**CONTINUOUS RECRUITMENT**
**TRANSITION EXAMINATION**

APPLICATIONS ACCEPTED CONTINUOUSLY TESTS HELD PERIODICALLY

Examination No. & Title | Salary | Grade | Beginning Salary
---|---|---|---
10-026 Developmental Disabilities Secure Care Treatment Aide Trainee | Equated to G-10* | | $37,366
10-027 Developmental Disabilities Secure Care Treatment Aide Trainee (Spanish Language) | Equated to G-10* | | $37,366

No Application Processing Fee Required.

Open to all qualified employees of the New York State Office For People With Developmental Disabilities.

*As a Developmental Disabilities Secure Care Treatment Aide Trainee, you would participate in a traineeship ranging from 9 to 15 months depending on your ability to demonstrate competency in certain critical performance areas of consumer care. The traineeship includes a wide range of learning experiences in the provision of care for individuals diagnosed with developmental disabilities in a secure setting. You will be required to successfully complete all mandated trainings. At the successful completion of your traineeship, you will advance without further examination to Grade 11 (Beginning Salary $37,998). An appointee not meeting required standards can be terminated at any time after the initial four (4) weeks and before completion of the traineeship.

**MINIMUM QUALIFICATIONS TO PARTICIPATE IN THIS EXAMINATION:** On or before the date of filing your application, you must be a qualified employee of the New York State Office for People With Developmental Disabilities (OPWDD) and have had one year of permanent competitive, non-competitive, labor, or 55-b/55-c service in a position allocated to Grade 3 or higher; **AND** you must have:

Either 1. graduated from high school or have earned a high school equivalency diploma (such as a GED) or higher;**

Or 2. a Direct Support Professional (DSP) Certificate from an accredited public or private organization.***

**You must include the name and location of the high school or governmental authority that granted the diploma in the “Education” Section of your application.

***You must include the name and location of the organization that granted the DSP Certificate in the “Education” Section of your application and you MUST supply a copy of the Certificate with your application.

There will be a written test administered in English only, which you must pass. If you pass the written test, you must meet the QUALIFICATIONS FOR APPOINTMENT.

In accordance with Section 52.11 of the Civil Service Law, individuals serving permanently in the non-competitive or labor class in a qualifying title (including those serving under Section 55-b/55-c) who otherwise meet the requirements for taking this examination are eligible to compete in this transition examination.

**QUALIFICATIONS FOR APPOINTMENT:**

1. **License Requirement:** You must possess a valid license to operate a motor vehicle in New York State at the time of appointment and continuously thereafter.

2. **Physical/Medical Requirements:** Your physical and medical condition will be evaluated to ensure that you are able to satisfactorily perform the duties of the position with or without reasonable accommodation. A complete statement of the physical and medical standards is available at: [http://www.cs.ny.gov/ehs/forms.cfm](http://www.cs.ny.gov/ehs/forms.cfm). A medical examination will be required prior to appointment, and you are responsible for payment of the clinical laboratory test fee. Please note that the medical examination includes psychological and drug screening. Appointees to this position may be required to undergo periodic medical examinations to reassess their ability to perform the essential duties of the position.

3. **Background Investigation/Justice Center Review:** The names of all prospective employees will be:

   - Checked against the Staff Exclusion List (SEL) maintained by the Justice Center for the Protection of People with Special Needs. Prospective employees whose names appear on the SEL as having been found responsible for serious or repeated acts of abuse or neglect will be barred from appointment and may have their names removed from the eligible list(s) for the title(s);
   - Investigated through a Criminal Background Check (CBC). All convictions must be reported. Conviction of a felony or misdemeanor or any falsified or omitted information may bar appointment or result in removal after appointment. Each case will be determined on its own merits, consistent with the applicable provisions of state and federal laws;
   - and may be:

   - Screened against the Statewide Central Register of Child Abuse and Maltreatment (SCR). Prospective employees whose names appear on the SCR may be barred from appointment. (NY Social Services Law, Section 424a.)

   You will be responsible for payment of all required fees.

4. **Medicaid and Medicare:** In order to be eligible for appointment and to maintain employment, you cannot be listed as an excluded individual or entity on any of the Federal and/or State Medicaid and Medicare exclusion lists (or excluded from any other Federal or Federally assisted program). If you are appointed and subsequently listed as an excluded individual or entity on any of these lists (or excluded from any other Federal or Federally assisted program), you may be terminated from your employment.

**NOTES:**

1. Your high school diploma or equivalency diploma must have been awarded by a high school or educational institution recognized by the NYS Education Department as following acceptable educational practices. If your high school diploma 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 Examination Information Desk of the NYS Department of Civil Service for a list of acceptable companies who provide this service. This information can also be found on the Internet at [http://www.cs.ny.gov/jobseeker/degrees.cfm](http://www.cs.ny.gov/jobseeker/degrees.cfm). You must pay the required evaluation fee.

S1/TB3 MXL-via

Please visit our website at [http://www.cs.ny.gov/exams](http://www.cs.ny.gov/exams) for more information

Issued: 9/17
NOTES (continued):
2. This examination uses the same test as the Direct Support Assistant Trainee examination. A candidate cannot be tested more than once during the same test form period. Each test form period runs from September 1st through August 15th of the following year. If you take the test more than once during the same test form period, you will not receive a score for the second test.
3. If you are successful on this examination, your name will be placed on both the transition and open-competitive lists used by your OPWDD facility. You may request that your score be transferred to Developmental Disabilities Secure Care Treatment Aide Trainee and Direct Support Assistant Trainee transition and/or open-competitive lists at other OPWDD facilities. Instructions on how to have your score transferred will appear on your written test score notice.
4. Language Proficiency: If you are considered for appointment to a language parenthetic position, you will be required to pass a performance test to demonstrate your proficiency in the language. Proficiency must be at a level that will ensure your ability to properly perform the duties of the position. If other language parenthetic positions are established, the examination for Nos. 10-026 and 20-151, Developmental Disabilities Secure Care Aide Trainee will be used to fill those positions.

SUBJECT OF EXAMINATION: There will be a written test which you must pass in order to be considered for appointment. The written test is designed to test for knowledge, skills, and/or abilities in such areas as:
1. Dealing with daily situations in an OPWDD setting – These questions test for the ability to apply common sense in dealing with daily situations encountered by direct care staff in OPWDD settings. No specific knowledge or training is needed to answer these questions.
2. Observing and recording situations of daily living – These questions test for the ability to accurately observe and record situations of daily living. Candidates will be given a brief description of a situation of daily living, followed by a number of sentences. Candidates must indicate whether or not the sentences factually and accurately describe the situation presented.
3. Understanding and applying written instructional material – These questions test for the ability to understand and apply written instructional materials. Each question has two parts. The first part presents a short piece of instructional information. The second part describes a related situation. For each question, candidates must pick the one best answer based on the instructional material and the situation presented.
4. Arithmetic for daily living – These questions test for the ability to use basic arithmetic in daily living situations encountered by direct care staff in OPWDD settings. The situations involve the application of simple addition, subtraction, multiplication, or division, as well as interpreting information from simple tables, to answer the problems presented.

If you pass, your seniority credit(s), if any, will be included in the computation of your final score. Rank on the eligible list will be determined after adding any wartime veterans' credits to your final passing score.

CREDIT FOR SENIORITY: Seniority is credited at the rate of one credit for each five-year period (or fraction thereof) excluding the first year of service.

DUTIES: As a Developmental Disabilities Secure Care Treatment Aide Trainee, you would assist in the habilitation and care of individuals with developmental disabilities living in an OPWDD secure unit. These individuals may exhibit criminal and offending behaviors, have severely deviant behaviors, and/or be dangerous to themselves or others. You would be responsible for providing these individuals with a safe and secure environment and assisting in the implementation of their habilitation plan. You must be able to stand, bend, stretch, lift, and participate in physical interventions.

THE POSITIONS: These positions are located only in intensive treatment units in certain facilities operated by OPWDD. Important: OPWDD may communicate with you through email correspondence. This may include the notification of your examination results and canvassing you for interest in appointment. It will be important for you to keep your email address, phone number, and mailing address current by contacting your Personnel Officer.

HOW & WHERE TO APPLY: If you wish to apply for this examination, complete the attached Transition Examination Application Form NYS-App#4, 10-026 & 10-027. Return your completed application to your Personnel Office.
Within OPWDD, facilities have varying ongoing needs for persons qualified for appointment to these positions. Facilities with accept applications at any time and will schedule the written test whenever additional eligible are needed. It is anticipated that the examinations will be held on a periodic basis throughout the year. For the testing schedule and other information about this examination, contact the personnel office of the facility where you wish to be tested.

RETEST POLICY: Qualified candidates may file as frequently as once a year, but a new application is required each time.

INFORMATION FOR CANDIDATES
NEW YORK STATE IS AN EQUAL OPPORTUNITY EMPLOYER: It is the policy of the state of New York to provide for and promote equal opportunity in 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 unless based upon a bona fide occupational qualification or other exception.

RELIGIOUS ACCOMMODATION: 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: It is the policy of the Department of Civil Service, in accordance with the New York State Human Rights Law and the Americans with Disabilities Act, to provide qualified persons with disabilities equal employment opportunity and equal opportunity to participate in and receive the benefits, services, programs, and activities of the Department. It is the policy of the Department to provide such persons reasonable accommodations and reasonable modifications as are necessary to provide equal opportunity. Persons with disabilities who require an accommodation to participate in an examination must note this on their application. Further information is available from the Test Administration Unit of the Department of Civil Service. In the Albany area, call 518-475-2467. Outside of the Albany area, call toll free at 1-877-697-5627. For TDD services, call NY Relay at 711 (requires a fee) or 1-800-662-1220.

NEW YORK STATE RESIDENCE IS NOT REQUIRED FOR MOST POSITIONS: However, you must be eligible for employment in the United States.

ADMISSION TO EXAMINATION: Notice to appear for the test may be conditional as review of applications may not be made until after the test. If you have not received your notice to appear for the written test three days before the date of the test, call 518-474-6470 in the Albany area or toll free at 1-877-697-5627.

MULTIPLE EXAMINATIONS SCHEDULED FOR THE SAME DAY: If you have applied to take a written test announced by either one or several local jurisdictions (county, town, city) scheduled to be held on the same test date as this written test, you must notify each of the local jurisdictions no later than two weeks before the test date to make arrangements to have your test at another test site. All tests will be held at the state examination center. For your convenience, contact information for all local civil service agencies is available on our website at: http://www.cs.ny.gov/jobseeker/local.cfm.

ELIGIBILITY FOR EXAMINATION: To be considered a qualified employee eligible to compete in this examination, you must be employed in, or on leave from, the specified department or agency on a permanent or contingent permanent basis in the competitive class, or in the non-competitive class or labor class if specifically noted on this announcement (or be on an appropriate preferred list), and have the specified time in the specified title or salary grade. You may not compete in a test for a title if you are permanently employed in that title (unless you are still on probation) or in a higher direct line of promotion.

CONTINUOUS RECRUITMENT/ELIGIBLE LISTS: Candidates who meet the qualifications and pass this examination will have their names placed on the eligible list in the order of final scores, regardless of the date on which they filed or took the test. Generally, the names of qualified candidates will remain on the eligible list for two years. Appeal of denial of eligibility as the result of this examination is permitted. The Department of Civil Service reserves the right to terminate this special recruitment program.

