

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

Send your completed and signed application(s) to the agency where you wish to work. See the exam announcement for the mailing address.

20-101	Actuary Trainee - Dept. of Financial Services
20-102	Actuary Trainee - State Insurance Fund
20-103	Actuary Trainee - Teachers' Retirement System
20-104	Assistant Actuary - Dept. of Financial Services
20-105	Assistant Actuary - State Insurance Fund
20-106	Assistant Actuary - Office of State Comptroller
20-107	Assistant Actuary - Teachers' Retirement System
20-108	Sr. Actuary Casualty - Dept. of Financial Services
20-109	Sr. Actuary Casualty - State Insurance Fund
20-110	Sr. Actuary Life - Dept. of Financial Services
20-111	Sr. Actuary Life - Office of the State Comptroller
20-112	Sr. Actuary Life - Teachers' Retirement System

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 (PPPL), 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 Personnel Office of the agency where you submit your application. For further information, relating only to the PPPL, call (518) 457- 9375. **For information on this examination, call (518) 473-8906.**

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.

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?
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 Corps expeditionary medal for service in:**
 - (Panama) Dec. 20, 1989 to Jan. 31, 1990
 - (Lebanon) June 1, 1983 to Dec. 1, 1987
 - (Grenada) Oct. 23, 1983 to Nov. 21, 1983**or in the U.S. Public Health Service:**
 - June 26, 1950 to July 3, 1952
 - July 29, 1945 to Sept. 2, 1945
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.

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, religion, disability, national origin, gender, sexual orientation, veteran or military service member status, marital status, domestic violence victim status, genetic predisposition or carrier status, or arrest and/or criminal conviction record, 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.

SOCIAL SECURITY NUMBER

**CONTINUOUS RECRUITMENT EXAMINATIONS
ACTUARY TRAINEE
ASSISTANT ACTUARY
SENIOR ACTUARY (CASUALTY)
SENIOR ACTUARY (LIFE)**

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

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

INSTRUCTIONS

1. **Please print clearly in ink.**
2. Answer all questions on this application form NYS-APP-3 #20-101 and SUPP #20-101 completely and accurately. Incomplete information may result in a lower score or disqualification. Retain a copy of the completed form for your records.
3. This questionnaire will be the only basis for rating your education and experience. You may submit your resume in addition to this application, but you **must** still complete all parts of the application without reference to the resume.
4. Your degree and/or college credits must have been awarded from a regionally accredited college or university or one recognized by the New York State Education Department as following acceptable educational practices. If your degree and/or college credit was awarded by an educational institution outside the United States and its territories, you must provide independent verification of equivalency and a course-by-course evaluation. You can write to the Department of Civil Service, Albany, NY 12239 for a list of acceptable companies who provide this service or this information can be found on the Internet at: <http://www.cs.ny.gov/jobseeker/degrees.cfm>. You must pay the required evaluation fee.
5. Mail your completed application form NYS-APP-3 #20-101 and supplemental questionnaire SUPP #20-101 with separate copies of your school-issued college transcripts to one or more of the agencies listed below. **Provide photocopies of transcripts from all colleges attended.** Include separate undergraduate and graduate transcripts from all colleges attended whether or not a degree was awarded. These need not be official transcripts, although we reserve the right to require official transcripts at time of interview. As candidates will be evaluated on relevant coursework, failure to provide separate transcripts from all colleges attended may result in a disqualification or lower score. Transcripts must include your name; your student identification number; the name of the issuing school; the type of degree received, if any; the date your degree, if any, was conferred; full course names; grades earned for each course; and a cumulative grade point average (GPA). **Transcripts downloaded from college websites will NOT be accepted.** You must mail separate completed application/supplemental questionnaire and transcripts to one or more of the following:

For Exam Numbers 20-101, 20-104, 20-108 and/or 20-110: NYS Department of Financial Services One Commerce Plaza Human Resource Management Room 2016 Albany, New York 12257 (518) 474-2994 human-resources@dfs.ny.gov	For Exam Numbers 20-106, and/or 20-111 NYS Office of the State Comptroller Office of Human Resources 110 State Street Albany, New York 12236 (518) 474-1924 recruit@ocs.state.ny.us	For Exam Numbers 20-102, 20-105, and/or 20-109 NYS Insurance Fund Personnel Office 15 Computer Drive West Albany, New York 12205 (518) 437-6176 HR@nysif.com	For Exam Numbers 20-103, 20-107, and/or 20-112 NYS Teachers' Retirement System Human Resources – Exam 10 Corporate Woods Drive Albany, New York 12211-2395 (518) 447-2906
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6. Retest Policy – You may reapply for these examinations after 12 months. A new application/supplemental questionnaire and transcripts must be submitted.
7. Appropriate part-time and volunteer experience, which can be verified, will be accepted on a prorated basis.

