

This completed questionnaire and your current application must be received or on file in State Personnel, 301 Centennial Mall South, P.O. Box 94905, Lincoln, NE 68509-4905, or postmarked, by **September 2, 2008**.

STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Client Intake Clerk
#254-31144, Rushville

SUPPLEMENTAL APPLICATION FORM ON ABILITIES AND EXPERIENCES

Name _____

Social Security # _____

I understand that any false information in this application will be sufficient reason for rejection of my application or termination of my employment. I herewith authorize and request each and every former employer, person, firm, corporation and educational institution to answer any and all questions that may be asked and herewith hold such persons harmless for giving any information within their knowledge or records. I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of this investigation. In addition my signature on this application form will serve as authorization to release any and all information recorded on or attached to this application to any state or federal investigative agency.

INSTRUCTIONS: This supplemental form is meant to help you provide additional information about your experiences and abilities. It is your opportunity to tell the hiring team what you know and can do in relation to this position. You will be evaluated on your experiences and education and/or training. Be sure to include paid experiences, formal training and/or education, volunteer experience(s), internships and/or practicum experiences. Be sure that any information you give can be documented on your application or resume and you are prepared to discuss and elaborate upon the information in this supplemental form in the event that you are selected for an interview.

Please indicate with a X where you first learned of this position.

Newspaper ___ **State Job Mart** ___ **Radio** ___ **Internet** ___ **State Employee** ___
Workforce Development Office ___ **Job Fair** ___ **Friend** ___ **Other** ___

Signature of Applicant: _____ **Date:** _____

THE FOLLOWING IS AN EXAMPLE HOW EACH QUESTION NEEDS TO BE ANSWERED COMPLETELY.

Education and Training: Please identify if you have education or training in each question by circling **NO** or **YES**. **NO**, refers to no education or training in this area and **YES**, indicates you have formal education or training in this area. Training can include workshops, in-services or conferences.

Work experience: For each question identify your level of work experience by circling the appropriate letter. Work experience includes paid work, internships, practicums or volunteer experiences.

A: no experience

B: less than one year experience of performing the task at least once on a monthly basis.

C: 1-3 years experience performing the task at least once a week.

D: more than 3 years experience performing the task at least once a week.

Place: For education and training list the school or training program attended. For work experience list the name of the company or organization for which you worked and your job title. You may list multiple education, training or work experiences.

Content: Briefly describe the job duties or responsibilities and/or the content of the education, training or experience.

Source: Write in the letter A for application or R for resume to indicate the main source of supporting information.

1. Performed office support functions.		
Education or training: <u>yes</u> no	Work Experience: A B <u>C</u> D	Source: R
Place: XYZ organization - Secretary.		
Content: Accomplished various clerical duties. Such as: typing documents, filing, coordinating appointments and calendars, billings, phones, mail, acting as receptionist.		

Please complete each of the following statements by describing your experience(s) that would be relevant to the Client Intake Clerk position.

1. Describe your computer experience with the following:		
A. Word processing:		
Education or training: yes no	Work Experience: A B C D	Source:
Place:		
Content:		
B. Electronic mail/Internet.		
Education or training: yes no	Work Experience: A B C D	Source:
Place:		
Content:		
C. Spreadsheet:		
Education or training: yes no	Work Experience: A B C D	Source:
Place:		
Content:		

D. Data Entry:		
Education or training: yes no	Work Experience: A B C D	Source:
Place:		
Content:		

2. Describe your experience in providing information and answering questions about office procedures, forms, services, etc.		
Education or training: yes no	Work Experience: A B C D	Source:
Place:		
Content:		

3. Describe your experience in reviewing and examining credentials, completed documents, forms, etc. for completeness, accuracy and relevancy of information.		
Education or training: yes no	Work Experience: A B C D	Source:
Place:		
Content:		

4. Describe your experience with a multi-line phone system.

Education or training: yes no Work Experience: A B C D Source:

Place:

Content:

5. Describe your experience in mail processing.

Education or training: yes no Work Experience: A B C D Source:

Place:

Content:

6. Describe your experience in conducting interviews to collect information, gain rapport and assess individual needs:

Education or training: yes no Work Experience: A B C D Source:

Place:

Content:

7. Describe your experience in greeting, screening and providing information to visitors, customers, clients, etc.

Education or training: yes no Work Experience: A B C D Source:

Place:

Content:

8. Describe your experience in scheduling appointments, group sessions and meetings between parties.

Education or training: yes no Work Experience: A B C D Source:

Place:

Content:

9. Describe the methods and/or systems you used in:

A. Sorting documents:

Education or training: yes no Work Experience: A B C D Source:

Place:

Content:

B. Filing documents:

Education or training: yes no Work Experience: A B C D Source:

Place:

Content:

10. Describe an ongoing task that you have performed using basic math skills:

Education or training: yes no Work Experience: A B C D Source:

Place:

Content:

11. Describe your experience taking minutes at work or for a volunteer organization:

Education or training: yes no

Work Experience: A B C D

Source:

Place:

Content:

12. In what languages, other than English, can you speak and write fluently?

(Examples: Spanish, Vietnamese, American Sign Language, etc.)

A. Speak

List any language(s), other than English, you can speak fluently:

B. Write

List any language(s), other than English, you can write fluently: