

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

Read Instructions on Page 3 First - Please Print Clearly
If applicable, please complete additional information on Page 4.

Announced Mo. Day Yr. / /
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

Email Address | Social Security Number

Home Phone () | Day Phone ()

RELIGIOUS ACCOMMODATION

I cannot be tested on the scheduled test date due to a conflict with a religious observance or practice.

REASONABLE ACCOMMODATIONS IN TESTING

I require reasonable accommodations to take this test.

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

W G U

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.**
- 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.

RELIGIOUS ACCOMMODATIONS

Most written tests are held on Saturdays. If you cannot take the test on the announced test date due to a conflict with a religious observance or practice, check the box under "Religious Accommodation." We will make arrangements for you to take the test on a different date (usually the following day).

REASONABLE ACCOMMODATIONS IN TESTING

We provide reasonable accommodations for persons with disabilities to take a test. If you need a reasonable accommodation, check the box, "I require reasonable accommodations to take this test." On or before the last date for filing applications, write to the Department of Civil Service or call (518) 457-2487 (press 2, then press 2) (in the Albany area) or 1-877-697-5627 (outside of the Albany area) and describe the accommodation you need. For TDD services, call NY Relay at 711 (requires a fee) or 1-800-662-1220.

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, 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.

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

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

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

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

(Attach additional 8 1/2" x 11" sheets if necessary.)

INSTRUCTIONS

EXAMINATION APPLICATION

Use this form to apply for all New York State Civil Service examinations (the five-digit examination number). Read each exam announcement carefully to be sure that you meet the Minimum Qualifications.

You may list up to four 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, 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 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 (press 2, then press 1).

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.

Albany	Kingston	Rochester
Amsterdam	Middletown	Saranac Lake
Binghamton	New York City (Manhattan)	Syracuse
Buffalo	Nyack	Utica
Fredonia	Port Jefferson	Watertown
Hicksville	Poughkeepsie	

Oral tests are usually held in Albany only.

EXTRA CREDITS FOR WAR TIME VETERANS

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.

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) 473-8102.

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 (press 2, then press 3); or toll free at 1-877-697-5627 (press 2, then press 3)).

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 subject to additional agency criminal history background investigations, as required by law. Applicants should read the official examination announcement for more specific information.

For other titles, please be advised that, while you are required to provide the requested information at this time and the Department of Civil Service may begin the review process, the specific information supplied in this section will not be shared with the interviewing agency(ies) until at least after the first interview. Answering YES to Question 5 may or may not preclude employment, depending on the nature of the criminal offense, its relationship to the position sought, and other factors that must be considered before employment may be lawfully denied based on prior convictions.

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”?
4. Yes No Do you have an arrest or criminal accusation currently pending against you?
5. Yes No Have you ever been convicted of a criminal offense (felony or misdemeanor)?

You should answer NO to Question 5 if:

- a. Your conviction (felony or misdemeanor) was sealed by a court; or
- b. The criminal action or proceeding was terminated in your favor, e.g. was dismissed, you received an Adjournment in Contemplation of Dismissal and the adjournment period has elapsed, you were acquitted; or
- c. The proceeding on the criminal offense resulted in a juvenile delinquency finding or youthful offender adjudication which has been sealed/expunged pursuant to the Family Court Act; or
- d. After completing a treatment program, your plea to a felony or a misdemeanor was withdrawn and you were sentenced to a violation which was sealed by the court or the completion of the program resulted in a dismissal of all charges by the court.

Failure to disclose a prior conviction that does not meet the criteria above, or to truthfully answer these questions, may result in denial of employment based on falsification of the employment application.

REMARKS:

INSTRUCTIONS TO CANDIDATES

THIS INFORMATION IS BEING REQUESTED IN ACCORDANCE WITH SECTION 296(1)(d) OF THE NEW YORK STATE EXECUTIVE LAW (HUMAN RIGHTS LAW) AND WILL BE USED SOLELY FOR THE PURPOSE OF CONDUCTING STUDIES REGARDING THE DEPARTMENT OF CIVIL SERVICE EXAMINATION PROGRAM. INFORMATION THAT YOU PROVIDE WILL BE KEPT CONFIDENTIAL AND WILL ONLY BE RELEASED IN A SUMMARY STATISTICAL FORMAT. IT WILL BE USED IN ACCORDANCE WITH SECTION 96(1) OF THE PERSONAL PRIVACY PROTECTION LAW, PARTICULARLY SUBDIVISIONS (b), (e) AND (f). IT WILL BE MAINTAINED BY THE DIRECTOR, DIVISION OF DIVERSITY PLANNING AND MANAGEMENT, DEPARTMENT OF CIVIL SERVICE, ALBANY, NEW YORK 12239. FOR INFORMATION RELATING ONLY TO THIS BIO-DATA RESEARCH QUESTIONNAIRE, CALL (518) 473-1118.

COMPLETION OF THE QUESTIONNAIRE IS VOLUNTARY. YOU WILL NOT BE AFFECTED IF YOU FAIL TO PROVIDE ANY OR ALL OF THE INFORMATION. FOR FURTHER INFORMATION RELATING TO THE PERSONAL PRIVACY PROTECTION LAW ONLY, CALL (518) 457-9375.

Submit this questionnaire with an *Application for NYS Examinations Open to the Public*.

HOW TO FILL IN YOUR BIO-DATA RESEARCH QUESTIONNAIRE

Please read and follow these instructions carefully.

- Use only a number 2 pencil.
- Completely fill in the circle with dark pencil marks.
- Completely erase any marks you wish to change.
- DO NOT make any stray marks or smudges on either side of this questionnaire.

Example:

correct way ●
wrong way ⊗
wrong way ⊘
wrong way ◐

Where blank boxes appear write in the appropriate numbers and then fill in the proper circles below the boxes with dark pencil marks.

1	4	3
0	0	0
●	1	1
2	2	2
3	3	●
4	●	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

EXAMPLE:

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 on the basis of age, race, creed, color, national origin, gender, sexual orientation, disability, marital status, military status, or genetic predisposition or carrier status.

It is the policy of the Department of Civil Service to provide qualified individuals with disabilities with equal employment opportunity and an equal opportunity to participate in and receive the benefits of the services, programs and activities of the Department. Additionally, it is the policy of the Department to provide qualified individuals with disabilities with reasonable accommodations and modifications as are necessary to enjoy such equal opportunities.

SOCIAL SECURITY NUMBER

WRITE YOUR SS NO. HERE →	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
FILL IN THE CORRESPONDING CIRCLE BELOW EACH NUMBER	0	0	0	0	0	0	0	0
	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2
	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4
	5	5	5	5	5	5	5	5
	6	6	6	6	6	6	6	6
	7	7	7	7	7	7	7	7
	8	8	8	8	8	8	8	8
	9	9	9	9	9	9	9	9

SEX	Female	Male
	<input type="radio"/>	<input type="radio"/>

FILL IN THE *ONE* CIRCLE THAT DESCRIBES YOUR ETHNIC ORIGIN:

- White**—(not of Hispanic origin)—A person who has origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black**—(not of Hispanic origin)—A person who has origins in any of the black racial groups of Africa.
- Hispanic**—A person of Puerto Rican, Mexican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander**—A person who has origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- American Indian or Alaskan Native**—A person who has origins in any of the original peoples of North America and who maintains tribal affiliation or community recognition.