

APPLICATION FOR NEW YORK STATE EXAMINATIONS OPEN TO THE PUBLIC

OC-APP #4 20-483 (7/15 L)

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20-483 Food Service Worker 1
Office of Mental Health

Please read the announcement carefully before completing this application.

Send your completed and signed application to:
 Decentralized Examination Unit
 NYS Office of Mental Health
 44 Holland Avenue
 Albany, NY 12229

PLEASE PRINT

Your Last Name	First Name	MI	Social Security Number		
Street Number, Apt. or P.O. Box			Home Phone () - Area Code		
City or Post Office		State	Zip Code	Business Phone () - Area Code	

- Please note:**
- 1 - An examination for Food Service Worker 1 is also offered at other state agencies. For information on the locations of these positions, refer to the announcement for Exam No. 20-484 Food Service Worker 1 – Decentralized.
 - 2 - The same Food Service Worker 1 written test is used for both exam numbers 20-483 and 20-484. You may take the FOOD SERVICE WORKER 1 written test *only* ONCE every testform period. (See details on the announcement.)

REASONABLE ACCOMMODATIONS IN TESTING

I require reasonable accommodations to take this test. (See the announcement for details.)

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?
- 3. YES NO Did you ever receive a discharge from the Armed Forces of the United States which was not an "Honorable Discharge" or a "General Discharge under Honorable Conditions?"

FOR GEOGRAPHIC PREFERENCES

Indicate the geographic area(s) where you would like to take the Food Service Worker 1 exam. (See the announcement at <http://www.cs.ny.gov/examannouncements/announcements/oc-cr/decentralized/20-483.cfm> for a detailed listing of the counties in each geographic area.)

- | | | | | | | |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Area 1 | <input type="checkbox"/> Area 3 | <input type="checkbox"/> Area 5 | <input type="checkbox"/> Area 7 | <input type="checkbox"/> Area 9 | <input type="checkbox"/> Area 11 | <input type="checkbox"/> Area 13 |
| <input type="checkbox"/> Area 2 | <input type="checkbox"/> Area 4 | <input type="checkbox"/> Area 6 | <input type="checkbox"/> Area 8 | <input type="checkbox"/> Area 10 | <input type="checkbox"/> Area 12 | |

ELIGIBILITY FOR EMPLOYMENT

You must be eligible to work in the United States at the 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.

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

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EXTRA CREDITS FOR WAR TIME VETERANS

DO NOT COMPLETE THIS SECTION UNLESS YOU: Wish to claim War Time Veterans Credits, **AND** have not used **DISABLED** veterans 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?

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.

REMARKS:

MEDICAL EXAMINATION, FINGERPRINTING AND BACKGROUND INVESTIGATION

A medical examination will be required for appointment.

Fingerprinting and criminal background check will be conducted if you are selected for appointment.

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

If you are a child of a police officer or firefighter 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) 473-6077.

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 of the Mental Health. For further information, relating *only* to the Personal Privacy Protection Law, call (518) 457-9375. For exam information, call (518)457-2487 or toll free at 1-877-697-5627.

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 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.