BEGIN YOUR TEST:

I. ACADEMIC RECORD

A. Indicate any degrees received or expected to be received. Failure to provide complete information below will result in disqualification.

College, University, Professional or Technical Schools	Semester Credits Received	Quarter Hours Received	Type of Degree Received	Major Subject or Type of Course	Did You Graduate	Degree Expected
Name					Yes No	MO. YR.
Address (City, State)						
Name					Yes No	MO. YR.
Address (City, State)						

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SOCIAL SECURITY NUMBER

CONTINUOUS RECRUITMENT EXAMINATIONS
ACTUARY TRAINEE
ASSISTANT ACTUARY
SENIOR ACTUARY (CASUALTY)
SENIOR ACTUARY (LIFE)

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

I. ACADEMIC RECORD (continued):

B. Indicate "Overall Grade Point Average" (G.P.A.) for *only* the college granting your bachelor's degree. For "Specialized G.P.A." (all math, statistics, and actuarial science courses, from any regionally accredited college or university from which you have receive course credit) calculate this by multiplying each course's numerical equivalent grade times the number of semester credit hours for that course; **total** all the results and then divide by the number of semester credit hours represented.

* Please highlight on your transcript coursework you are utilizing to calculate your "Specialized G.P.A."

Accurate information about your G.P.A. is a vital part of the selection process. You must include transcripts verifying this information. **Candidates who do not provide transcripts may be disqualified.** If an educational institution outside the United States or its territories is involved, an equivalency determination and a course-by-course evaluation must be made by an independent service. (Refer to Instruction Item 4).

Overall G.P.A. _____ **Specialized G.P.A.** _____

C. If you have completed coursework in economics, corporate finance, or computer science, please fill out the chart below and attach a transcript verifying this coursework to your application.

* Indicate this coursework by on your transcript by marking "1C."

College or University	Course Number	Course Name	Semester Credit Hours	Grade

D. If you have completed coursework in professional writing or public speaking, please fill out the chart below and attach a transcript verifying this coursework to your application.

* Indicate this coursework by on your transcript by marking "1D."

College or University	Course Number	Course Name	Semester Credit Hours	Grade

E. Have you been involved with a public speaking club or organization? Have you participated in a public speaking training program? Do you have public speaking experience? If yes, indicate below.

Name of Club or Organization/Training Program	Dates of Involvement (MM/YY – MM/YY)

Public Speaking Engagement	Sponsor/Employer	Topic	Number of Attendees

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CONTINUOUS RECRUITMENT EXAMINATIONS

**ACTUARY TRAINEE
ASSISTANT ACTUARY
SENIOR ACTUARY (CASUALTY)
SENIOR ACTUARY (LIFE)**

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

II. TRAINING

Indicate any Society of Actuaries or Casualty Actuarial Society examinations completed. You must fill out the chart below and attach a transcript verifying this coursework to your application. Failure to provide complete information below will result in disqualification. Preliminary test results will not be accepted. (*refer to the examination announcement for minimum qualifications*)

Please check one:	Exam Information	Date Completed
Society of Actuaries Casualty Actuarial Society		
Society of Actuaries Casualty Actuarial Society		
Society of Actuaries Casualty Actuarial Society		
Society of Actuaries Casualty Actuarial Society		
Society of Actuaries Casualty Actuarial Society		
Society of Actuaries Casualty Actuarial Society		
Society of Actuaries Casualty Actuarial Society		

III. DESCRIBE YOUR EXPERIENCE:

Indicate actuarial experience gained in a governmental regulatory agency; the actuarial department of a private pension organization, insurance company, accident and health insurer, insurance rating or service organization, public retirement or pension system; or actuarial consulting firm. Describe any practicum, work experience, or internship in the actuarial field. Failure to provide complete information below will result in disqualification. (*refer to the examination announcement for minimum qualifications*)

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM TO	FIRM NAME	ADDRESS	CITY AND STATE
YOUR EXACT TITLE	DUTIES:		
NAME OF YOUR SUPERVISOR			
TELEPHONE NUMBER			

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM TO	FIRM NAME	ADDRESS	CITY AND STATE
YOUR EXACT TITLE	DUTIES:		
NAME OF YOUR SUPERVISOR			
TELEPHONE NUMBER			

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM TO	FIRM NAME	ADDRESS	CITY AND STATE
YOUR EXACT TITLE	DUTIES:		
NAME OF YOUR SUPERVISOR			
TELEPHONE NUMBER			

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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) 473-8906.

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 form independently and without assistance from other candidates or employees of the NYS Department of Civil Service, NYS Department of Financial Services, NYS Office of the State Comptroller, NYS Insurance Fund, and/or NYS Teachers' Retirement System.

Signature: _____

Date: _____