

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 (7/19 L)
SIDE/PAGE 1

TRANSITION

Please read the exam announcement carefully
before completing this application.

Send your completed and signed application to
your Personnel Office

<http://www.cs.ny.gov/examannouncements/announcements/prom-cr/10-026.cfm>

PLEASE PRINT	Your Last Name	First Name	MI	Social Security Number
	Street Number, Apt. or P.O. Box			Home Phone
	City or Post Office	State	Zip Code	Business Phone
	E-mail Address			Cell Phone

**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: <i>(whether or not it is qualifying for the exam)</i>	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 Other
Sign Language (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 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 Office for People With Developmental Disabilities. For further information, relating *only* 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 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

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 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? 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. | | | | | | |
| 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?
<table border="0" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 33%; vertical-align: top;">In the Armed Forces:</td> <td style="width: 33%; vertical-align: top;">or earned the Armed Forces, Navy, or Marine Corps expeditionary medal for service in:</td> <td style="width: 33%; vertical-align: top;">or in the U.S. Public Health Service:</td> </tr> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • 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 </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • (Panama) Dec. 20, 1989 to Jan. 31, 1990 • (Lebanon) June 1, 1983 to Dec. 1, 1987 • (Grenada) Oct. 23, 1983 to Nov. 21, 1983 </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • June 26, 1950 to July 3, 1952 • July 29, 1945 to Sept. 2, 1945 </td> </tr> </table> | In the Armed Forces: | or earned the Armed Forces, Navy, or Marine Corps expeditionary medal for service in: | or in the U.S. Public Health Service: | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • (Panama) Dec. 20, 1989 to Jan. 31, 1990 • (Lebanon) June 1, 1983 to Dec. 1, 1987 • (Grenada) Oct. 23, 1983 to Nov. 21, 1983 | <ul style="list-style-type: none"> • June 26, 1950 to July 3, 1952 • July 29, 1945 to Sept. 2, 1945 |
| In the Armed Forces: | or earned the Armed Forces, Navy, or Marine Corps expeditionary medal for service in: | or in the U.S. Public Health Service: | | | | | | |
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| 3. | Yes No | Are you a United States citizen or an alien lawfully admitted for permanent residence? | | | | | | |
| 4. | Yes No | Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above. | | | | | | |
| 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, you must answer “5b”: | | | | | | |
| 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.

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.