TELEPHONE NUMBER: _____

Nebraska Health and Human Services
Lincoln Regional Center

MENTAL HEALTH SECURITY SPECIALIST III
#255-11536
SUPPLEMENTAL QUESTIONNAIRE

NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE: _____

This information will be used to further evaluate your training and experience as it relates to the position(s) 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 must be requested in advance.

1. What is your understanding of the treatment philosophy in the Forensic Mental Health Service?

2. Describe what you think the role of the Security Specialist III would be in the Forensic Mental Health Service:

3. Describe, in detail, your working experience in the decision making process:

4. Describe your working experience in how you accept responsibility, initiative, and the willingness to learn:

5. Describe, in detail, your experience in assessing individual patients' living skill needs and suggestions for appropriate interventions:

6. Describe any experience in the development/designing of curriculum for therapeutic activities or groups:

7. Describe your experience in conducting therapeutic activities or groups. Include what types:

.8 Your treatment of patients will be seen as an example for other direct care staff. What do you see as your role in patient care?

9. Describe, in detail, your understanding and experience in regards to treatment planning:

10. Describe your experience in providing in-service training, new employee orientation, and continuing education opportunities for co-workers:

11. Describe your working experience in delegating non-clinical ward assignments and job duties:

12. How do you see this position interacting with:

    a.) Security Specialist I's and II's?

    b.) RN's?

    c.) Program Director, Program Managers, and Nurse Supervisors?

13. What knowledge, skills, and abilities do you possess that we should take into consideration?

14. Why do you want the Security Specialist III position?

15. The Registered Nurse, in charge, assigns you to inform employees of some policy changes. How do you communicate these policy changes?

16. An employee reports that a co-worker is sleeping, but when you arrive on the ward, the employee is walking around. Describe how you would handle this situation:

17. What types of duties do you prefer?

18. What types of duties do you find least desirable?

19. 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) BY **November 26, 2007**, TO:

Nebraska State Personnel
wrk4neb@notes.state.ne.us
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