



CONTINUOUS RECRUITMENT OPEN-COMPETITIVE EXAMINATION

APPLICATIONS ACCEPTED CONTINUOUSLY TESTS HELD PERIODICALLY

Table with 4 columns: Examination No. & Title, Salary Grade, Beginning Salary, Job Rate. Rows include 20-450 Plant Utilities Assistant and 20-451 Plant Utilities Engineer 1.

NO APPLICATION PROCESSING FEE REQUIRED

Appointees who work in the five boroughs of New York City or in Nassau, Suffolk, Rockland, or Westchester Counties will receive an additional \$3,026 annual downstate adjustment.

MINIMUM QUALIFICATIONS: On or before the date of filing your application, you must have one of the qualifications listed below:

For Nos. 20-450 and 20-451:

- Either 1. Graduate of heating, HVAC, ventilation, air conditioning, and refrigeration apprenticeship program from the U.S. Air Force;
Or 2. Must have been an enlisted machinery technician (MK) with the U.S. Coast Guard OR possession of a certificate as a Marine Engineer issued by the U.S. Coast Guard;
Or 3. Must have been an enlisted power generation equipment repairer with the U.S. Army;
Or 4. Must have been an enlisted gas turbine systems technician, submarine nuclear propulsion plant operator reactor control, utilities man, machinist mate, or engineman with the U.S. Navy;
Or 5. Must have a Merchant Mariner's Document (MMD) and have been a qualified member of the engine department (QMED) as an oiler, fireman/water tender, refrigerating engineer or engineman with the U.S. Merchant Marine;
Or 6. Completion of a New York State Department of Labor registered apprenticeship program for stationary engineers, plant maintenance (plumber/steamfitter), HVAC Mechanic or plant maintenance (refrigeration/AC) (See Note #1);
Or 7. Possession of a High-Pressure Boiler Operating Engineer License or Stationary Engineer License;
Or 8. A bachelor's degree in Facilities Engineering, Mechanical Engineering, Electrical Engineering, or Marine Engineering;

For No. 20-450:

- Or 9. An associate's degree in HVAC;
Or 10. One year of full-time hands on experience in the maintenance and operation of commercial, industrial, institutional facility, computer applications of digital energy platforms and building analytics and/or performing diagnosis, repair of HVAC systems or boilers or auxiliary equipment;
Or 11. One year of full-time hands on experience in a residential setting performing diagnosis, operation, maintenance repair of HVAC systems or boilers or auxiliary equipment;
Or 12. Completion of an HVAC certificate or diploma from a BOCES program (440 hours) OR completion of an approved certificate in HVAC, electrical, refrigeration, boiler operations and maintenance, or plumbing from an accredited technical school or technology college (See Note #2);

For No. 20-451:

- Or 13. Four years of full-time hands on experience in the maintenance and operation of commercial, industrial, institutional facility, computer applications of digital energy platforms and building analytics and/or performing diagnosis, repair of HVAC systems or boilers or auxiliary equipment;
Or 14. Four years of full-time hands on experience in a residential setting performing diagnosis, operation, maintenance repair of HVAC systems or boilers or auxiliary equipment;
Or 15. An associate's degree in HVAC AND two years of qualifying experience as described in EITHER qualification #13 or #14 above;
Or 16. Completion of an HVAC certificate or diploma from a BOCES program (900 hours) OR completion of an approved certificate in HVAC, electrical, refrigeration, boiler operations and maintenance, or plumbing from an accredited technical school or technology college (See Note #2) AND two years of qualifying experience as described in EITHER qualification #13 or #14 above.

NOTES:

- 1. Information regarding qualifying New York State Department of Labor recognized apprenticeship programs can be found here: https://labor.ny.gov/apprenticeship/appindex.shtm.
2. Certification programs must be accredited by the Accrediting Commission of Career Schools and Colleges (ACCSC) or recognized by the New York State Education Department Bureau of Proprietary School Supervision (BPSS). Information on ACCSC accredited programs can be found here: http://www.accsc.org/. Information on BPSS recognized proprietary schools can be found here: http://www.access.nyed.gov/bpss/welcome-career-training-proprietary-schools.
3. Your degree must have been awarded by a college or university accredited by a regional, national, or specialized agency recognized as an accrediting agency by the U.S. Department of Education/U.S. Secretary of Education. If your degree 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. You must pay the required evaluation fee.
4. Background Investigation/Justice Center Review: In some agencies, 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.

