

APPLICATION FOR NYS EXAMINATIONS

Send Application Processing
Completed New York State Department of Civil Service
Application to: Alfred E. Smith State Office Building
Albany, NY 12239

Read Instructions on Page 4 First - Please Print Clearly

Announced Mo. Day Yr. You must file a separate application for each different test date.
Test Date: / /

Exam No(s).	Titles(s)

Last Name First Name MI

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

City or Post Office State Zip Code

Social Security Number

Home Phone Day Phone () ()

RELIGIOUS ACCOMMODATION
 I cannot be tested on the scheduled test date due to a conflict with a religious observance or practice. (See Page 4.)

REASONABLE ACCOMMODATIONS IN TESTING
 I require reasonable accommodations to take this test. (See Page 4.)

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 identify 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.

For Civil Service Use Only
 W G U

STUDENT LOANS

Yes No Have you any loans made or guaranteed by the NYS Higher Education Services Corporation which are currently outstanding?
Yes No If so, are you currently in default on any such loan?

ADDITIONAL QUESTIONS FOR OPEN-COMPETITIVE APPLICANTS ONLY:

Yes No Were you ever discharged from any employment except for lack of work for funds, disability or medical condition?
Yes No Did you ever resign from any employment rather than face discharge?
Yes No Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions?
Yes No Have you ever been convicted of any crime (felony or misdemeanor)?
Yes No Are you now under charges for any crime?

If you answered YES to any of these questions, provide details under REMARKS on Page 3. Your failure to answer any of these questions or to provide details will significantly delay any determination concerning your qualifications and may deprive you of potential employment opportunities.

NON-REFUNDABLE PROCESSING FEE Please read exam announcement and information on Page 4.

Check One I have enclosed the fee. (Enclose a check or money order payable to the NYS Department of Civil Service). DO NOT SEND CASH.
No Fee Is Due Because: I am a NY State employee and my fee is paid by my union for an **open-competitive** examination. (CSEA Negotiating Units 02, 03, 04 or 47)
 I am unemployed and primarily responsible for the support of a household.
 I am receiving public assistance as described on Page 4.

(The Fee will NOT BE REFUNDED if your application is 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.

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

DO NOT COMPLETE THIS SECTION UNLESS YOU:

- 1. Wish to claim War Time Veterans Credits, AND
- 2. Have NOT used veterans credits for appointment to a position in NY State or Local Government.

EXTRA CREDITS FOR WAR TIME VETERANS YOUR ANSWERS MUST BE 'YES' TO BE ELIGIBLE FOR ADDITIONAL CREDITS.

Yes No I expect to receive or have already received, a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States. 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 I am now serving, or have 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 to the date when the **Persian Gulf hostilities** ends;
• 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, 1954 to Sept. 2, 1945.
Yes No I am a United States citizen or an alien lawfully admitted for permanent residence.

To claim additional credits as a Disabled Veteran, you must also answer YES to this question:
Yes No I have a service connected disability rated at 10% or more by the US Department of Veterans Affairs. This disability was incurred during a "Time of War" period listed above.
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 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 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, or arrest and/or criminal conviction record 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 observers.

YOUR EDUCATION:

Read the exam announcement for educational requirements, if any. If specialized coursework is required, attach a copy of the transcript or a list of the required courses and the number of credit hours you completed.

Do you have a High School or Equivalency Diploma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Name and location of High School or Issuing Governmental Authority:					
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	Degree Expected	
Name					<input type="checkbox"/> Yes <input type="checkbox"/> No	MO. YR. /	
Address (City, State)							
Name					<input type="checkbox"/> Yes <input type="checkbox"/> No	MO. YR. /	
Address (City, State)							

LICENSE OR CERTIFICATION:

Complete the following if a license, certificate or other authorization to practice a trade or profession is required on the announcement(s).

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

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
EARNINGS (CIRCLE ONE) \$/WK./MO./YR.	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime):			
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (CIRCLE ONE) \$/WK./MO./YR.	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime):			

BE SURE TO READ THE REQUIRED QUALIFICATIONS ON THE EXAMINATION ANNOUNCEMENT(S)
ALL STATEMENTS ARE SUBJECT TO VERIFICATION

Application for NYS Examinations

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EARNINGS (CIRCLE ONE) \$ /WK./MO./YR.	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
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TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime):			

REMARKS:

EXAMINATION APPLICATION

Use this form to apply for all New York State Civil Service examinations (the five-digit examination number). Read each exam announcement carefully to be sure that you meet the Minimum Qualifications.

You must file a separate application for each different test date. You may list up to five exam numbers on one application, as long as they are all being held on the same date.

Unless the exam announcement has different instructions, mail your application (and the required processing fee, if any) to Application Processing, NYS Department of Civil Service, Alfred E. Smith State Office Building, Albany, NY 12239.

ADMISSION TO EXAMINATION

We usually review your application before the test to be sure that you qualify. Generally we will advise you if we need more information. You may be admitted to the test pending a full review of your application. If you take the test but your application is disapproved later, you will not receive a test score. If your application is disapproved, we will notify you of the reason.

If you are applying for a written test and you do not receive an admission notice from us at least three days prior to the test date, immediately call (518) 474-6470 in the Albany area, or toll free at 1-877-697-5627 (press 2, then press 1).

PLACE OF EXAMINATION

Unless the exam announcement states otherwise, written tests are held in the following locations, although some may not be open for every examination. You will be assigned to the nearest **OPEN** location based on the postal ZIP code for your mailing address.

Albany	Kingston	Rochester
Amsterdam	Middletown	Saranac Lake
Binghamton	New York City (Manhattan)	Syracuse
Buffalo	Nyack	Utica
Fredonia	Port Jefferson	Watertown
Hicksville	Poughkeepsie	

Oral tests are usually held in Albany only.

RELIGIOUS ACCOMMODATIONS

Most written tests are held on Saturdays. If you cannot take the test on the announced test date due to a conflict with a religious observance or practice, check the box under "Religious Accommodation." We will make arrangements for you to take the test on a different date (usually the following day).

REASONABLE ACCOMMODATIONS IN TESTING

We provide reasonable accommodations for persons with disabilities to take a test. If you need a reasonable accommodation, check the box, "I require reasonable accommodations to take this test." On or before the last date for filing applications, write to the Department of Civil Service or call (518) 457-2487 (press 2, then press 2) (in the Albany area) or 1-877-697-5627 (outside of the Albany area) and describe the accommodation you need. For TDD services, call NY Relay at 711 (requires a fee) or 1-800-662-1220.

NON-REFUNDABLE PROCESSING FEE

Refer to the front of the exam announcement for the required processing fee. Enclose a check or money order for the total amount required, made payable to the New York State Department of Civil Service. **DO NOT SEND CASH.** If your application is disapproved, the fee will not be refunded. Check the box, "I have enclosed the fee."

If you are a NYS employee in a position represented by CSEA and you are applying for an **OPEN-COMPETITIVE** examination, you are not required to submit a processing fee under current negotiated agreements. Check the box "I am a NYS employee and my fee is paid by my union for an **open-competitive** examination (CSEA Negotiating Units 02, 03, 04 or 47)." Refunds will not be issued to employees covered by the agreements if they submit a fee.

No fee is due if you are unemployed and primarily responsible for the support of a household. Do not enclose any payment with your application. Check the box, "I am unemployed and primarily responsible for the support of a household."

No fee is due if you are determined eligible for Medicaid, or receiving Supplemental Social Security payments, or Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance) or are certified Job Training Partnership Act/Workforce Investment Act eligible through a state or local social service agency. Do not enclose any payment with your application. Check the box, "I am receiving public assistance."

All claims are subject to verification. Those not supported by appropriate documentation are grounds for barring or rescinding an appointment.

EXTRA CREDITS FOR WAR TIME VETERANS

Answering these questions means that you are requesting the extra credits. Do not answer the questions if you are not a war time active duty member of the Armed Forces or a War Time Veteran or if you do not want to request the extra credits. If you are currently in the Armed Forces on full-time active duty (other than for training) or if you are a War Time Veteran or Disabled Veteran, you are eligible for extra credits added to your exam score if you pass. These extra credits can be used only once for any permanent government employment in New York State. If you want to have these extra credits added to your exam score, you must answer the questions now. You can waive the extra credits later if you wish. At the time of interview and appointment you will be required to produce the documentation, such as discharge papers, to prove that you are eligible for the extra credits.

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 for additional examination credits pursuant to Civil Service Law Section 85-a. For further information, please contact the Department of Civil Service at (518) 473-8102.

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 Director, Division of Staffing Services, Department of Civil Service, Albany, New York 12239. For further information, relating only to the Personal Privacy Protection Law, call (518) 457-9375. **(For examination information, call (518) 457-2487 (press 2, then press 3); or toll free at 1-877-697-5627 (press 2, then press 3).**

INSTRUCTIONS TO CANDIDATES

THIS INFORMATION IS BEING REQUESTED IN ACCORDANCE WITH SECTION 296(1)(d) OF THE NEW YORK STATE EXECUTIVE LAW (HUMAN RIGHTS LAW) AND WILL BE USED SOLELY FOR THE PURPOSE OF CONDUCTING STUDIES REGARDING THE DEPARTMENT OF CIVIL SERVICE EXAMINATION PROGRAM. INFORMATION THAT YOU PROVIDE WILL BE KEPT CONFIDENTIAL AND WILL ONLY BE RELEASED IN A SUMMARY STATISTICAL FORMAT. IT WILL BE USED IN ACCORDANCE WITH SECTION 96(1) OF THE PERSONAL PRIVACY PROTECTION LAW, PARTICULARLY SUBDIVISIONS (b), (e) AND (f). IT WILL BE MAINTAINED BY THE DIRECTOR, DIVISION OF DIVERSITY PLANNING AND MANAGEMENT, DEPARTMENT OF CIVIL SERVICE, ALBANY, NEW YORK 12239. FOR INFORMATION RELATING ONLY TO THIS BIO-DATA RESEARCH QUESTIONNAIRE, CALL (518) 473-1118.

COMPLETION OF THE QUESTIONNAIRE IS VOLUNTARY. YOU WILL NOT BE AFFECTED IF YOU FAIL TO PROVIDE ANY OR ALL OF THE INFORMATION. FOR FURTHER INFORMATION RELATING TO THE PERSONAL PRIVACY PROTECTION LAW ONLY, CALL (518) 457-9375.

Submit this questionnaire with an *Application for NYS Examinations Open to the Public*.

HOW TO FILL IN YOUR BIO-DATA RESEARCH QUESTIONNAIRE

Please read and follow these instructions carefully.

- Use only a number 2 pencil.
- Completely fill in the circle with dark pencil marks.
- Completely erase any marks you wish to change.
- DO NOT make any stray marks or smudges on either side of this questionnaire.

Example:

correct way ●
wrong way ⊗
wrong way ⊘
wrong way ◐

Where blank boxes appear write in the appropriate numbers and then fill in the proper circles below the boxes with dark pencil marks.

EXAMPLE:

1	4	3
0	0	0
●	1	1
2	2	2
3	3	●
4	●	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

It is the policy of the New York State Department of Civil Service to provide for and promote equal opportunity in employment, compensation and other terms and conditions of employment without discrimination on the basis of age, race, creed, color, national origin, gender, sexual orientation, disability, marital status, military status, or genetic predisposition or carrier status.

It is the policy of the Department of Civil Service to provide qualified individuals with disabilities with equal employment opportunity and an equal opportunity to participate in and receive the benefits of the services, programs and activities of the Department. Additionally, it is the policy of the Department to provide qualified individuals with disabilities with reasonable accommodations and modifications as are necessary to enjoy such equal opportunities.

SOCIAL SECURITY NUMBER

WRITE YOUR SS NO. HERE →									
FILL IN THE CORRESPONDING CIRCLE BELOW EACH NUMBER	0	0	0	0	0	0	0	0	0
	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2
	3	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4	4
	5	5	5	5	5	5	5	5	5
	6	6	6	6	6	6	6	6	6
	7	7	7	7	7	7	7	7	7
	8	8	8	8	8	8	8	8	8
	9	9	9	9	9	9	9	9	9

SEX	Female	Male
	<input type="radio"/>	<input type="radio"/>

FILL IN THE *ONE* CIRCLE THAT DESCRIBES YOUR ETHNIC ORIGIN:

- White**—(not of Hispanic origin)—A person who has origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black**—(not of Hispanic origin)—A person who has origins in any of the black racial groups of Africa.
- Hispanic**—A person of Puerto Rican, Mexican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander**—A person who has origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- American Indian or Alaskan Native**—A person who has origins in any of the original peoples of North America and who maintains tribal affiliation or community recognition.