

To be considered, this completed questionnaire and your current State application form 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 the **OPEN** closing date.

STATE OF NEBRASKA
DEPARTMENT OF ADMINISTRATIVE SERVICES
INTERNAL CONTROL SPECIALIST (Auditor)

#65-22411-10

SUPPLEMENTAL APPLICATION FORM 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** ___ **State Employee** ___
Workforce Development Office ___ **Job Fair** ___ **Friend** ___ **Other** ___

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

THE FOLLOWING IS AN EXAMPLE OF 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

C: 1-3 years experience

D: more than 3 years experience

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.

Please complete each of the following 5 statements by describing your experience(s) that would be relevant to the Internal Control Specialist position.

1. Prepared or reviewed accounting transactions on Enterprise Resource Planning (ERP) systems or alternate accounting systems.
Education or training: yes no Work Experience: A B C D Source: ____
Current or past job(s):
Job duties:

2. Analyzed accounting transactions, reports, or data on ERP systems or alternate accounting systems.
Education or training: yes no Work Experience: A B C D Source: ____
Current or past job(s):
Job duties:

3. Documented accounting procedures and/or policies OR developed audit work papers.

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

Current or past job(s):

Job duties:

4. Developed and/or presented one-on-one or group training.

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

Current or past job(s):

Job duties:

5. Researched State and/or federal regulations.

Education or training: yes no	Work Experience: A B C D	Source: ____
Current or past job(s):		
Job duties:		

Indicate with an X each of the following software packages you have operated as a function of your current or previous positions.

_____ 6) **Microsoft Word**

_____ 7) **Excel**

_____ 8) **Nebraska Information System (NIS)**

Education. Please check if it applies.

_____ **Bachelor's degree in Accounting or Business Administration with an emphasis in Auditing/Accounting or a related field.**