You will be responsible for payment of all required fees.

**NOTES: (Continued)**

5. **Medicaid and Medicare:** In some agencies, 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.
6. Appropriate part-time and volunteer experience, which can be verified, will be accepted on a prorated basis.
7. New York State residence is not required.

**THE POSITIONS:** These positions exist throughout New York State in the State University System; the Department of Corrections and Community Supervision; the State Education Department; the Department of Health; the Office of Children and Family Services; the Office of General Services; the Office of Mental Health; the Office for People with Developmental Disabilities; the Office of Parks, Recreation and Historic Preservation, and the Office of Alcoholism and Substance Abuse Services.

**DUTIES:** As a **Plant Utilities Assistant**, you would assist in the operation, maintenance, and repair of mechanical and electrical equipment providing heat, hot water, ventilation, air conditioning, and electrical distribution in a safe and efficient manner. Positions involve shift work within a 24-hour work schedule which includes night and holiday shifts.

As a **Plant Utilities Engineer 1** on an assigned shift, you would operate, maintain, troubleshoot, repair, test, and calibrate mechanical and electrical equipment providing heat, hot water, ventilation, air conditioning, and electrical distribution in a safe and efficient manner. You would make recommendations on major overhauls and replacement of equipment and identify, recommend and develop energy conservation projects. You may supervise subordinate staff in the operation and maintenance of heating facilities and mechanical equipment. You may also supervise contractors in an emergency or project situation and you may be required to assume responsibility for operations of the overall physical plant. Positions involve shift work within a 24-hour work schedule which includes night and holiday shifts.

**SUBJECT OF EXAMINATION:** There will be no written test and no test date is involved. The examination requires completion of an application/supplemental questionnaire (NYS-APP-3 #20-450 & #20-451 with SUPP #20-450 & #20-451). **The supplemental questionnaire IS YOUR TEST. Your completed supplemental questionnaire will be the only basis for rating your training, education, and experience.** Failure to complete the supplemental questionnaire correctly may result in disqualification. If disqualified, candidates must wait six months to re-apply.

The training, education, and experience information provided by candidates on the supplemental questionnaire will be rated according to the requirements of the title. If you meet the minimum qualifications, your answers to the supplemental questionnaire will be the only basis for your score. If you need more space, attach additional 8½ x 11 sheets, following the same format used on the application/supplemental questionnaire. **Resumes will NOT be accepted in lieu of a completed application/supplemental questionnaire.**

It is essential that you describe your training, education, and experience as completely as possible. Ambiguity, vagueness, or omissions on the supplemental questionnaire will not be decided in the candidate's favor. The information you provide in the supplemental questionnaire is subject to verification. You may be required to furnish written verification of the education, experience, certification, or licensure claimed. False statements or lack of verification may result in a lower score, removal from the eligible list, or termination of employment.

Your final score must be 70 or higher in order to pass. Your final score on the eligible list will be determined after adding any wartime Veterans' and Civil Service Law Section 85-a credits.

Agencies will score supplemental questionnaires periodically throughout the year when additional eligible candidates are needed to fill vacancies. Once added to an agency eligible list, candidates will have a two-year period of eligibility for appointment from that list. You can re-apply as frequently as every six months.

**RETEST POLICY:** Qualified candidates may file as frequently as 6 months, but a new application/supplemental questionnaire is required each time.

**Important:** The Department of Civil Service and other state agencies 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 logging into <https://www.cs.ny.gov/home/myaccount>.

**HOW TO APPLY:**

- Download the examination application NYS-APP-3 #20-450 & #20-451 Application Form/Supplemental Questionnaire at <http://www.cs.ny.gov/announ/applications.cfm>; or
- Email [cs.sm.examinfo@cs.ny.gov](mailto:cs.sm.examinfo@cs.ny.gov) to request NYS-APP-3 #20-450 & #20-451 form; or
- Obtain NYS-APP-3 #20-450 & #20-451 form from a State agency or facility personnel/business office; or
- Request NYS-APP-3 #20-450 & #20-451 form by calling the Department of Civil Service in the Albany area at 518-457-2487; or toll free at 1-877-697-5627.

**WHERE TO APPLY:** These examinations are decentralized to the following agencies. You must mail a separate completed application to one or more of the following locations using the address listed:

**NEW YORK STATE EDUCATION DEPARTMENT  
Mail the completed application to the following location:**

New York State Education Department  
89 Washington Avenue  
Room 528 EB  
Albany, New York 12234  
(518) 474-5215

**NEW YORK STATE DEPARTMENT OF HEALTH  
Mail the completed application to the location(s) where you wish to be employed:**

Helen Hayes Hospital  
West Haverstraw, New York 10993  
(845) 786-4218

New York State Department of Health  
Empire State Plaza  
Albany, New York 12237-0012  
(518) 486-1812

**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES  
Mail the completed application to the following location:**

New York State Office of Alcoholism and Substance Abuse Services  
1450 Western Avenue  
Albany, New York 12203  
(518) 457-2963

**NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (DOCCS)**  
**Mail the completed application to the following address and indicate which DOCCS facility (see below)**  
**you wish to be employed at:**

New York State Department Corrections and Community Supervision  
1220 Washington Avenue  
Bldg. #9 State Campus  
Albany, New York 12226

Adirondack Correctional Facility (Essex County)	Eastern NY Correctional Facility (Ulster County)	Hudson Correctional Facility (Columbia County)	Shawangunk Correctional Facility (Ulster County)
Albion Correctional Facility (Orleans County)	Edgecombe Residential Treatment Facility (New York County)	Lakeview Shock Incarceration C.F. (Chautauqua County)	Sing Sing Correctional Facility (Westchester County)
Altona Correctional Facility (Clinton County)	Elmira Correctional Facility (Chemung County)	Lincoln Correctional Facility (New York County)	Southport Correctional Facility (Chemung County)
Attica Correctional Facility (Wyoming County)	Fishkill Correctional Facility (Dutchess County)	Livingston Correctional Facility (Livingston County)	Sullivan Correctional Facility (Sullivan County)
Auburn Correctional Facility (Cayuga County)	Five Points Correctional Facility (Seneca County)	Marcy Correctional Facility (Oneida County)	Taconic Correctional Facility (Westchester County)
Bare Hill Correctional Facility (Franklin County)	Franklin Correctional Facility (Franklin County)	Mid-State Correctional Facility (Oneida County)	Ulster Correctional Facility (Ulster County)
Bedford Hills Correctional Facility (Westchester County)	Gouverneur Correctional Facility (St. Lawrence County)	Mohawk Correctional Facility (Oneida County)	Upstate Correctional Facility (Franklin County)
Cape Vincent Correctional Facility (Jefferson County)	Gowanda Correctional Facility (Erie County)	Moriah Shock Incarceration Correctional Facility (Essex County)	Wallkill Correctional Facility (Ulster County)
Cayuga Correctional Facility (Cayuga County)	Great Meadow Correctional Facility (Washington County)	Ogdensburg Correctional Facility (St. Lawrence County)	Washington Correctional Facility (Washington County)
Clinton Correctional Facility (Clinton County)	Green Haven Correctional Facility (Dutchess County)	Orleans Correctional Facility (Orleans County)	Watertown Correctional Facility (Jefferson County)
Collins Correctional Facility (Erie County)	Greene Correctional Facility (Greene County)	Otisville Correctional Facility (Orange County)	Wende Correctional Facility (Erie County)
Coxsackie Correctional Facility (Greene County)	Groveland Correctional Facility (Livingston County)	Queensboro Correctional Facility (Queens County)	Willard Drug Treatment Campus (Seneca County)
Downstate Correctional Facility (Dutchess County)	Hale Creek ASACTC (Fulton County)	Riverview Correctional Facility (St. Lawrence County)	Woodbourne Correctional Facility (Sullivan County)
		Rochester Correctional Facility (Monroe County)	Wyoming Correctional Facility (Wyoming County)

**NEW YORK STATE OFFICE OF GENERAL SERVICES**  
**Mail the completed application to the following location:**

New York State Office of General Services  
Corning Tower, ESP, 31<sup>st</sup> Floor  
Albany, NY 12242  
(518) 473-5282

**NEW YORK STATE OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION**  
**Mail the completed application to the following location:**

New York State Office of Parks, Recreation and Historic Preservation  
625 Broadway  
Albany, New York 12238  
(518) 474-0453

**STATE UNIVERSITY OF NEW YORK**

**Mail the completed application to the location(s) where you wish to be employed:**

SUNY System Administration  
State University Plaza  
381 Broadway  
Albany, NY 12246  
(518) 320-1192

SUNY at Albany  
1400 Washington Avenue  
Albany, NY 12222  
(518) 437-4700

SUNY College of Technology  
at Alfred  
10 Upper College Drive  
Alfred, NY 14802  
(607) 587-4025

SUNY at Binghamton  
Administration  
Building AD242D  
Binghamton, NY 13902  
(607) 777-2187

SUNY College at Brockport  
350 New Campus Drive  
Brockport, NY 14420-2929  
(518) 395-2126

SUNY Downstate Medical  
Center at Brooklyn  
450 Clarkson Avenue  
Brooklyn, NY 11203  
(718) 270-1099

SUNY College at Buffalo  
1300 Elmwood Avenue  
Buffalo, NY 14222-1095  
(716) 878-3042

SUNY at Buffalo  
120 Crofts Hall  
Buffalo, NY 14260-7022  
(716) 645-7777

SUNY Technology at Canton  
34 Cornell Drive  
Canton, NY 13617  
(315) 386-7611

SUNY at Cobleskill  
Knapp Hall, Room 211  
106 Suffolk Circle  
Cobleskill, NY 12043  
(518) 255-5514

SUNY at Cortland  
PO Box 2000  
Cortland, NY 13045  
(607) 753-2302

SUNY College of Technology  
of Delhi  
167 Bush Hall  
Delhi, NY 13753  
(607) 746-4165

SUNY Empire State College  
1 Union Avenue  
Saratoga Springs, NY 12866-4391  
(518) 587-2100 Ext. 2910

SUNY at Farmingdale  
2350 Broad Hollow Road  
Farmingdale, NY 11735-0636  
(631) 420-2107

SUNY College of  
Environmental  
Science & Forestry  
1 Forestry Drive  
Syracuse, NY 13210-2778  
(315) 470-6611

SUNY at Fredonia  
510 Maytum Hall  
280 Central Avenue  
Fredonia, NY 14063  
(716) 673-3434

SUNY Geneseo  
Doty Hall 318  
Geneseo, NY 14454  
(585) 245-5616

SUNY Maritime  
Fort Schuyler  
Bronx, NY 10465  
(718) 409-7301

SUNY at Morrisville  
Whipple Admin Building,  
4<sup>th</sup> Floor  
Morrisville, NY 13408  
(315) 684-6829

SUNY at New Paltz  
1 Hawk Drive  
New Paltz, NY 12561  
(845) 257-3629

SUNY at Old Westbury  
Human Resources Office  
PO Box 210  
Old Westbury, NY 11568-0210  
(516) 876-3179

SUNY at Oneonta  
Human Resources Office  
Oneonta, NY 13820-4015  
(607) 436-2509

SUNY College of Optometry  
33 West 42<sup>nd</sup> Street  
New York, NY 10036  
(212) 938-5882

SUNY at Oswego  
201 Culkin Hall  
Oswego, NY 13126  
(315) 312-2230

SUNY at Plattsburgh  
101 Broad Street  
Kehole 912  
Plattsburgh, NY 12901-2681  
(518) 564-5062

SUNY of Potsdam  
Personnel Office  
219 Raymond Hall  
Potsdam, NY 13676  
(315) 267-2092

SUNY at Purchase  
Office of Human Resources  
735 Anderson Hill Road  
Purchase, NY 10577-1400  
(914) 251-5961

SUNY at Stony Brook Medical  
Center  
Suite 3 Tech Dr. Tech Park  
Stony Brook, NY 11794-9300  
(631) 444-4754

SUNY at Stony Brook  
Administration Building  
Room 390  
Stony Brook, NY 11794-0751  
(631) 632-6151

SUNY HSC at Syracuse  
750 East Adams Street  
Syracuse, NY 13210  
(315) 464-4938

SUNY Poly Tech  
257 Fuller Road  
Albany, NY 12203  
(518) 956-7362

**NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES**

**Mail the completed application to the following location:**

New York State Office Children and Family Services  
52 Washington Street  
Rensselaer, New York 12144  
(518) 473-7936

**NEW YORK STATE OFFICE OF MENTAL HEALTH**

**Mail the completed application to the following address and indicate which facilities you wish to be employed at:**

New York State Office of Mental Health  
Facility Personnel Services  
44 Holland Avenue  
Albany, New York 12229  
(518) 474-1261

Bronx Psychiatric Center  
1500 Waters Place  
Bronx, NY 10461

Hutchings Psychiatric Center  
620 Madison Street  
Syracuse, NY 13210

New York City Children's  
Center  
Brooklyn Campus  
1819 Bergen Street  
Brooklyn, NY 11233

Rockland Psychiatric Center  
140 Old Orangeburg Rd  
Orangeburg, NY 10962

Buffalo Psychiatric Center  
400 Forest Avenue  
Buffalo, NY 14213

Kingsboro Psychiatric Center  
681 Clarkson Avenue  
Brooklyn, NY 11203

New York City Children's  
Center  
Queens Campus  
74-03 Commonwealth  
Boulevard  
Bellerose, NY 11426

Rockland Children's  
Psychiatric Center  
2 First Ave.  
Orangeburg, NY 10962

Capital District Psychiatric  
Center  
75 New Scotland Ave.  
Albany, NY 12208

Kirby Forensic Psychiatric  
Center  
600 East 125th Street  
Wards Island, NY 10035

Nathan Kline Institute  
140 Old Orangeburg Rd  
Orangeburg, NY 10962

Sagamore Psychiatric Center  
197 Half Hollow Rd.  
Dix Hills, NY 11746

Central NY Psychiatric Center  
9005 Old River Road  
Marcy, NY 13403

Manhattan Psychiatric Center  
Wards Island Complex  
New York, NY 10035

New York State Psychiatric  
Institute  
1051 Riverside Drive  
New York, NY 10032

St. Lawrence Psychiatric  
Center  
1 Chimney Point Drive  
Ogdensburg, NY 13669

Creedmoor Psychiatric Center  
79-25 Winchester Blvd  
Queens Village, NY 11427

Mid-Hudson Forensic  
Psychiatric Center  
2834 Route 17M  
New Hampton, NY 10958

Pilgrim Psychiatric Center  
998 Crooked Hill Road  
West Brentwood, NY 11717

South Beach Psychiatric  
Center  
777 Seaview Avenue  
Staten Island, NY 10305

Elmira Psychiatric Center  
100 Washington Street  
Elmira, NY 14902

Mohawk Valley Psychiatric  
Center  
1400 Noyes St.  
Utica, NY 13502

Rochester Psychiatric Center  
1111 Elmwood Avenue  
Rochester, NY 14620

Western NY Children's  
Psychiatric Center  
1010 East and West Rd.  
West Seneca, NY 14224

Greater Binghamton Health  
Center  
425 Robinson Street  
Binghamton, NY 13904

New York City Children's  
Center  
Bronx Campus  
1300 Waters Place  
Bronx, NY 10461

**NEW YORK STATE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES**

**Mail the completed application to the location(s) where you wish to be employed:**

Brooklyn Developmental  
Disabilities State Operations  
Office  
888 Fountain Avenue  
Brooklyn, NY 11239  
(718) 642-6310

Finger Lakes Developmental  
Disabilities State Operations  
Office  
Attention: Human Resources  
Office  
620 Westfall Road  
Rochester, New York 14620  
(585) 461-8800

Long Island Developmental  
Disabilities State Operations  
Office  
45 Mall Drive, Suite 1  
Commack, NY 11725  
(631) 326-4497

Sunmount Developmental  
Disabilities State Operations  
Office  
2445 State Route 30  
Tupper Lake, NY 12986  
(518) 359-4150

