

**FORM OC-APP (6/00L) (w)
APPLICATION FOR NYS EXAMINATIONS
OPEN TO THE PUBLIC**

Send Completed Application To: Application Processing New York State Department of Civil Service The State Campus Albany, NY 12239

Read Instructions on Page 4 First - Please Print Clearly

Announced Test Date: / / M.o. Day Yr. You must file a separate application for each different test date.

Exam No(s).	Title(s)

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

SATURDAY RELIGIOUS OBSERVER
 I am a religious observer and cannot be tested on the scheduled test date. (See Page 4)
SPECIAL ACCOMMODATIONS IN TESTING
 I require special accommodations to take this test. (See Page 4)

CITIZENSHIP / ELIGIBILITY FOR EMPLOYMENT
 Before you can be employed in any position in State Service, you will be required to produce documents which establish your identity and your eligibility to be employed in the United States.

W O G O U

STUDENT LOANS
 YES NO Are you currently in default on any outstanding student loan(s) made or guaranteed by the New York State Higher Education Services Corporation?

ADDITIONAL QUESTIONS

- YES NO Were you ever discharged from any employment except for lack of work or funds, disability or medical condition?
- YES NO Did you ever resign from any employment rather than face discharge?
- YES NO Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions?
- YES NO Have you ever been convicted of any crime (felony or misdemeanor)?
- YES NO Are you now under charges for any crime?

If you answered YES to any of these questions, provide details under REMARKS on Page 3. Your failure to answer any of these questions or to provide details will significantly delay any determination concerning your qualifications and may deprive you of potential employment opportunities.

NON-REFUNDABLE PROCESSING FEE Please read exam announcement and information on Page 4.

Check One
 NO FEE IS DUE BECAUSE:

- I have enclosed the fee.
- I am a NY State employee and my fee is paid by my union. (CSEA Negotiating Units 02, 03 or 04)
- (The fee will NOT BE REFUNDED if your application is DISAPPROVED)
- I am unemployed and primarily responsible for the support of a household.
- I am receiving public assistance as described on Page 4.

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.

DO NOT COMPLETE THIS SECTION UNLESS YOU:

1. Wish to claim War Time Veterans Credits, AND
2. Have NOT used veterans credits for appointment to a position in NY State or Local Government.

EXTRA CREDITS FOR WAR TIME VETERANS YOUR ANSWERS MUST BE "YES" TO BE ELIGIBLE FOR ADDITIONAL CREDITS.

- YES NO I expect to receive or have 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.
- YES NO I am now serving, or have served, on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods:
 or earned the armed forces, navy, or marine corps expeditionary medal for service in:
 • Aug. 2, 1990 to the date when the Persian Gulf hostilities ends;
 • Dec. 22, 1961 to May 7, 1975;
 • June 27, 1950 to Jan. 31, 1955;
 • Dec. 7, 1941 to Dec. 31, 1946;
- YES NO I am a United States citizen or an alien lawfully admitted for permanent residence.
- YES NO I am a New York State resident.

To claim additional credits as a Disabled Veteran, you must also answer YES to this question:

- YES NO I am currently receiving payments from the U.S. Dept. of Veterans Affairs for a service connected disability rated at 10% or more incurred during a "Time of War" period listed above.

It is the policy of the New York State Department of Civil Service to provide for and promote equal opportunity in employment, compensation and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability or marital status or genetic predisposition or carrier status.
 It is the policy of the 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 enjoy such equal opportunity, including accommodations in the examination process. Further, it is the policy of the Department to provide reasonable accommodations for religious observers.

YOUR EDUCATION:

Read the exam announcement for educational requirements, if any. If specialized coursework is required, attach a copy of the transcript or a list of the required courses and the number of credit hours you completed.

Do you have a High School or Equivalency Diploma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Name and location of High School or Issuing Governmental Authority:						
College, University, Professional or Technical School(s)	Semester Credits Received	Quarter Hours Received	Type of Degree Received	Major Subject or Type of Course	Did You Graduate	Degree Expected		
Name					<input type="checkbox"/> Yes <input type="checkbox"/> No	MO.	YR.	
Address (City, State)								
Name					<input type="checkbox"/> Yes <input type="checkbox"/> No	MO.	YR.	
Address (City, State)								

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	MO. YR.	MO. YR.	If you are not currently licensed, check this box: <input type="checkbox"/>
Specialty	Granted by (licensing agency)		FROM	/	TO	City, State

DESCRIBE YOUR EXPERIENCE:

Beginning with your most recent, list all employment, military service, or volunteer experience that shows you meet the minimum qualifications for the examination(s). We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. Do not send your resume. Under DUTIES describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision.

LENGTH OF EMPLOYMENT MO. YR. TO MO. YR. FROM / TO EARNINGS (Circle One) \$ /WK. /MO /YR.	FIRM NAME	ADDRESS	CITY AND STATE
TYPE OF BUSINESS	DUTIES:		
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime):			

LENGTH OF EMPLOYMENT MO. YR. TO MO. YR. FROM / TO EARNINGS (Circle One) \$ /WK. /MO /YR.	FIRM NAME	ADDRESS	CITY AND STATE
TYPE OF BUSINESS	DUTIES:		
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime):			

BE SURE TO READ THE REQUIRED QUALIFICATIONS ON THE EXAMINATION ANNOUNCEMENT(S)

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO / EARNINGS (Circle One) \$ /WK. / MO / YR.	FIRM NAME	ADDRESS	CITY AND STATE
TYPE OF BUSINESS	DUTIES:		
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TYPE OF BUSINESS	DUTIES:		
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime):			

REMARKS:

EXAMINATION APPLICATION

Use this form to apply for New York State Civil Service exams which are open to the public (The five-digit Examination Numbers beginning with 2 or 8). Read each exam announcement carefully to be sure that you meet the Minimum Qualifications.

You must file a separate application for each different test date. You may list up to eight exam numbers on one application, as long as they are all being held on the same date.

Unless the exam announcement has different instructions, mail your application (and the required processing fee, if any) to Application Processing: NYS Department of Civil Service, The State Campus, Albany, NY 12239.

ADMISSION TO EXAMINATION

We usually review your application before the test to be sure that you qualify. Generally we will advise you if we need more information. You may be admitted to the test pending a full review of your application. If you take the test but your application is disapproved later, you will not receive a test score. If your application is disapproved, we will notify you of the reason.

If you are applying for a written test and you do not receive a notice from us by three days before the test date, immediately call (518) 457-5483 if taking the test in Albany; (518) 457-6556 for New York City Test Centers; and (518) 457-7022 for all other Test Centers. We cannot accept collect calls.

PLACE OF EXAMINATION

Unless the exam announcement states otherwise, written tests are held in the following locations, although some may not be open for every examination. You will be assigned to the nearest open location based on the postal ZIP code for your mailing address.

Oral tests are usually held in Albany only.

Albany	Kingston	Rochester
Amsterdam	Middletown	Saranac Lake
Binghamton	New York City (Bronx)	Saratoga
Buffalo	New York City (Manhattan)	Selden
Fredonia	Nyack	Syracuse
Hicksville	Plattsburgh	Troy
Hornell	Poughkeepsie	Utica
		Watertown

SATURDAY RELIGIOUS OBSERVER

Most written tests are held on Saturdays. If you are a religious observer and you cannot take the test on the announced test date, check the box, "I am a religious observer and cannot be tested on the scheduled test date." We will make arrangements for you to take the test on a different date (usually the following day).

SPECIAL ACCOMMODATIONS IN TESTING

We provide reasonable accommodations for persons with a disability to take a test. If you need a reasonable accommodation, check the box, "I require special accommodations to take this test." On or before the last date for filing applications, write to the Department of Civil Service or call (518) 457-3416 or TDD (Telephone Device for the Deaf) (518) 457-8480 and describe the accommodation you need.

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 NYS 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, you are not required to submit a processing fee under current negotiated agreements. Check the box "I am a NYS employee and my fee is paid by my union (CSEA Negotiating Units 02, 03 & 04)." 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.

EXTRA CREDITS FOR WAR TIME VETERANS

Answering these questions means that you are requesting the extra credits. Do not answer the questions if you are not a wartime active duty member of the armed forces or a war time veteran or if you do not want to request the extra credits. If you are currently in the Armed Forces on full-time active duty (other than for training) or if you are a War Time Veteran or Disabled Veteran, you are eligible for extra credits added to your exam score if you pass. These extra credits can be used only once for any permanent government employment in New York State. If you want to have these extra credits added to your exam score, you must answer the questions now. You can waive the extra credits later if you wish. At the time of interview and appointment you will be required to produce the documentation, such as discharge papers, to prove that you are eligible for the extra credits.

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, The State Campus, Albany, New York 12239. For further information, relating *only* to the Personal Privacy Protection Law, call (518) 457-9375. **(For examination information, call (518) 457-6216.)**