APPLICATION FOR NEW YORK STATE EXAMINATIONS OPEN TO STATE EMPLOYEES

PLEASE CHECK
THE EXAM(S)
YOU ARE
APPLYING
FOR:

Direct Support Assistant

Direct Support Assistant (Spanish Language)

TRANSITION

Please read the exam announcement carefully before completing this application.

Send your	^c completed	and signed	application to
	your Pers	onnel Offic	e

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	Your Last Name	First Name	MI	Social	Security Number
PRINT	Street Number, Apt. or P.O. I	Зох		Home Phone	
PLEASE PRINT	City or Post Office	State	e Zip Code	Business Phone	
Р	E-mail Address			Cell Phone	
	Please note: Yo	ou may take these Direct Support A details on the exan	ssistant exam(s) only ONCE evo nination announcement.)	ery test form perio	d. (See
Yes If yo on 1	If yes, name and location of High our diploma is from an education i how to obtain a verification of edu	1 2	hority:		nouncement for information
Yes No Do you have a Direct Support Professional (DSP) Certificate from an accredited public or private organization? If yes, name and location of the Organization: You MUST supply a copy of the Certificate with your application.					
REA	SONABLE ACCOMMODA I require reasonable accommoda	TIONS IN TESTING ations to take this test. (See the examina	tion announcement for details.)		
FOR TRANSITION EXAMS: On or before the test date, you must have had full-time or part-time permanent or contingent permanent service in a qualifying title as specified on the examination announcement. Please provide the title, grade and dates of service for the title in which you gained qualifying experience as well as the other information requested below.					
Present Agency and Title: (whether or not it is qualifying for the exam) Qualifying Permanent Title and Grades			d Grade:		
			Dates of Qualifying Service: From: (Mo./Yr.)	To: (Mo./Yr.)	
FOR ADDITIONAL LANGUAGE PARENTHETIC TITLES: In order to provide the best service to those individuals for whom English is not a primary language, additional language-specific positions may be created during the life of the list. If you are interested in a language-specific Direct Support Assistant Trainee position, indicate the language(s) in which you are fluent:					
	French Creole	Korean Russian	Chinese	American Sign Language	Other (specify)
A med You w PERS The in purpos	lical examination and physical agilit, vill be required to be cleared through SONAL PRIVACY PROTEC iformation which you are providing se of determining the eligibility of a	NGERPRINTING AND BACKO y test will be required for appointment. the New York State Child Abuse Regis CTION LAW NOTIFICATION on this application is being requested applicants to participate in the examinat otection law, particularly subdivisions	stry and the Medicaid Fraud Preven pursuant to Section 50(3) of the N tion(s) for which they have applied	tion and Detection D www.York State Civil . This information w	Service Law for the principal ill be used in accordance with
applic Privac	ation. This information will be ma by Protection Law, call (518) 457-93	intained by the Office for People Wit 75. For examination information, call (5	th Developmental Disabilities. For 518)457-2487; or toll free at 1-877-	further information,	
NOTE: Have you provided all requested information? An incomplete application may be disapproved.					
I affirm under penalties of perjury that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.					
	Signature of App	Dicant Date	Please print any other 1	ast name by which you ar	e or have been known

Please continue application on Side/Page 2

EXTRA CREDITS FOR WAR TIME VETERANS

Direct Support Assistant Direct Support Assistant (Spanish Language)

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this section of credits as a n obtain a pern additional dis documentation that veteran	of the applicat non-disabled v nanent appoint sabled veteran on which will credits do not	tion to ensure that appropriate points are addiveteran; candidates who also answer "YES" to tment to a position in New York State or Loca a credits by answering "YES" to BOTH quest be verified at time of interview. Candidates factorease one's reachability for appointment	credits as either a non-disabled veteran or a disabled veteran. ed to passing examination scores. Veterans who answer "YI o question 4 may receive tentative disabled veteran credits. If al Government, and subsequent to appointment, were certified ions 5a AND 5b in this section. NOTE: All veterans claimin ound ineligible for such credit will have the points subtracted from an eligible list, the use of veteran credits for such app sed to receive a permanent appointment as provided by the Net	ES" to questions 1, 2, AND 3 may receive tentative you previously used non-disabled veteran credits to as a disabled veteran, you may be eligible to receive ng extra credit will be required to produce eligibility from their examination score(s). If it is determined ointment will be waived, and veteran credits can be	
COMPLET	TE THIS SE	CTION ONLY IF YOU: Wish to claim	War Time Veteran Credits, AND have not used DISAB	LED veteran credits for a permanent	
appointmen 1. Yes	t to a position No		:. dy received a discharge which was honorable or release un plied to or been approved by the New York State Division		
		Restoration of Honor Act? The "Armed For components thereof, and the National Guar basis other than active duty for training put	brces of the United States" means the Army, Navy, Marine ad when in the service of the United States pursuant to call a	Corps, Air Force and Coast Guard, including all as provided by Law, on a full-time active duty	
2. Yes	No	 of War periods? In the Armed Forces: Aug. 2, 1990 until the Persian Gulf hostilities end Feb. 28, 1961 to May 7, 1975 June 27, 1950 to Jan. 31, 1955 Dec. 7, 1941 to Dec. 31, 1946 	 or earned the Armed Forces, Navy, or Marine Corps expeditionary medal for service in: (Panama) Dec. 20, 1989 to Jan. 31, 1990 (Lebanon) June 1, 1983 to Dec. 1, 1987 (Grenada) Oct. 23, 1983 to Nov. 21, 1983 	 or in the U.S. Public Health Service: June 26, 1950 to July 3, 1952 July 29, 1945 to Sept. 2, 1945 	
3. Yes	No	Are you a United States citizen or an alien lawfully admitted for permanent residence?			
4. Yes	No	Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above.			
5a. Yes	No	Have you USED NON-DISABLED veteran credits for a permanent appointment to a position in New York State or Local Government? If you answered "Yes" to "5a" above, you must answer "5b":			
5b. Yes	No	After you were permanently appointed u disability rated at 10% or more by the U.	sing non-disabled veteran credits, were you subsequent . S. Department of Veterans Affairs?	ly certified as having a service connected	

New York State Residency Requirement for Extra Credits as a War Time Veteran or Disabled Veteran: You will be required to provide proof of current New York State residency at time of appointment.

It is the policy of the State of New York to provide for and promote equal opportunity employment, compensation, and other terms and conditions of employment without unlawful discrimination on the basis of age, race, color, religion, disability, national origin, gender, sexual orientation, veteran or military service member status, marital status, domestic violence victim status, genetic predisposition or carrier status, arrest and/or criminal conviction record, or any other category protected by law, unless based upon a bona fide occupational qualification or other exception.

It is the policy of New York State Department of Civil Service to provide qualified persons with disabilities equal opportunity to participate in and receive the benefits, services, programs and activities of the Department, and to provide such persons reasonable accommodations and reasonable modifications as are necessary to provide such equal opportunity, including accommodations in the examination process. Further, it is the policy of the Department to provide reasonable accommodations for religious observance or practice.