

APPLICATION FOR NYS EXAMINATIONS
OPEN TO THE PUBLIC

Send Completed	Personnel Bureau, Room 256 NYS Department of Taxation and Finance
Application to:	State Office Campus Albany, New York 12227

Exam No.	Title
20-971	Tax Auditor Trainee 1

Last Name	First Name	MI
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Mailing Address: No., Street, Apt., or P.O. Box

City or Post Office	State	Zip Code
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Email Address

Social Security Number

Home Phone ()	Day Phone ()
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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 Personnel Office, NYS Department of Taxation and Finance, State Office Campus, Albany, NY 12227. For further information, relating only to the Personal Privacy Protection Law, call (518) 457-9375. For examination information on this examination, call (518) 457-2903.

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.

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.

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:
• June 26, 1950 to July 3, 1952
• July 29, 1945 to Sept. 2, 1945
• (Panama) Dec. 20, 1989 to Jan. 31, 1990
• (Lebanon) June 1, 1983 to Dec. 1, 1987
• (Grenada) Oct. 23, 1983 to Nov. 21, 1983

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.

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.

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.

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SOCIAL SECURITY NUMBER

**CONTINUOUS RECRUITMENT EXAMINATION
NUMBER 20-971
TAX AUDITOR TRAINEE 1**

This is an education and experience examination. Your rating will be based on a review of your responses to this questionnaire. All information provided is subject to verification. There is no application fee for this examination.

INSTRUCTIONS

- Please print clearly in ink.**
- Answer all questions on this questionnaire and application form NYS-APP-3 #20-971 (attached) completely and accurately. **Incomplete information may result in a lower score or disqualification.** Retain a copy of the completed form for your records.
- This questionnaire will be the only basis for rating your education and experience. You may submit your resume in addition to this application, but you **must** still complete all parts of the application without reference to the resume.
- Your degree and/or college credits must have been awarded from a regionally accredited college or university or one recognized by the New York State Education Department as following acceptable educational practices. If your degree and/or college credit was awarded by an educational institution outside the United States and its territories, you must provide independent verification of equivalency and a course-by-course evaluation. You can write to the NYS Department of Civil Service, Examination Information, Alfred E. Smith State Office Building, Albany, New York 12239 for a list of acceptable companies who provide this service or this information can be found on the Internet at: <http://www.cs.ny.gov/jobseeker/degrees.cfm>. You must pay the required evaluation fee.
- Mail this application form NYS-APP-3 #20-971 and SUPP #20-971 to:

**Personnel Bureau, Room 256
NYS Department of Taxation and Finance
State Office Campus
Albany, New York 12227**
- Retest Policy – You may reapply for this exam after 18 months.
- Appropriate part-time and volunteer experience, which can be verified, will be accepted on a prorated basis.

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) 473-9350.

I. ACADEMIC RECORD

A. Indicate any degrees received or expected to be received.

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)						

CONTINUOUS RECRUITMENT EXAMINATION
NUMBER 20-971
TAX AUDITOR TRAINEE 1**I. ACADEMIC RECORD (continued):**

- B.** Indicate "Overall Grade Point Average" (G.P.A.) for *only* the college granting your Bachelor's degree, if not yet granted, give the G.P.A through last completed semester. For "Accounting/Auditing G.P.A." (all accounting and auditing courses, from any regionally accredited college or university from which you have received course credit) calculate this by multiplying each course's numerical equivalent grade times the number of semester credit hours for that course; **total** all the results and then divide by the number of semester credit hours represented.

Accurate information on your G.P.A. is a vital part of the selection process. You must include transcripts verifying this information. Candidates who do not provide this information will not be given credit in this section. If an educational institution outside the United States or its territories is involved, an equivalency determination and a course-by-course evaluation must be made by an independent service. (Refer to Instruction Item 4).

Overall G.P.A. _____ Accounting/Auditing G.P.A. _____

- C.** If you have earned a Master's degree or successfully completed **undergraduate and/or graduate level** coursework in English, Communications, Public Relations, and/or Computer Science, please attach a transcript verifying this degree and/or coursework to your application.
- D. Provide photocopies of transcripts from all colleges attended.** Include separate undergraduate and graduate transcripts from all colleges attended whether or not a degree was awarded. These need not be official transcripts, although we reserve the right to require official transcripts at time of interview. As candidates will be evaluated on relevant coursework, failure to provide separate transcripts from all colleges attended may result in a disqualification or lower score. Transcripts must include your name; your student identification number; the name of the issuing school; the type of degree received, if any; the date your degree, if any, was conferred; full course names; grades earned for each course; and a cumulative grade point average (GPA).

II. CERTIFIED PUBLIC ACCOUNTANCY

Indicate below those parts of the Uniform CPA Examination on which you have received a passing score. The Uniform CPA Examination is administered by the American Institute of Certified Public Accountants. The passing score in each subject area is 75.0.

Financial Accounting and Reporting

Business Environment and Concepts

Regulation

Auditing and Attestation

If you are currently a Certified Public Accountant, licensed and registered in New York State, list your license # and date of registration.

License # _____

Date of Registration: _____

III. ACCOUNTING/AUDITING PRACTICUM, INTERNSHIP, OR WORK EXPERIENCE

If applicable, failure to complete all fields below may result in a lower score. Describe any practicum, work experience, or internship in accounting and/or auditing while in college.

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	ORGANIZATION NAME	ADDRESS	CITY AND STATE
TYPE OF BUSINESS			
YOUR EXACT TITLE	DUTIES:		
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week:			

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SOCIAL SECURITY NUMBER

**CONTINUOUS RECRUITMENT EXAMINATION
NUMBER 20-971
TAX AUDITOR TRAINEE 1**

IV. CAMPUS/COMMUNITY/PROFESSIONAL ACTIVITIES

If applicable, failure to complete all field below may result in a lower score. Describe your active involvement in campus or community groups or your affiliation with professional organizations while attending undergraduate school.

☐ Campus Activity☐ Community Group☐ Professional Activity

LENGTH OF INVOLVEMENT MO. YR. MO. YR. FROM / TO /	ORGANIZATION NAME	ADDRESS	CITY AND STATE
TITLE OF GROUP	GOAL OF ORGANIZATION DUTIES:		
YOUR TITLE IF APPLICABLE	DESCRIBE THE NATURE AND LEVEL OF INVOLVEMENT WITH THIS ORGANIZATION:		
NAME OF YOUR CONTACT PERSON			
CONTACT PERSON'S TITLE			
No. of hours worked per week:			

V. WORK EXPERIENCE DURING COLLEGE

If applicable, failure to complete all fields below may result in a lower score. List any other full-time or part-time work experience while attending college (unless covered in item III above.)

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	ORGANIZATION NAME	ADDRESS	CITY AND STATE
TYPE OF BUSINESS			
YOUR EXACT TITLE	DUTIES:		
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week:			

VI. WORK EXPERIENCE FOLLOWING GRADUATION

If applicable, failure to complete all fields below may result in a lower score. List any work experience in the accounting and/or auditing field following graduation.

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	ORGANIZATION NAME	ADDRESS	CITY AND STATE
TYPE OF BUSINESS			
YOUR EXACT TITLE	DUTIES:		
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week:			

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SOCIAL SECURITY NUMBER

CONTINUOUS RECRUITMENT EXAMINATION
NUMBER 20-971
TAX AUDITOR TRAINEE 1

AVAILABILITY INQUIRY FOR TAX AUDITOR TRAINEE 1

This is not an offer of employment. The information you provide will help us determine your availability for future vacancies. Please indicate with a check mark the geographic area(s) in which you would accept employment for Tax Auditor Trainee 1.

<input type="checkbox"/> Albany Area/Albany Co.	<input type="checkbox"/> Hauppauge/Suffolk Co.	<input type="checkbox"/> Syracuse/Onondaga Co.
<input type="checkbox"/> Binghamton/Broome Co.	<input type="checkbox"/> Kew Gardens/Queens Co.	<input type="checkbox"/> Chicago, Illinois
<input type="checkbox"/> Brooklyn/Kings Co.	<input type="checkbox"/> Rochester/Monroe Co.	
<input type="checkbox"/> Buffalo/Erie Co.	<input type="checkbox"/> White Plains/Westchester Co.	

☐ Yes ☐ No Will you now or in the future require sponsorship for Employment Visa status (e.g. H-1B visa status)?

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?"

REMARKS:

USE ADDITIONAL SHEETS IF NECESSARY TO COMPLETE INFORMATION

I affirm that all statements in this supplemental questionnaire are true under penalty of law.

Signature

Date

Print Your Name