

**APPLICATION FOR  
CORRECTION OFFICER TRAINEE**

Application Processing  
New York State Department of Civil Service  
Albany, NY 12239

**ONLINE FILING AVAILABLE AT:**

[www.cs.ny.gov](http://www.cs.ny.gov)

Announced Test Date:

**February 11, 2017**

**26-213, Correction Officer Trainee**  
 **26-214, Correction Officer Trainee**  
**(Spanish Language)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

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

City or Post Office \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

Email Address # 1 \_\_\_\_\_

Email Address # 2 \_\_\_\_\_

**Do you have a High School or Equivalency Diploma?**  Yes  No  
**If YES, Name and location of High School or Issuing Governmental Authority:** \_\_\_\_\_

**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.

**For Civil Service Use Only**

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**EXAMINATION APPLICATION**  
Use this form to apply for Examination Numbers 26-213 and 26-214, Correction Officer Trainee. Read the exam announcement carefully to be sure that you meet the Minimum Qualifications. Mail your application and the required processing fee to Application Processing, NYS Department of Civil Service, Albany, New York 12239.

**ADMISSION TO EXAMINATION**  
You will be admitted to the test pending a full review of your application. If you take the test but your application is disapproved later, we will notify you of the reason. If you do not receive an admission notice from us at least three days prior to the test date, immediately call (518) 474-6470 in the Albany area, or toll free at 1-877-697-5627.

**PLACE OF EXAMINATION**

The written tests are held in the following locations, although some may not be open for this examination. You will be assigned to the nearest OPEN location based on the postal ZIP code for your mailing address: Albany, Amsterdam, Binghamton, Buffalo, Fredonia, Hicksville, Kingston, Middletown, New York City (Manhattan), N.Yack, Port Jefferson, Poughkeepsie, Rochester, Saranac Lake, Syracuse, Utica, or Watertown.

**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) 473-9950.

**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 Director, Division of Staffing Services, Department of Civil Service, Albany, New York 12239. 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.

**NON-REFUNDABLE PROCESSING FEE**

Refer to the front of the exam announcement for the required processing fee. Enclose a check or money order for the total amount required, made payable to the New York State Department of Civil Service. **DO NOT SEND CASH.** If your application is disapproved, the fee **will not be refunded.** Check the box, "I have enclosed the fee."

If you are a NYS employee in a position represented by CSEA and you are applying for an **OPEN-COMPETITIVE** examination, you are not required to submit a processing fee under current negotiated agreements. Check the box "I am a NY State employee represented by CSEA in Negotiating Units 02, 03, 04, or 47, and my fee is paid by my union for an **OPEN-COMPETITIVE** examination. (State employees represented by PEF are required to pay the Application Processing Fee.)" **Refunds will not be issued to employees covered by the agreements if they submit a fee.**

No fee is due if you are unemployed and primarily responsible for the support of a household. Do not enclose any payment with your application. Check the box, "I am unemployed and primarily responsible for the support of a household."

No fee is due if you are determined eligible for Medicaid, or receiving Supplemental Social Security payments, or Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance) or are certified Job Training Partnership Act/Workforce Investment Act eligible through a state or local social service agency. Do not enclose any payment with your application. Check the box, "I am receiving public assistance."

All claims are subject to verification. Those not supported by appropriate documentation are grounds for barring or rescinding an appointment.

**Check One**

I have enclosed the fee.  
(Enclose a check or money order payable to the NYS Department of Civil Service).  
**DO NOT SEND CASH.**

**(The Fee will NOT BE REFUNDED if your application is DISAPPROVED.)**

**No Fee Is Due Because:**  
 I am a NY State employee represented by CSEA in Negotiating Units 02, 03, 04, or 47, and my fee is paid by my union for an **OPEN-COMPETITIVE** examination. (State employees represented by PEF are required to pay the Application Processing Fee.)  
 I am unemployed and primarily responsible for the support of a household.  
 I am receiving public assistance.

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. I understand the application processing fee(s) paid with this application are non-refundable.

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, mental 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 or practice.**

**TESTING ACCOMMODATIONS:**

**RELIGIOUS OBSERVANCE OR PRACTICE:** Most written tests are held on Saturdays. If you cannot be tested on Saturday due to a religious observance or practice, you must check the box next to the question below. If you check this box, the Department of Civil Service will schedule your test for the Sunday following the test date. Sunday tests are generally administered in Albany, Buffalo, and New York City. (If you need something other than a Sunday test date due to a religious observance or practice, please use "Other Accommodations" below).

I require a Sunday test date due to a religious observance or practice.

**REASONABLE ACCOMMODATIONS FOR INDIVIDUALS WITH DISABILITIES:** Reasonable Accommodations are provided for persons with disabilities who wish to take a written test. If you need a test accommodation due to disability, please check the box below.

I require a reasonable accommodation due to a disability.

**OTHER ACCOMMODATIONS:** Requests for Testing Accommodations may also be requested as needed due to pregnancy, for nursing mothers, or for other circumstances that may impact your ability to be tested without accommodation. If you will need a test accommodation for such other reasons, or if you need something other than a Sunday test date due to a religious observance or practice, please check the box below.

I require a test accommodation, other than a Sunday test day, for reasons other than a disability.

**EXTRA CREDITS FOR WAR TIME VETERANS – See page 3 for specific instructions and information relating to Veteran Credits**

**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?

- 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.

**ADDITIONAL QUESTIONS FOR OPEN-COMPETITIVE APPLICANTS ONLY**

Certain job titles, including many law enforcement positions (such as Correction Officer, Parole Officer, and Park Patrol Officer) and direct patient care positions (such as Mental Health Therapy Aide and Secure Care Treatment Aide), are also subject to agency criminal history background investigations, as required by law. Applicants should read the official examination announcement for more specific information.

**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"?

**REMARKS:**