Broome Developmental  
Disabilities State Operations  
Office  
249 Glenwood Road  
Binghamton, NY 13905-1695  
(607) 770-0241

Hudson Valley Developmental  
Disabilities State Operations  
Office  
P.O. Box 470  
Thiells, NY 10984  
(845) 947-6192

Metro New York  
Developmental Disabilities  
State Operations Office  
Human Resources Office  
2400 Halsey Street  
Bronx, NY 10461  
(718) 430-0710

Taconic Developmental  
Disabilities State Operations  
Office  
Attention: Human Resources  
Office  
26 Center Circle  
Wassaic, New York 12592  
(845) 877-6821 Ext. 3367

Capital District Developmental  
Disabilities State Operations  
Office  
500 Balltown Road  
Schenectady, NY 12304  
(518) 388-0838

Staten Island Developmental  
Disabilities State Operations  
Office  
1150 Forest Hill Road  
Staten Island, NY 10314-6316  
(718) 983-5433

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**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 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 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.

**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 518-457-2487. 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.

**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 ratings will not be allowed as the opportunity for retest exists. The Department of Civil Service reserves the right to terminate this special recruitment program.

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

Send your completed and signed application (s) and supplement to the agencies where you wish to work. See the examination announcement for the agencies and mailing addresses.

Exam No.	Title
<input type="checkbox"/> 20-450	Plant Utilities Assistant
<input type="checkbox"/> 20-451	Plant Utilities Engineer 1

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

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), (c), and (f). Failure to provide this information may result in disapproval of the application. This information will be maintained by the Human Resources Office of the agency where you submit 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 agency 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.

- 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? 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.
    - 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 or in the U.S. Public Health Service:**
        - **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
        - June 26, 1950 to July 3, 1952
        - July 29, 1945 to Sept. 2, 1945
  - No  Are you a United States citizen or an alien lawfully admitted for permanent residence?
    - 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.
  - 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, creed/religion, disability, national origin, sex/gender, sexual orientation, veteran or military service member status, familial 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 all qualified persons with equal opportunity in employment and to participate in and receive all the benefits, services, programs and activities of the Department. Reasonable accommodations will be provided to persons with disabilities and those engaged in a religious observance or practice, as are necessary to provide such equal opportunity, including but not limited to, reasonable accommodations in the examination process.

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SOCIAL SECURITY NUMBER

**CONTINUOUS RECRUITMENT EXAMINATIONS**

Please Check the Exams You Are Applying For:

- PLANT UTILITIES ASSISTANT
- PLANT UTILITIES ENGINEER 1

**There are no application fees  
for these examinations.**

**This is an TRAINING, EDUCATION AND EXPERIENCE EXAMINATION. Your rating will be based solely upon a review of your responses to this supplemental questionnaire. All information is subject to verification. THIS IS YOUR TEST.**

**INSTRUCTIONS**

1. **Please print clearly in ink.**
2. Answer all questions on this supplemental questionnaire form NYS-APP-3 #20-450 & #20-451 completely and accurately. **Incomplete information may result in a lower examination score or disqualification.** Retain a copy of the completed supplemental questionnaire for your records.
3. This supplemental questionnaire will be the only basis for rating your training, education and experience. Although you may submit your resume in addition to the supplemental questionnaire, you **must** complete all parts of the supplemental questionnaire without reference to the resume. **Additional information provided after submission will not be accepted.**
4. Your degree must have been awarded from a college or university accredited by a regional, national, or specialized agency recognized as an accrediting agency by the U.S. Department of Education/U.S. Secretary of Education. If your degree 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>. You must pay the required evaluation fee.
5. **The supplemental questionnaire you submit will be rated based solely on the answers you provide on your application. The supplemental questionnaire is the TEST. It is important that you describe your training, education, and experience as completely as possible.** Mail your completed application/supplemental questionnaire form NYS-APP-3 #20-450 & #20-451 to one or more of the agencies listed on the examination announcement at <https://www.cs.ny.gov/examannouncements/announcements/oc-cr/decentralized/20-450.cfm>.
6. Appropriate part-time and volunteer experience, which can be verified, will be accepted on a prorated basis.
7. Retest Policy – You may reapply for these examinations after 6 months. A new application/supplemental questionnaire is required each time.

**BEGIN YOUR TEST:**

**I. MILITARY EXPERIENCE**

Indicate if you have qualifying military experience. **You may be required to provide a copy of your Form DD-214 or Merchant Mariner’s Document to the appointing authority for verification.**

Failure to provide complete information below may result in disqualification or a lower examination score.

Military Experience	Specialty Area
<input type="checkbox"/> U.S. Air Force	Graduate of heating, HVAC, ventilation, air conditioning, and refrigeration apprenticeship program.
<input type="checkbox"/> U.S. Coast Guard	Enlisted machinery technician (MK) or possession of a certificate as a Marine Engineer.
<input type="checkbox"/> U.S. Army	Enlisted power generation equipment repairer.
<input type="checkbox"/> U.S. Navy	Enlisted gas turbine systems technician, submarine nuclear propulsion plant operator reactor control, utilities man, machinist mate, or engineman.
<input type="checkbox"/> U.S. Merchant Marine	Must have a Merchant Mariner’s Document (MMD) and be a Qualified member of the engine department (QMED) as an oiler, fireman/water tender, refrigerating engineer or engineman.

_____ SOCIAL SECURITY NUMBER
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**CONTINUOUS RECRUITMENT EXAMINATIONS  
PLANT UTILITIES ASSISTANT  
PLANT UTILITIES ENGINEER 1**

**There are no application fees  
for these examinations.**

**II. APPRENTICESHIP**

Indicate if you have completed a New York State Department of Labor registered apprenticeship program for stationary engineers, plant maintenance (plumber/steamfitter), HVAC Mechanic or plant maintenance (refrigeration/AC). Check the box for the approved program(s) you completed, where you completed the program, and the date you completed it. **You may be required to provide documentation demonstrating your completion of a qualifying registered apprenticeship program to the appointing authority for verification.**

Information regarding qualifying New York State Department of Labor recognized apprenticeship programs can be found here:  
<https://labor.ny.gov/apprenticeship/appindex.shtm>

Failure to provide complete information below may result in disqualification or a lower examination score.

Qualifying Registered Apprenticeship Program Check all that you have completed	Program Completed AT	Date Completed
<input type="checkbox"/> Stationary Engineer		MO/YR
<input type="checkbox"/> Plant Maintenance (Plumber/Steamfitter)		MO/YR
<input type="checkbox"/> HVAC Mechanic		MO/YR
<input type="checkbox"/> Plant Maintenance (Refrigeration/AC)		MO/YR

**III. LICENSE OR CERTIFICATION**

Indicate if you are in possession of a High-Pressure Boiler Operating Engineer License or Stationary Engineer License. Provide your license number, date issued, registration period in format month/year (example: 06/2018), check yes/no if you are currently licensed, check specialty, and fill in the agency that granted the license. **You may be required to provide a copy of your license to the appointing authority for verification.**

Failure to provide complete information below may result in disqualification or a lower examination score.

License Number	Date License First Issued	Registration MO.    YR.        MO.    YR. From    /        TO        /	Are you currently licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Specialty <input type="checkbox"/> High-Pressure Boiler Operating Engineer License  <input type="checkbox"/> Stationary Engineer License		Granted by (licensing agency)	

_____ SOCIAL SECURITY NUMBER
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**CONTINUOUS RECRUITMENT EXAMINATIONS  
PLANT UTILITIES ASSISTANT  
PLANT UTILITIES ENGINEER 1**

**There are no application fees  
for these examinations.**

**IV. EDUCATION AND TRAINING**

Indicate any relevant degrees or certificates received. Check the certificate or degree, fill in the college, university, professional or technical school name, and address. **You may be required to provide a copy of your relevant certificate(s) or diploma(s) to the appointing authority for verification.**

Failure to provide complete information below may result in disqualification or a lower examination score.

Type of Degree/Certificate Received	College, University, Professional or Technical School	Address (City, State)
<input type="checkbox"/> Associate's degree in HVAC  <input type="checkbox"/> Bachelor's degree in Facilities Engineering, Mechanical Engineering, Electrical Engineering or Marine Engineering  <input type="checkbox"/> HVAC certificate or diploma from BOCES (440 hours)  <input type="checkbox"/> HVAC certificate or diploma from BOCES (900 hours)  <input type="checkbox"/> Certificate in HVAC, electrical, refrigeration, boiler operations and maintenance, or plumbing*		

\*Certification programs must be accredited by the Accrediting Commission of Career Schools and Colleges (ACCSC) or recognized by the New York State Education Department Bureau of Proprietary School Supervision (BPSS). Information on ACCSC accredited programs can be found here: <http://www.accsc.org/>. Information on BPSS recognized proprietary schools can be found here: <http://www.acces.nysed.gov/bpss/welcome-career-training-proprietary-schools>.

**V. WORK EXPERIENCE**

**A. COMMERCIAL/INDUSTRIAL/INSTITUTIONAL FACILITY EXPERIENCE**

Indicate your full-time hands on experience in the maintenance and operation of commercial, industrial, institutional facility, computer applications of digital energy platforms and building analytics and/or performing diagnosis, repair of HVAC systems or boilers or auxiliary equipment.

Beginning with your most recent job, list all qualifying employment, military service, or volunteer experience as described above. Indicate length of employment (month/year i.e. 06/2018), type of business, your title, supervisor name, telephone number of your supervisor, name of employer, address and your qualifying duties. We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. Under DUTIES describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of activity.

Failure to provide complete information below may result in disqualification or a lower examination score.

_____ SOCIAL SECURITY NUMBER
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**CONTINUOUS RECRUITMENT EXAMINATIONS  
PLANT UTILITIES ASSISTANT  
PLANT UTILITIES ENGINEER 1**

**There are no application fees  
for these examinations.**

**(WORK EXPERIENCE, Continued)**

LENGTH OF EMPLOYMENT MO.    YR.    MO. YR. FROM    /    TO    /	EMPLOYER NAME	ADDRESS	CITY AND STATE
TYPE OF BUSINESS	DUTIES:		
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    /	EMPLOYER NAME	ADDRESS	CITY AND STATE
TYPE OF BUSINESS	DUTIES:		
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    /	EMPLOYER NAME	ADDRESS	CITY AND STATE
TYPE OF BUSINESS	DUTIES:		
YOUR EXACT TITLE	_____ _____		
NAME OF YOUR SUPERVISOR	_____		
SUPERVISOR'S TITLE	_____		
No. of hours worked per week (exclusive of overtime):	_____		

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SOCIAL SECURITY NUMBER

**CONTINUOUS RECRUITMENT EXAMINATIONS  
PLANT UTILITIES ASSISTANT  
PLANT UTILITIES ENGINEER 1**

**There are no application fees  
for these examinations.**

**B. RESIDENTIAL EXPERIENCE**

Indicate your full-time hands on experience in a residential setting performing diagnosis, operation, maintenance repair of HVAC systems or boilers or auxiliary equipment.

Beginning with your most recent job, list all qualifying employment, military service, or volunteer experience as described above. Indicate length of employment (month/year i.e. 06/2018), type of business, your title, supervisor name, telephone number of your supervisor, name of employer, address and your qualifying duties. We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. Under DUTIES describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of activity.

Failure to provide complete information below may result in disqualification or a lower examination score.

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

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SOCIAL SECURITY NUMBER

**CONTINUOUS RECRUITMENT EXAMINATIONS  
PLANT UTILITIES ASSISTANT  
PLANT UTILITIES ENGINEER 1**

**There are no application fees  
for these examinations.**

**(RESIDENTIAL EXPERIENCE, Continued)**

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

**USE ADDITIONAL 8 ½ X 11 SHEETS IF NECESSARY TO COMPLETE INFORMATION**

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

If you are a child or sibling of a firefighter, police officer, emergency medical technician, or paramedic 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) 473-9597.

**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:**

**THIS AFFIRMATION MUST BE COMPLETED**

**I affirm under penalties of perjury that all statements made on this supplemental questionnaire (including any attached papers) are true and accurate. I understand that all statements made by me in connection with this supplemental questionnaire 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. I also affirm that I have completed this supplemental questionnaire independently and without assistance from other candidates or employees of the NYS Department of Civil Service or any of the hiring agencies listed on the examination announcement.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_