CELL PHONES OR ELECTRONIC/COMMUNICATION DEVICES AT THE TEST SITE: Do NOT bring cell phones, beepers, headphones, or any electronic or other communication devices to the test site. The use of such devices at the test site in the test room, hallways, restrooms, building, grounds, or other areas could result in your disqualification.
APPLICATION FOR NEW YORK STATE EXAMINATIONS OPEN TO STATE EMPLOYEES

PLEASE CHECK: □ 10-026 Developmental Disabilities Secure Care Treatment Aide Trainee  
□ 10-027 Developmental Disabilities Secure Care Treatment Aide Trainee (Spanish Language) 

NYS-APP #4 10-026 & 10-027 (9/17 L) 
SIDE/PAGE 1

Please read the exam announcement carefully 
before completing this application. 
http://www.cs.ny.gov/examannouncements/announcements/prom-cr/10-026.cfm

Send your completed and signed application to 
your Personnel Office

<table>
<thead>
<tr>
<th>Your Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Social Security Number</th>
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<td>Street Number, Apt. or P.O. Box</td>
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Please note: You may take these Developmental Disabilities Secure Care Treatment Aide Trainee exam(s) only ONCE every test form period. (See details on the examination announcement.)

EDUCATION

Yes □ No □ Do you have a High School or Equivalency Diploma (such as a GED)?
If yes, name and location of High School or Issuing Governmental Authority: ________________________________

If your diploma is from an education institution outside of the United States and its territories, please refer to the examination announcement for information on how to obtain a verification of educational equivalency.

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.

REASONABLE ACCOMMODATIONS IN TESTING

□ I require reasonable accommodations to take this test. (See the examination 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 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 Developmental Disabilities Secure Care Treatment Aide Trainee position, indicate the language(s) in which you are fluent:

[ ] French [ ] Creole [ ] Korean [ ] Russian [ ] Chinese [ ] American Sign Language [ ] Other (specify) ____________________________

MEDICAL EXAMINATION, FINGERPRINTING AND BACKGROUND INVESTIGATION

A medical examination and physical agility test will be required for appointment.

You will be required to be cleared through the New York State Child Abuse Registry and the Medicaid Fraud Prevention and Detection Database.

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 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 Office for People With Developmental Disabilities. For further information, relating only to the Personal Privacy Protection Law, call (518) 457-9375. For exam information, call (518) 457-2487; or toll-free at 1-877-697-5627.

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.

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

Please continue application on Side/Page 2
**EXTRA CREDITS FOR WAR TIME VETERANS**

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.

**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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.</td>
<td>Yes ☐ No ☐</td>
<td>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? 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.</td>
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<tr>
<td>2.</td>
<td>Yes ☐ No ☐</td>
<td>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? <strong>In the Armed Forces:</strong> • 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 <strong>or earned the Armed Forces, Navy, or Marine Corps expeditionary medal for service in:</strong> • (Panama) Dec. 20, 1989 to Jan. 31, 1990 • (Lebanon) June 1, 1983 to Dec. 1, 1987 • (Grenada) Oct. 23, 1983 to Nov. 21, 1983 <strong>or in the U.S. Public Health Service:</strong> • June 26, 1950 to July 3, 1952 • July 29, 1945 to Sept. 2, 1945</td>
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<td>3.</td>
<td>Yes ☐ No ☐</td>
<td>Are you a United States citizen or an alien lawfully admitted for permanent residence?</td>
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<tr>
<td>4.</td>
<td>Yes ☐ No ☐</td>
<td>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.</td>
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<tr>
<td>5a.</td>
<td>Yes ☐ No ☐</td>
<td>Have you USED NON-DISABLED veteran credits for a permanent appointment to a position in New York State or Local Government? If you answered &quot;Yes&quot; to &quot;5a&quot; above, you must answer “5b”:</td>
</tr>
<tr>
<td>5b.</td>
<td>Yes ☐ No ☐</td>
<td>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?</td>
</tr>
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**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 the 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.