

To be considered, this completed questionnaire and your current application must be on file or received in Nebraska State Personnel, 301 Centennial Mall South, P.O. Box 94905, Lincoln, NE 68509-4905 or postmarked by **March 14, 2008**.

**STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

#255-11631

SECURITY SPECIALIST II

SUPPLEMENTAL APPLICATION FORM ON ABILITIES AND EXPERIENCES

Name (print) _____ **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, 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**___ **Job Fair**___
Workforce Development Office___ **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.

Current or past job(s): 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.

Job duties: 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.

Example:

1. Nursing assistance experience.
Education or training: yes <u>no</u> Work Experience: A B <u>C</u> D Source: R
Current or past jobs: XYZ company- Certified-nursing assistance
Job duties: Worked with elderly adults on various shifts. Performed direct care duties, obtained vital signs, documented vital signs in medical charts.

Please complete each of the seven following statements by describing your experience or training that would be relevant to the Security Specialist II position.

1. Describe your experience working in a secured building or facility.
Education or training: yes no Work Experience: A B C D Source:
Current or past jobs
Job Duties

2. Describe your experience in the Human Services field working with patients, clients and/or consumers.
Education or training: yes no Work Experience: A B C D Source:
Current or past jobs:
Job duties:

3. Describe your experience in a psychiatric setting and/or working with mentally ill individuals.
Education or training: yes no Work Experience: A B C D Source:
Current or past jobs:
Job duties:

4. Describe your experience responding to a crisis situation when you had to de-escalate the situation and/or manage aggressive or resistant individuals.

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

Current or past jobs:

Job duties:

5. Describe your experience in adapting and adhering to procedures, policies, decisions or concepts with individuals, families and/or team members.

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

Current or past jobs:

Job duties:

6. Describe your experience documenting counseling, observations, actions and/or contacts in narrative form or in written reports.

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

Current or past jobs:

Job duties:

7. Describe your experience assisting clients in completing activities of daily living.

Education or training: yes no

Work Experience: A B C D

Source:

Current or past jobs:

Job duties: