

To be considered, your application and this completed Questionnaire must be received in the State Personnel Division, Department of Administrative Services, 301 Centennial Mall South, P. O. Box 94905, Lincoln, NE 68509-4905, or be postmarked, by the closing date: August 21, 2007.

NEBRASKA GAME & PARKS COMMISSION
SECRETARY II
#33-05064-4, LINCOLN

Supplemental Questionnaire

Applicant Name: _____

Social Security Number: _____

INSTRUCTIONS:

The Supplemental Questionnaire is used to measure key knowledge, skills, and abilities required for this position. Candidates will be screened for further consideration based solely on how closely their responses on this Questionnaire match our expectations. Failure to provide any portion of the information requested on this Questionnaire will be a basis for elimination from consideration.

Each response must be supported by: specific examples of application, length of experience and/or training, and where the experience and/or training was obtained. Training refers to formal course work 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. Any experience, education or training referred to on this Questionnaire must also be documented on your application. Applicants who need accommodation in the selection process should request this in advance.

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.

Answer the following questions on the back of this questionnaire or attach a separate sheet of paper. Please feel free to handwrite your response. It is not necessary to type. Your name and Social Security number should be on each sheet you submit.

1. How many years of experience do you have as a secretary, administrative assistant, or receptionist?

2. Describe your customer service skills:

3. How many years (or months) experience do you have working with a multiple line phone system?

4. Describe your experience in working with the database software, Microsoft Access (data entry, design, how many years, etc.):

NOTE: IN ORDER FOR THIS QUESTIONNAIRE TO BE CONSIDERED COMPLETE, YOU MUST ATTACH OR INCLUDE YOUR ANSWERS AND COMPLETE ALL QUESTIONS!

I understand that this Questionnaire is part of my application for this position, and is subject to all the terms and conditions on the Application for Employment, including rejection of the application or disciplinary action if false information is found to have been provided. Your application for this position will not be considered unless this signed Questionnaire is returned to Nebraska State Personnel, 301 Centennial Mall, South, P. O. Box 4905, Lincoln, NE 68509-4905 by: **Closing Date - OPEN.**

Signature: _____ Date: _____