

**APPLICATION FOR NYS EXAMINATIONS  
OPEN TO THE PUBLIC**

Send Completed Application to: Mail your Application and Supplement to the facilities where you wish to work. See page 3 on the Supplemental Questionnaire for a listing of facilities.

Exam No.	Title	Score
20-195	Medical Technologist 1	

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address: No., Street, Apt., or P.O. Box \_\_\_\_\_

City or Post Office \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

**PERSONAL PRIVACY PROTECTION LAW NOTIFICATION**  
The information which you are providing on this application is being requested pursuant to Section 50.3 of the New York State Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination(s) for which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disapproval of the application. This information will be maintained by the facility where you send your application. For further information, relating only to the Personal Privacy Protection Law, call (518) 457-9375. **For examination information on this examination, call the facility where you send your application.**

**EXTRA CREDITS FOR WAR TIME VETERANS**

**COMPLETE THIS SECTION ONLY IF YOU:** Wish to claim War Time Veteran Credits, **AND** have not used **DISABLED** veteran credits for a permanent appointment to a position in New York State or Local Government.

Answering questions in this section means that you are requesting extra credits as either a non-disabled veteran or a disabled veteran. All veterans are encouraged to answer questions in this section of the application to ensure that appropriate points are added to passing examination scores. Veterans who answer "YES" to questions 1, 2, AND 3 may receive tentative credits as a non-disabled veteran; candidates who also answer "YES" to question 4 may receive tentative disabled veteran credits. If you previously used non-disabled veteran credits to obtain a permanent appointment to a position in New York State or Local Government, and subsequent to appointment, were certified as a disabled veteran, you may be eligible to receive additional disabled veteran credits by answering "YES" to BOTH questions 5a AND 5b in this section. NOTE: All veterans claiming extra credit will be required to produce eligibility documentation which will be verified at time of interview. Candidates found ineligible for such credit will have the points subtracted from their examination score(s). If it is determined that veteran credits do not increase one's reachability for appointment from an eligible list, the use of veteran credits for such appointment will be waived, and veteran credits can be claimed for future civil service examinations until such time as they are used to receive a permanent appointment as provided by the New York State Constitution.

1. Yes No Do you expect to receive or have you already received a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States; or have you applied to or been approved by the New York State Department of Veterans' Services as a veteran pursuant to the Restoration of Honor Act? The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by Law, on a full-time active duty basis other than active duty for training purposes.
2. Yes No Are you now serving, or have you served, on an active duty basis other than active duty for training purposes during one or more of the following **Time 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 using non-disabled veteran credits, were you **subsequently** certified as having a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs?

**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.

**ELIGIBILITY FOR EMPLOYMENT**

You must be legally eligible to work in the United States at time of appointment and throughout your employment with New York State. If appointed, you must produce documents that establish your identity and eligibility to work in the United States, as required by the Federal Immigration Reform and Control Act of 1986, and the Immigration and Nationality Act.

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.

**X**

\_\_\_\_\_  
Signature of Applicant Date Please print any other last name by which you are or have been known.

**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.**

SOCIAL SECURITY NUMBER
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SOCIAL SECURITY NUMBER

**CONTINUOUS RECRUITMENT EXAMINATION NO. 20-195  
EDUCATION AND EXPERIENCE SUPPLEMENT  
FOR MEDICAL TECHNOLOGIST 1**

**This is an education and experience examination. Your rating will be based on a review of your responses to this supplement. All information provided is subject to verification.**

**There is no application fee for this examination.**

**INSTRUCTIONS**

1. **Please print clearly in ink.**
2. Answer all questions on this questionnaire and application form NYS-APP-3 #20-195 (attached) completely and accurately. Incomplete information may result in a lower score or disqualification. Retain a copy of the completed supplemental questionnaire for your records.
3. You may submit your resume in addition to this application, but you must still complete all parts of the application without reference to the resume.
4. Your degree and/or college credits must have been awarded from a regionally accredited college or university or one recognized by the New York State Education Department as following acceptable educational practices. If your degree and/or college credit was awarded by an educational institution outside the United States and its territories, you must provide independent verification of equivalency. You can write to the address below for a list of acceptable companies who provide this service or this information can be found on the Internet at: <http://www.cs.ny.gov/jobseeker/degrees.cfm>. You must pay the required evaluation fee.
5. Mail this application form NYS-APP-3 #20-195 and SUPP #20-195 to the facilities where you wish to work (see the attached list).
6. Retest Policy – You may reapply for this exam after one year.
7. Appropriate part-time and volunteer experience, which can be verified, will be accepted on a prorated basis.

**ADDITIONAL EXAMINATION CREDITS PURSUANT TO CIVIL SERVICE LAW SECTION 85-a**

If you are a child of a police officer or firefighter who was killed in the line of duty in the service of New York State, you may be entitled to additional examination credits pursuant to Civil Service Law Section 85-s. For further information, please contact the Department of Civil Service at (518) 473-8893.

**I. ACADEMIC RECORD**

A. Indicate any degrees received or expected to be received.

College, University, Professional or Technical Schools	Semester Credits Received	Quarter Hours Received	Type of Degree Received	Major Subject or Type of Course	Did You Graduate	If not, Degree Expected
Name					Yes No	MO.   YR.
Address (City, State)						
Name					Yes No	MO.   YR.
Address (City, State)						

College, University, Professional or Technical Schools	Semester Credits Received	Quarter Hours Received	Type of Degree Received	Major Subject or Type of Course	Did You Graduate	If not, Degree Expected
Name					Yes No	MO.   YR.
Address (City, State)						
Name					Yes No	MO.   YR.
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EDUCATION AND EXPERIENCE SUPPLEMENT  
FOR MEDICAL TECHNOLOGIST 1**

**II. LICENSE OR CERTIFICATION**

Please provide the following information for any professional licenses or certifications you possess. Attach additional sheets if necessary.

Trade or Profession	License Number	Date License First Issued	Registration MO. YR. MO. YR. FROM TO	If you are not currently licensed, check this box:
Specialty	Granted by (licensing agency)			

Trade or Profession	License Number	Date License First Issued	Registration MO. YR. MO. YR. FROM TO	If you are not currently licensed, check this box:
Specialty	Granted by (licensing agency)			

**III. DESCRIBE YOUR EXPERIENCE:**

Beginning with your most recent, list all employment, military service, or volunteer experience that shows you meet the minimum qualifications for the examination(s). We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. Do not send your resume. Under DUTIES describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision.

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM TO	FIRM NAME	ADDRESS	CITY AND STATE
YOUR EXACT TITLE	DUTIES:		
NAME OF YOUR SUPERVISOR			
TELEPHONE NUMBER			
AVERAGE # HOURS/WEEK			

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM TO	FIRM NAME	ADDRESS	CITY AND STATE
YOUR EXACT TITLE	DUTIES:		
NAME OF YOUR SUPERVISOR			
TELEPHONE NUMBER			
AVERAGE # HOURS/WEEK			

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM TO	FIRM NAME	ADDRESS	CITY AND STATE
YOUR EXACT TITLE	DUTIES:		
NAME OF YOUR SUPERVISOR			
TELEPHONE NUMBER			
AVERAGE # HOURS/WEEK			

**USE ADDITIONAL SHEETS IF NECESSARY TO COMPLETE INFORMATION**

