training** refers to formal coursework 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, but not formal training. **Years** or other units of experience refer to full-time 40 hour work weeks or the equivalent in work hours. A year of full-time experience is equivalent to 2,080 work hours. 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.

Be sure that each answer you give or check is documented on your application form. If you have already submitted your application, write the additional information and your name and social security number on a sheet of paper, and turn it in to be used as part of your application form. **Please call (402) 471-4463 if you have any questions about this questionnaire or on adding information to your application.**

Your application for this position will not be considered complete until this Checklist is returned to:

Nebraska State Personnel
wrk4neb.dasper@nebraska.gov
301 Centennial Mall South
P. O. Box 94905
Lincoln, NE 68509-4905

Name: _____ SSN: _____

You may use additional paper to answer the questions but please be concise and to the point. Please put your name and Social Security number on each sheet. If the question calls for an answer in terms of years please round to the most appropriate number.

1. How many years of experience do you have working on juvenile cases in Nebraska as an attorney?
2. How many termination of parental rights cases have you litigated as one of the attorneys of record in the case?
3. Please describe your experience advising administrative, enforcement, or regulatory personnel regarding how to proceed in a course of action involving interpretation of the law:
4. Please describe your experience handling appeals, at any level:
5. Please describe your experience representing an administrative agency in administrative hearings or in court. Include the different types of programs that you represented and approximate years of experience:
6. Please describe your experience litigating other matters, not included in your answer to question 5:
7. Please describe your experience working with advocacy groups:
8. Please describe your experience working with upper management of an agency, Directors, a Commission, or other similar body or person: