APPLICATION FOR NEW YORK STATE EXAMINATIONS OPEN TO STATE EMPLOYEES

PLEASE CHECK THE EXAM(S) YOU ARE APPLYING FOR:

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 (3/23 L) SIDE/PAGE 1

TRANSITION

Please read the exam announcement carefully

Signature of Applicant

Send your completed and signed application to

Please print any other last name by which you are or have been known

before completing this application.					your Personnel Office			
	** * **	771			<i>a</i> :	1.6		
	Your Last Name	Firs	t Name	Ι	MI Socia	l Security Number		
_								
PLEASE PRINT	Street Number, Apt. or P	.O. Box			Home Phone			
E	C'a Deat Office		Ct	7: 0	1. D			
EAS	City or Post Office		State	e Zip Co	Digital Business Phon	ie		
PI	E-mail Address				Cell Phone			
	Please note	e: Vou may take these De	velonmental Dis	abilities Secure Care T	reatment Aide Trainee	exam(s)		
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.)								
EDU	CATION							
Yes		igh School or Equivalency	-					
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 appl	ication.					
REA	SONABLE ACCOMMO	DATIONS IN TESTING modations to take this test. (on announcement for deta	ile)			
FOR	TRANSITION EXAMS					manant carvica in a qualifying		
title as		announcement. Please provid				I qualifying experience as well		
Present Agency and Title: (whether or not it is qualifying for the exam)				Qualifying Permanent Title and Grade:				
				Dates of Qualifying Se From: (Mo./Yr.)	rvice: 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	e Care Treatment Aide Trainee	=	-		A	041		
	French Creole	e Korean	Russian	Chinese	American Sign Language	Other (specify)		
MEL	ICAL EXAMINATION	FINCEDDDINTING	AND BACKC	DOLIND INVESTIC		(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 alread through the New York State Child Above Projectors and the Medical Errord Provention and Detector Detabase.								
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 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								
applic	ation. This information will be	e maintained by the Office	for People With	Developmental Disabiliti	es. For further information	on, relating <i>only</i> to the Personal		
	Privacy Protection Law, call (518) 457-9375. For examination 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 app	pointment.						
X								

APPLICATION FOR NEW YORK STATE EXAMINATIONS OPEN TO STATE EMPLOYEES

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 (3/23 L) 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.

1. Yes	No	Do you expect to receive or have you already received a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States; or have you applied to or been approved by the New York State Department of Veterans' Services as a veteran pursuant to					
			ned Forces of the United States" means the Army, Navy, Mar				
			I Guard when in the service of the United States pursuant to ca				
		*	*	in as provided by Law, on a run-time active duty			
		basis other than active duty for training purposes.					
2. Yes	No	Are you now serving, or have you served, on an active duty basis other than active duty for training purposes during one or more of the following Time					
		of War periods? In the Armed Forces:	or earned the Armed Forces, Navy, or Marine	or in the U.S. Public Health Service:			
		• Aug. 2, 1990 until the Persian	Corps expeditionary medal for service in:	• June 26, 1950 to July 3, 1952			
		Gulf hostilities end	• (Panama) Dec. 20, 1989 to Jan. 31, 1990	• July 29, 1945 to Sept. 2, 1945			
		 Feb. 28, 1961 to May 7, 1975 	• (Lebanon) June 1, 1983 to Dec. 1, 1987				
		• June 27, 1950 to Jan. 31, 1955	• (Grenada) Oct. 23, 1983 to Nov. 21, 1983				
		• Dec. 7, 1941 to Dec. 31, 1946					
3. Yes	No	Are you a United States citizen or an alien lawfully admitted for permanent residence?					
4. Yes	No	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 been been been been been been be					
		incurred during a Time of War period	listed above.				
5a. Yes	No	Have you USED NON-DISABLED veteran credits for a permanent appointment to a position in New York State or Local Government?					
		If you answered "Yes" to "5a" above,					
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	• • • • • • • • • • • • • • • • • • • •				
			•				

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 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 or practice.