

To be considered, your application and this completed Questionnaire must be received in Nebraska State Personnel, 301 Centennial Mall South, P. O. Box 94905, Lincoln, NE 68509-4905, or be postmarked, by the **April 13, 2009** closing date.

**STATE OF NEBRASKA  
OFFICE OF THE CIO**

**IT BUSINESS SYSTEMS ANALYST/COORDINATOR**

#65-07181

**SUPPLEMENTAL APPLICATION QUESTIONNAIRE ON ABILITIES AND EXPERIENCES**

**Name (print)** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

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** \_\_\_ **Workforce Development Office** \_\_\_  
**State Employee** \_\_\_ **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, practicum's or volunteer experiences.

A: no experience

B: less than one year experience of performing the task at least one time per month.

C: At least one year, but less than three years of experience performing the task at least three times per month.

D: Three or more years of experience performing the task at least three times per month.

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

**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.

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

<b>1. Has at least three years of experience in emergency management, continuity of operations, or disaster recovery disciplines.</b>
Education or training: yes no      Work Experience: A B C D      Source: _____
Current or past job(s):
Job duties:

**2. Has basic knowledge of IT environments.**

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

Current or past job(s):

Job duties:

**3. Has formal training on COOP, DR and/or emergency response.**

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

Current or past job(s):

Job duties:

**4. Has knowledge of federal or national trends and requirements in emergency management and COOP work.**

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

Current or past job(s):

Job duties:

**5. Has experience presenting technical information to non-technical audiences.**

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

Current or past job(s):

Job duties:

**6. Has experience building consensus among group members to support business and technical solutions.**

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

Current or past job(s):

Job duties:

**Education or equivalent experience. Please check all that apply.**

\_\_\_\_\_ **High School diploma or G.E.D.**

\_\_\_\_\_ **Bachelor's degree with coursework related to IT and/or emergency management.**