# 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 |
|---|---|
| ☐ 20-450 | **Plant Utilities Assistant** |
| ☐ 20-451 | **Plant Utilities Engineer 1** |

Last Name | First Name | MI

Mailing Address: No., Street, Apt., or P.O. Box

City or Post Office | State | Zip Code

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), (e), 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.

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, 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.**

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 |
|---|---|
| ☐ U.S. Air Force | Graduate of heating, HVAC, ventilation, air conditioning, and refrigeration apprenticeship program. |
| ☐ U.S. Coast Guard | Enlisted machinery technician (MK) or possession of a certificate as a Marine Engineer. |
| ☐ U.S. Army | Enlisted power generation equipment repairer. |
| ☐ U.S. Navy | Enlisted gas turbine systems technician, submarine nuclear propulsion plant operator reactor control, utilities man, machinist mate, or engineman. |
| ☐ 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

**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 |
|---|---|---|
| ☐ Stationary Engineer | | MO/YR |
| ☐ Plant Maintenance (Plumber/Steamfitter) | | MO/YR |
| ☐ HVAC Mechanic | | MO/YR |
| ☐ 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<br>MO. YR. MO. YR.<br>From TO | Are you currently licensed:<br>☐ Yes<br>☐ No |
|---|---|---|---|
| Specialty<br>☐ High-Pressure Boiler Operating Engineer License<br>☐ Stationary Engineer License | | Granted by (licensing agency) | |

SOCIAL SECURITY NUMBER

**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) |
|---|---|---|
| ☐ Associate's degree in HVAC<br>☐ Bachelor's degree in Facilities Engineering, Mechanical Engineering, Electrical Engineering or Marine Engineering<br>☐ HVAC certificate or diploma from BOCES (440 hours)<br>☐ HVAC certificate or diploma from BOCES (900 hours)<br>☐ 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

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

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

**(WORK EXPERIENCE, Continued)**

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

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

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

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<br>MO. YR. MO. YR.<br>FROM TO | EMPLOYER NAME ADDRESS CITY AND STATE |
|---|---|
| TYPE OF BUSINESS | DUTIES: |
| YOUR EXACT TITLE | |
| NAME OF YOUR SUERVISOR | |
| SUPERVISOR'S TITLE | |
| No. of hours worked per week (exclusive of overtime): | |

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

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<br>MO. YR. MO. YR.<br>FROM TO | EMPLOYER NAME ADDRESS CITY AND STATE |
|---|---|
| TYPE OF BUSINESS | DUTIES: |
| YOUR EXACT TITLE | |
| NAME OF YOUR SUERVISOR | |
| 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:** _____