



**Department of
Civil Service**

Albany, NY 12239

STAFFING SERVICES DIVISION
Examination Application Supplement

S-500 (10/2019 L)

Name and Address of Candidate:

Exam No.	Title(s)

Social Security Number:	Home Phone:	Business Phone:		
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EDUCATION:

If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. Do not send transcript unless required by the examination announcement. If required to indicate specific if course work, do so on an attached sheet.

Do you have a High School or Equivalency Diploma? Yes No		If "YES", Name and Location of High School or Issuing Governmental Authority:				
College, University, Professional or Technical School(s) <i>(Include Name & Address)</i>	Semester Credits Received	Quarter Hours Received	Type of Degree Received	Major Subject or Type of Course	Did you Graduate?	Degree Expected:
					Yes No	
					Yes No	

License or Certification: Complete the following if a license, certificate or other authorization to practice a trade or profession is required on the announcement(s).

Trade or Profession:	License Number:	Date License First Issued:	Registration: From: To: Mo./Yr. Mo./Yr.	If you are not currently licensed, check this box.
Specialty:	Granted by: (Licensing Agency)		City	State

Description of Experience:

- Beginning with the most recent, describe in detail all employment pertinent to the examination(s).
- Under "Duties", describe the nature of the work you personally performed, including the estimated percentage of time spent on each type of work.
- If you had different jobs (set of duties) with the same employer, treat each job as a separate employment experience.
- If you supervised others, state how many and the nature and extent of such supervision.
- Describe unpaid or volunteer experience in the same way as paid work, and check "unpaid".
- Describe pertinent military experience in the same way as other employment.
- An accurate, adequate and clear description is required; omissions or vagueness will not be interpreted in your favor.
- Do not send resumes unless requested on the announcement.

Description of Experience: (continued) <i>(If more space is needed to describe your experience, use 8.5" x 11" sheets of paper prepared in the same format.)</i>				
Type of Business	Employer		Address	
Length of Employment	From: (Mo./Yr.)	To: (Mo./Yr.)	Your Exact Title	
	Average Number of Hours Worked per Week:		Supervisor's Name:	Supervisor's Title:
Duties:				
Type of Business	Employer		Address	
Length of Employment	From: (Mo./Yr.)	To: (Mo./Yr.)	Your Exact Title	
	Average Number of Hours Worked per Week:		Supervisor's Name:	Supervisor's Title:
Duties:				
Type of Business	Employer		Address	
Length of Employment	From: (Mo./Yr.)	To: (Mo./Yr.)	Your Exact Title	
	Average Number of Hours Worked per Week:		Supervisor's Name:	Supervisor's Title:
Duties:				

Personal Privacy Protection Notification

The information you provide on this form is requested in accordance with Section 50 (3) of the Civil Service Law for the principal purpose of determining your eligibility to participate in the examination(s) for which you are applying. The 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 the information may result in disapproval of your application. The information will be maintained by the Director, Division of Staffing Services, NYS Department of Civil Service, Albany, NY 12239; telephone (518) 473- 6437. For further information, relating only to the Personal Privacy Protection Law, call (518) 457-9375.

READ THIS STATEMENT AND SIGN BELOW:

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: _____

FOR CIVIL SERVICE USE ONLY

Training and Experience

Rated by: _____

Checked by: _____