

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

Send NYS Workers' Compensation Board
Completed Human Resources Management
Application to: 328 State Street
Schenectady, NY 12305-2318

Exam No.	Title
20-879	Verbatim Reporter 1

Read instructions on the exam announcement and Page 1 of SUPP #20-879 first before completing.

Last Name	First Name	MI
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Mailing Address: No., Street, Apt., or P.O. Box

City or Post Office	State	Zip Code
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Email Address

Social Security Number		
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Home Phone ()	Day Phone ()
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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 Human Resources Office, NYS Workers' Compensation Board, 328 State Street, Schenectady, NY 12305-2318. For further information, relating only to the Personal Privacy Protection Law, call (518) 457-9375. **For examination information on this examination, call (518) 474-2685.**

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.

- 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.
- 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:	or earned the Armed Forces, Navy, or Marine Corps expeditionary medal for service in:	or in the U.S. Public Health Service:
• Aug. 2, 1990 until the Persian Gulf hostilities end	• (Panama) Dec. 20, 1989 to Jan. 31, 1990	• June 26, 1950 to July 3, 1952
• Feb. 28, 1961 to May 7, 1975	• (Lebanon) June 1, 1983 to Dec. 1, 1987	• July 29, 1945 to Sept. 2, 1945
• June 27, 1950 to Jan. 31, 1955	• (Grenada) Oct. 23, 1983 to Nov. 21, 1983	
• Dec. 7, 1941 to Dec. 31, 1946		
- Yes No Are you a United States citizen or an alien lawfully admitted for permanent residence?
- 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.
- 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":
- 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				

**NEW YORK STATE
CONTINUOUS RECRUITMENT EXAMINATION NO. 20-879
FOR VERBATIM REPORTER 1**

This is a training and experience examination. Your rating will be based on a review of your responses to this questionnaire. 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 #20-879 (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 #20-879 and SUPPLEMENTAL QUESTIONNAIRE SUPP #20-879:

**NYS Workers' Compensation Board
Human Resources Management
328 State Street
Schenectady, NY 12305-2318**

6. Additional unsolicited information will not be accepted after receipt of your application.
7. Retest Policy – You may reapply for this exam every six months.
8. 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-a. For further information, please contact the Department of Civil Service at (518) 473-9592.

I. EDUCATION AND PROFESSIONAL DEVELOPMENT

- A. Do you have a degree or certificate in Court Reporting or Verbatim Reporting? Yes No
If yes, please indicate the name of the college, university, professional or technical school and you **MUST** include a copy of your certificate or documentation confirming proficiency of at least 180 words per minute.

College, University, Professional or Technical School(s)	Did You Graduate	Degree Expected
Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	MO. YR. /

- B. Are you a Certified Registered Professional Reporter (RPR)? Yes No
If yes, you **MUST** include a copy of your certificate.

_____ SOCIAL SECURITY NUMBER

**NEW YORK STATE
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FOR VERBATIM REPORTER 1**

II. WORK EXPERIENCE

Please complete all fields that pertain to you and describe in detail. Failure to complete the sections completely may result in a lower score.

A. Do you have experience in Supreme, Federal, County, or City Courts? Yes No

If yes, please indicate the name of the court where you worked, the type of court, and the amount of time you worked, including the number of hours per week.

Court Name	Name of Supervisor and Telephone Number	Type of Court (Supreme, Federal, County, or City)	Years	Months	Hours per week

Please explain your duties in detail below:

DUTIES:

B. Do you have experience in pre-hearings, trials, Grand Jury, or Town Justice courts? Yes No

If yes, please indicate the name of the court where you worked, the type of court, and the amount of time you worked, including the number of hours per week.

Court Name	Name of Supervisor and Telephone Number	Type of Court (Pre-hearing, trials, Grand Jury or Town Justice)	Years	Months	Hours per week

Please explain your duties in detail below:

DUTIES:

SOCIAL SECURITY NUMBER		

**NEW YORK STATE
CONTINUOUS RECRUITMENT EXAMINATION NO. 20-879
FOR VERBATIM REPORTER 1**

II. WORK EXPERIENCE (continued)

C. Do you have experience in general court reporting*? Yes No

* **NOTE:** General court reporting includes experience NOT performed in a court room. General Court reporting includes Examination Before Trial, depositions, meetings or public hearings.

If yes, please indicate the name of the organization where you obtained this experience, and the amount of time worked including the number of hours per week.

Organization Name	Name of Supervisor and Telephone Number	Type of General Court Reporting (Examination Before Trial, depositions, meetings, public hearings)	Years	Months	Hours per week

Please explain your duties in detail below:

DUTIES:

D. Do you have experience in Real-time Court Reporting*? Yes No

* **NOTE:** Real-time Court Reporting is defined as transcription and translation occurring simultaneously.

If yes, please indicate the name of the organization where you obtained this experience, and the amount of time worked including the number of hours per week.

Organization Name	Name of Supervisor and Telephone Number	Type of General Court Reporting (Examination Before Trial, depositions, meetings, public hearings)	Years	Months	Hours per week

Please explain your duties in detail below:

DUTIES:

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**NEW YORK STATE
CONTINUOUS RECRUITMENT EXAMINATION NO. 20-879
FOR VERBATIM REPORTER 1**

II. WORK EXPERIENCE (continued)

E. Do you have experience using Computer-aided Transcription (Case Catalyst)? Yes No

If yes, please indicate the name of the organization where you obtained this experience, and the amount of time worked including the number of hours per week.

Organization Name	Name of Supervisor and Telephone Number	Years	Months	Hours per week

Please explain your duties in detail below:

<p>DUTIES:</p>

F. Do you have experience reporting and transcribing of medical testimony? Yes No

If yes, please indicate the name of the organization where you obtained this experience, and the amount of time worked including the number of hours per week.

Organization Name	Name of Supervisor and Telephone Number	Years	Months	Hours per week

Please explain your duties in detail below:

<p>DUTIES:</p>

USE ADDITIONAL SHEETS IF NECESSARY TO COMPLETE INFORMATION

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G. Do you have experience reporting and transcribing Workers' Compensation Depositions? Yes No

If yes, please indicate the name of the organization where you obtained this experience, and the amount of time worked including the number of hours per week.

Organization Name	Name of Supervisor and Telephone Number	Years	Months	Hours per week

Please explain your duties in detail below:

DUTIES:

USE ADDITIONAL SHEETS IF NECESSARY TO COMPLETE INFORMATION

ADDITIONAL QUESTIONS

If you answer YES to any of these questions, please provide an explanation in the REMARKS section provided below:

1. Yes No Were you ever discharged from any employment except for lack of work, funds, disability or medical condition?
2. Yes No Did you ever resign from any employment rather than face a dismissal?

REMARKS: