



# Notice of Examination

## Bus Maintainer – Group B, Exam # 4601

**Application Deadline**

October 22, 2013

**Type of Test:**

Practical Test

**Application Fee:**

\$68.00 (Non-Refundable)

**Test Date:** (subject to change)

Starting on February 3, 2014

The eligible list resulting from this examination may also be used to fill vacancies in the title of Mechanical Maintainer – Group C. Eligible candidates who accept or decline appointment either as a Bus Maintainer – Group B or as a Mechanical Maintainer – Group C will have their name removed from the eligible list.

### JOB DESCRIPTION

**Bus Maintainers – Group B**, under supervision, maintain, inspect, test, diagnose, alter, rebuild and repair the electrical, electronic, mechanical, hydraulic, pneumatic and air conditioning equipment of New York City Transit's buses, trucks and other motor vehicles. They inspect, test, alter and repair diesel and gasoline engines, hybrid natural gas/electric engines/motors, inverters, high pressure fuel systems, clutches, transmissions, axles, generators, compressors, air conditioning systems, brake assemblies, door wheelchair lifts, and electrical and mechanical accessories; align, adjust and/or repair wheels, steering equipment and suspension systems; reline and adjust brakes and clutches; diagnose and repair modular automotive multiplex systems; operate power machine tools and portable power tools; use electronic diagnostic tools; use hand tools; record data and keep records; use computerized equipment; drive motor vehicles; may travel for training and vehicle inspection functions; and perform related work.

Some of the physical activities performed by Bus Maintainers – Group B and environmental conditions experienced are: crawling under buses and working in confined areas; lifting and carrying heavy equipment; moving out of the way of moving buses and overhead cranes; manually removing and installing parts and bolts in confined areas; making visual inspections of equipment; distinguishing colors; reading gauges and prints; responding to sounds from warning bells, horns and vehicle movement; and working outdoors in all weather conditions.

**Mechanical Maintainers – Group C**, under supervision, maintain, install, inspect, test, alter, and repair shop equipment and machinery in New York City Transit's bus shops. They maintain, install, inspect, test, alter, and repair electro-mechanical, hydraulic, and pneumatic equipment and machinery, including cranes, forklifts, bus lifts, paint booths, pressure washers, overhead doors, and machine shop equipment; drive trucks; keep records; and perform related work.

Some of the physical activities performed by Mechanical Maintainers – Group C and the environmental conditions experienced are: crouching under equipment and machinery; making visual and tactile inspections of equipment; reading gauges and drawings; climbing into and out of maintenance pits; working in confined spaces; climbing ladders and structures; operating lifts and overhead machinery and cranes; welding; using hand and power tools; hearing warnings (verbal, horns, bells); carrying heavy tools and equipment; and working outdoors in all weather conditions.

**Special Working Conditions:** Bus Maintainers – Group B and Mechanical Maintainers – Group C will be required to work various shifts, including nights, Saturdays, Sundays, and holidays.

(These brief descriptions do not include all the duties of these positions.)

## SALARY AND BENEFITS

The current minimum salary for Bus Maintainers – Group B and Mechanical Maintainers – Group C is \$29.3700 per hour for a 40-hour week, with an increase to \$31.8725 in the fourth year. These rates are subject to change. In addition, you will receive night and weekend salary differentials, paid holidays, vacations, sick leave, a comprehensive medical plan, and a pension plan.

## HOW TO QUALIFY

**Education and Experience Requirements:** By the last day of the application period you must have:

Three years of full-time experience as a journey-level mechanic (i.e., a fully trained, knowledgeable, experienced, proficient and competent mechanic) repairing passenger automobiles, trucks, buses or aircraft. This experience **MUST** include work on engines and electrical systems, and at least one other automotive or aircraft system such as brake, transmission or HVAC.

For the above journey-level experience to be credited, it must be preceded by one of the following:

1. Two years of full-time experience as a mechanic's helper, apprentice or trainee performing or assisting in the work described above; or
2. Graduation from a recognized trade school or technical school, approved by a state's Department of Education or comparable agency, with a major course of study in automotive mechanics or a closely related field, totaling 600 hours; or
3. Graduation from a vocational high school, approved by a state's Department of Education or comparable agency, with a major course of study in automotive mechanics, or a closely related field; or
4. Graduation from an accredited college or university with an AAS degree or higher in automotive mechanics or a closely related field. Accreditation must be by a regional, national, professional or specialized agency recognized as an accrediting body by the U.S. Secretary of Education and by the Council for Higher Education Accreditation (CHEA).

You may substitute an Automotive Service Excellence (ASE) certification for three months of the qualifying full-time journey-level mechanic experience types listed above, up to a maximum of four (4) ASE certifications for one year of journey-level experience. Only ASE certifications at the technician level in the automobile/light truck, medium/heavy truck, transit bus, and truck equipment series will be accepted as appropriate substitutions. All applicants **must** possess a minimum of two (2) years of journey-level experience.

**The following are types of experience that are not acceptable:** auto body and fender repair; auto or truck assembly; dealership make-ready repair; fuel, oil and lube servicing; vehicle inspection; exclusive specialty replacement shop work, such as tire replacement, replacement of exhaust parts (muffler), glass, climate control parts, etc.; and salvage and junkyard extraction.

You may be given the test before we review your qualifications. You are responsible for determining whether you meet the qualification requirements for this examination prior to submitting your application. If you are marked "Not Qualified," your application fee will **not** be refunded and you will **not** receive a score.

**REQUIREMENTS TO BE APPOINTED:****Driver License Requirement:**

**Bus Maintainers – Group B:** At the time of appointment, you must possess either:

1. A Class B Commercial Driver License (CDL) valid in the State of New York with a passenger endorsement and no disqualifying restrictions that would preclude the performance of the duties of Bus Maintainer - Group B; or
2. A Motor Vehicle Driver License valid in the State of New York and a Learner's Permit for a Class B CDL valid in the State of New York with a passenger endorsement and no disqualifying restrictions.

If you qualify under "2" above, your appointment will be subject to the receipt of a Class B CDL valid in the State of New York with a passenger endorsement and no disqualifying restrictions at the end of a special training course in bus operation.

If you fail to successfully complete the special training course in bus operation, including the receipt of a Class B CDL valid in the state of New York with a passenger endorsement and no disqualifying restrictions, you will be terminated. If you have serious moving violations, license suspension or an accident record you may be disqualified.

The Class B CDL, as described above, must be maintained for the duration of your employment. Such license and/or Learner's Permit must not include any restrictions which would preclude the performance of Bus Maintainer - Group B work.

**Mechanical Maintainers – Group C:** At the time of appointment, you must possess either:

1. A Class B Commercial Driver License (CDL) valid in the State of New York with no disqualifying restrictions; or
2. A Motor Vehicle Driver License valid in the State of New York and a Learner Permit for a Class B CDL valid in the State of New York with no disqualifying restrictions that would preclude the performance of the duties of Mechanical Maintainer - Group C.

If you qualify under "2" above, you must meet the following conditions or your employment will be terminated:

1. You must pass a special training course in truck operation offered by New York City Transit; and
2. You must receive a Class B CDL valid in the State of New York with no disqualifying restrictions within six months of your appointment.

The Class B CDL, as described above, must be maintained for the duration of your employment. Such license and/or Learner's Permit must not include any restrictions which would preclude the performance Mechanical Maintainer – Group C work. If you have serious moving violations, license suspension or an accident record you may be disqualified.

**Medical Requirement:** Medical guidelines have been established for the position of Bus Maintainer – Group B and Mechanical Maintainer – Group C. You will be examined to determine whether you can perform the essential functions of the position of Bus Maintainer – Group B and Mechanical Maintainer – Group C. Where appropriate, a reasonable accommodation will be provided for a person with a disability to enable him or her to take the examination, and /or to perform the essential functions of the job.

**Drug Screening Requirement:** Bus Maintainers – Group B and Mechanical Maintainers – Group C must pass a drug screening in order to be appointed.

**Residency:** New York City residency is not required for these positions.

**English Requirement:** You must be able to understand and be understood in English.

**Proof of Identity:** Under the Immigration Reform and Control Act of 1986, you must be able to prove your identity and your right to obtain employment in the United States prior to employment with New York City Transit.

**Training:** You will be required to complete and pass all parts of a training course in bus maintenance operations as a condition of passing probation. If you do not successfully complete this training course, you will be terminated.

## HOW TO OBTAIN AN APPLICATION

During the application period, you may obtain an application for this examination online at <http://mta.info/nyc/hr/appexam.htm> or in person at the MTA Exam Information Center as indicated below.

## MTA EXAM INFORMATION CENTER

Open Monday through Friday, from 9 AM to 3 PM, in the lobby at 180 Livingston Street, Brooklyn, New York. Directions: take the A, C, F or R trains to the Jay Street-Metro Tech Station, or the 2 or the 3 train to the Hoyt Street Station.

## REQUIRED FORM(S)

1. **Application for Examination:** Make sure that you follow all instructions included with your application form, including payment of fee. Save a copy of the instructions for future reference.
2. **Education and Experience Test Paper:** Write your social security number in the box at the top of the cover page, and the examination title and number in the box provided. This form must be filled out completely and in detail for you to receive your proper rating. Keep a copy of your completed Education and Experience Test Paper for your records.
3. **Foreign Education Fact Sheet (Required only if you need credit for your foreign education to meet the education and experience requirements):** If you were educated outside the United States, you must have your foreign education evaluated to determine its equivalence to education obtained in the United States. The services that are approved to make this evaluation are listed on the Foreign Education Fact Sheet included with your application packet. When you contact the evaluation service, ask for a “**document by document**” (**general**) evaluation of your foreign education.

## HOW TO SUBMIT AN APPLICATION AND PAY THE APPLICATION FEE

If you believe you meet the requirements in the “How to Qualify” section, **you must apply by mail.** New York City Transit will **not** accept applications in person.

### Applications by Mail must:

1. Include your completed *Application*.
2. Be postmarked by the last day of the application period.
3. Be mailed to the address in the “Correspondence Section” of this notice.
4. Include the appropriate fee in the form of a money order. (continued next page)

### The Money Order (Postal Money Order Preferred) must:

1. Be made payable to NYC Transit.
2. Be valid for one year.
3. Have the following information written on it: your name, home address, the last four digits of your social security number, and the exam title and exam number.

Save your money order receipt for future reference and proof of filing an application.

**Cash and personal checks will not be accepted.**

## ADMISSION LETTER / NOT QUALIFIED LETTER

An *Admission Letter* or a *Not Qualified Letter* will be mailed to you about 10 days before the first date of the practical test. You will also receive a telephone notification of the test date and location if you are scheduled to take the test. If you do not receive an *Admission Letter* at least 4 days before this date, you should obtain a duplicate letter at the MTA Exam Information Center (as indicated above). A paper copy of the *Admission Letter* is your ticket for admission to the test.

## THE TEST

You will be given a practical test. A score of at least 70 is required to pass this test. Your score on this test will be used to determine your place on an eligible list. The practical test will measure your ability to install, maintain and repair various automotive systems and components, use tools, read schematic diagrams and perform related tasks.

## THE TEST RESULTS

If you meet the education and experience requirements and pass the practical test, your name will be placed in final score order on an eligible list and you will be given a list number. You will be notified by mail of your test results. It may take up to nine months from the final test date in this exam to receive your test results. If you meet all requirements and conditions, you will be considered for appointment when your name is reached on the eligible list.

## SPECIAL ARRANGEMENTS

### Special Test Accommodations:

If you plan to request special testing accommodations due to disability or an alternate test date due to your religious belief, follow the instructions included with your *Application* and mail your request to the address found in the "Correspondence Section" below no later than 30 days prior to the scheduled test date.

**Make-up Test:** You may apply for a make-up test if you cannot take the test on the regular test date for any of the following reasons:

1. Compulsory attendance before a public body;
2. On-the-job injury or illness caused by municipal employment where such applicant is an officer or employee of the City;
3. Absence for one week following the death of a spouse, domestic partner, parent, sibling, child or child of a domestic partner of such applicant where such applicant is an officer or employee of the City;
4. Absence due to ordered military duty; or
5. A clear error for which MTA New York City Transit is responsible.

To request a make-up test, mail your request with your documentation of special circumstances to the address found in the "Correspondence Section" below within one week of your scheduled test date.

## ADDITIONAL INFORMATION

**Promotion Test:** A promotion examination for this title is being held for eligible New York City Transit employees. The names appearing on the promotion list will be considered first in filling vacancies.

## CORRESPONDENCE SECTION

All correspondence, including the submission of your application, must be sent to the following address:

Bus Maintainer-Group B, Exam No. 4601  
MTA New York City Transit  
180 Livingston Street, Room 4070  
Brooklyn, NY 11201

## PENALTY FOR MISREPRESENTATION

Any intentional misrepresentation on the application or examination may result in disqualification, even after appointment, and may result in criminal prosecution.





**New York City Transit**  
180 Livingston Street, Room 4070  
Brooklyn, NY 11201

# EXAM APPLICATION FORM

## FOLLOW DIRECTIONS ON NEXT PAGE

Fill in all requested information clearly, accurately, and completely. New York City Transit will only process applications with complete, correct, and legible information, which are accompanied by correct payment. All unprocessed applications will be returned to the applicant.

Type or print **All Required Information In Blue or Black Ink.**

FOR OFFICE USE ONLY	
Applid ->	Date:
-Inc	Proc By: Date:
- M.O.	Proc By: Date:
- Wvd	Proc By: Date:
Batch #	Proc By: Date:

1. SOCIAL SECURITY #:    -

2. EXAM #: **4601** 3. EXAM TITLE: **Bus Maintainer – Group B**

4. EXAM TYPE: **Open Competitive**

5. FIRST NAME:                      7. MIDDLE INITIAL:

6. LAST NAME:

8. MAILING ADDRESS:                      9. APT. #:

10. CITY OR TOWN:                      11. STATE:       12. ZIP CODE:       -

13. PHONE:                      13a. CELL PHONE:

14. OTHER NAMES USED IN CITY SERVICE:

### Questions 15 & 16

Discrimination on the basis of sex, sexual orientation, race, creed, color, age, disability, status or religious observance is prohibited by law. NYCT and MaBSTOA are equal opportunity employers. The identifying information requested on this form is to be used to determine the representation of protected groups among applicants. This information is voluntary and will not be made available to individuals making hiring decisions.

15. RACE/ETHNICITY:

☐ White ☐ Black ☐ Hispanic ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

16. SEX: ☐ Male ☐ Female

*I have read the special circumstances instructions and included the proper documentation for:*

17. Alternate test date for religious observance ☐ 18. Accommodation for Disability ☐

19. Veteran's and/or legacy credits ☐

20. E-MAIL ADDRESS:

21. YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Character and Background: Proof of good character and satisfactory background will be absolute prerequisites to appointment. The following are among the factors considered for disqualification: (a) conviction of an offense, the nature of which indicates lack of good moral character or disposition toward violence or disorder; (b) repeated convictions, where such convictions indicate a disrespect for the law; (c) discharge from employment, where such discharge indicates poor behavior or an inability to follow rules and disciplinary guidelines; (d) previous unsatisfactory employment history with New York City Transit, Manhattan and Bronx Surface Transit Operating Authority or other public employment; (e) dishonorable discharge from the Armed Forces; (f) previous misrepresentation of identity; (g) previous misrepresentation of authority to work in the United States.

## APPLICATION FORM INSTRUCTIONS

Print all information **CLEARLY**. Failure to do so may delay or disqualify your application.

**NOTE:** Read the Notice of Examination carefully before completing the application form to ensure that you meet the qualifications and eligibility requirements. **MTA New York City Transit will only process applications with complete, correct, legible information which are accompanied by correct payment or waiver documentation. All unprocessed applications will be returned to the applicant.**

<b>BOX 1-4 SSN, EXAM NO. AND EXAM TITLE</b>	A 9-digit Social Security Number is required. Refer to the Notice of Examination prior to filling in the exam number and exam title.
<b>BOX 5-14 GENERAL INFORMATION</b>	The address you give will be used as your mailing address for all official correspondence. <b>Do Not</b> write your e-mail address as your mailing address. Only <b>one address</b> for each person is maintained in the files of this Department. If you change your mailing address after applying, see the <b>“Change of Address”</b> section on the Special Circumstances form.
<b>BOX 15-16. ETHNICITY AND SEX</b>	Completing this information is voluntary. This information will not be made available to individuals making hiring decisions.
<b>BOX 17-19 SPECIAL CIRCUMSTANCES</b>	Please see the <b>“Special Circumstances”</b> form on how to request Religious Observance or disability related Special Accommodations. The <b>“Special Circumstances”</b> form also provides information on how to request Veteran’s and other credits and how to change your address.
<b>BOX 20 E-MAIL ADDRESS</b>	Enter your e-mail address if you have one.
<b>BOX 21 SIGNATURE</b>	Signing the application indicates that all statements you provided on this form and all other forms required for this examination are true and subject to the penalties of perjury.

### FORMS

All required forms which are listed in the “Required Forms” section of the Notice of Examination must accompany your application. Failure to include these forms may result in your disqualification.

### FEE

The amount of the fee is stated in the Notice of Examination. If you are applying on-line, the fee will be collected by credit/debit card if you are not an employee or by payroll deduction if you are an employee. If you are paying by mail, your money order should be made out to New York City Transit (checks or cash are not accepted). On the front of the money order you must clearly print your full name and the exam number. Applications that are submitted without the application fee payment at the time of filing your application during the application period will be considered incomplete applications. Candidates whose applications are deemed incomplete will have their applications and fees returned and they will not be permitted to re-submit their applications to New York City Transit once the filing period has closed, nor will they be permitted to take the test on the date scheduled. Keep your money order receipt as proof of filing. The money order must be valid for at least 90 days from the issuing date.

### FEE WAIVER (Open-Competitive Exams Only)

In accordance with Civil Service Law Section 50.5(b), the application fee shall be waived for any person who meets at least one of the following criteria stated on the **“Request for an MTA New York City Transit Examination Fee Waiver”** form. Please refer to that form for the list of appropriate documentation acceptable for each fee waiver criteria.

The name written on your **“Application For Examination”** form must match the name on your documentation. Applications submitted without the appropriate documentation when applying during the application period will be considered incomplete. Candidates whose applications are incomplete will not be permitted to re-submit their applications once the application period has closed, nor will they be permitted to take the test on the date scheduled.

Fee Waivers are limited to persons who meet the fee waiver criteria during the month in which the examination they are applying for is open. Any person who falsifies information concerning his/her eligibility in meeting this criteria may be banned from appointment to any position within the MTA, and may be subject to criminal prosecution. **All such violations will be referred to the Department of Investigation.**

### APPLICATION SUBMISSION

You may apply on-line for this exam.

You may apply by mail for this exam by mailing our properly completed required form(s), supporting documents, and the application fee or fee waiver paperwork must be postmarked no later than the last date of the application period and mailed to: MTA New York City Transit, Attention: c/o (please state the specific Exam Title and Exam Number), 180 Livingston Street, Room 4070, Brooklyn NY, 11201.

**Applicants who do not receive an admission letter at least 4 days prior to the tentative test date must come to the MTA Exam Information Center at 180 Livingston Street, Brooklyn, NY 11201.**



# New York City Transit

180 Livingston Street, Room 4070  
Brooklyn NY, 11201

## SPECIAL CIRCUMSTANCES Directions for submission of requests

Note: **These directions are designed to assist you in completing Section 17 and 18 on the APPLICATION FOR EXAMINATION form and to inform employees how to notify us of a CHANGE OF ADDRESS. You may include your religious observance, disability, or Veterans' Credits requests with your completed application form(s) if you provide the correct supporting documentation when you submit your application.**

### (A) RELIGIOUS OBSERVANCE:

If, because of religious belief, you cannot take the test on a Saturday or on the scheduled test date, you must request an alternate date no later than 30 days prior to the scheduled test date.

The request must include:

- your full name
- your social security number
- the exam number
- the exam title
- a signed statement on letterhead from your religious leader certifying that your religious observance prohibits you from taking the test on the scheduled date.

If you are submitting your request after you applied, please mail it to: **MTA New York City Transit, Attn: (Insert Exam Title and Exam Number) - SABBATH, 180 Livingston Street, Room 4070, Brooklyn NY, 11201.**

### (B) DISABILITY:

If you have a disability which will interfere with your ability to take this test without special accommodation(s) or other assistance, you must submit a written request for specific special accommodation(s) postmarked no later than 30 days prior to the test date.

The request must include:

- your full name
- your social security number
- the exam number
- the exam title
- the specific nature of your disability
- a justification for the special accommodations
- a statement corroborating your disability by a doctor or agency authorized for this purpose.

If you are submitting your request after you applied, please mail it to: **MTA New York City Transit, Attn: (Insert Exam Title and Exam Number) – SP ACCOM, 180 Livingston Street, Room 4070, Brooklyn NY, 11201.**



## SPECIAL CIRCUMSTANCES

### Directions for submission of requests

#### (C) VETERANS' / DISABLED VETERANS' CREDIT:

For Veterans' or Disabled Veterans' Credit you must meet the following requirements:

1. Be a resident of New York State at the time of list establishment; **and**
2. Be a United States citizen or an alien lawfully admitted for permanent residence; **and**
3. Received or expect to receive an honorable discharge or release under honorable conditions 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; **and**
4. Have served or are now serving, on full-time active duty, other than active duty for training, in at least one of the following Time of War periods below:

<u>Armed Forces of the United States during:</u>  World War II (Dec 7, 1941 - Dec 31, 1946); <b>or</b> Korean Conflict (Jun 27, 1950 - Jan 31, 1955); <b>or</b> Vietnam Conflict (Feb 28, 1961 - May 7, 1975); <b>or</b> Persian Gulf Conflict (Aug 2, 1990 - to be determined)	<b>O R</b>	<u>You must have received the armed forces expeditionary medal, navy expeditionary medal, or the marine corps expeditionary medal for Hostilities in:</u>  Lebanon (Jun 1, 1983 - Dec 1, 1987); <b>or</b> Grenada (Oct 23, 1983 - Nov 21, 1983); <b>or</b> Panama (Dec 20, 1989 - Jan 31, 1990).
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For Disabled Veterans' Credit, in addition to 1, 2, 3, and 4, at the time the list is established, you must have been found to have a service connected disability incurred in a Time of War period listed on the previous page, which has been rated at least 10 percent by the U.S. Department of Veterans Affairs (V.A.). If the V.A. has not certified the disability as permanent, it must have been rated at least 10 percent by a V.A. physician no more than one year prior to the date of filing your application or the date of establishment of the eligible list.

Veterans' or Disabled Veterans' Credit should be requested at the time of application, but **must** be requested before the date the eligible list is established.

Claims for Veterans' or Disabled Veterans' Credit cannot be made once the eligible list is established. All claims for Veterans' or Disabled Veterans' Credit will be investigated and you will be required to produce documentation, such as discharge papers, to prove that you are eligible for the credit.

Note:

1. You may use Veterans' or Disabled Veterans' Credit only once after January 1, 1951 for appointment or promotion from a City, State, or County civil service list from a jurisdiction within the State of New York.
2. Veterans' or Disabled Veterans' credit will be added only to the final score of those candidates who pass all parts of the examination.
3. The above is only a summary of necessary conditions. The complete provisions are contained in statutory and/or decisional law.

If you are submitting your request after you applied, please mail it to: **MTA New York City Transit, Attn: (Insert Exam Title and Exam Number) – VETCRD, 180 Livingston Street, Room 4070, Brooklyn NY, 11201.**

**SPECIAL CIRCUMSTANCES**  
**Directions for completing application for examination form.**

**(D) LEGACY CREDIT (FOR OPEN COMPETITIVE EXAMINATIONS ONLY):**

Ten points will be added to the open competitive exam score of a candidate who qualifies for Parent or Sibling Legacy Credit.

**A. For Parent Legacy Credit:**

A candidate shall qualify for Parent Legacy Credit if his or her parent was killed in the line of duty as a firefighter or police officer in the service of New York City.

**B. For Sibling Legacy Credit:**

A candidate shall qualify for Sibling Legacy Credit if his or her sibling was killed in the line of duty as a firefighter or police officer in the service of New York City as a result of the September 11, 2001 World Trade Center attack, or as a result of the rescue effort that took place in response of the attack.

A candidate can receive Legacy Credit for no more than one parent or one sibling. A candidate can, however, receive Legacy Credit for both a parent and a sibling, in which case, the candidate may be entitled to 20 points. Legacy Credit should be requested at the time of application, but **must** be requested before the date of the eligible list is established. If a candidate requests Legacy Credit after an application for an exam has been submitted, the candidate must appear in person or write a letter indicating the candidate's name, address, social security number, the open-competitive exam title and number for which Legacy Credit is sought, and whether the request is for Parent Legacy Credit, Sibling Legacy Credit, or both.

The letter must be addressed to **MTA New York City Transit, Attn: (Insert Exam Title and Exam Number) – LEGCRD, 180 Livingston Street, Room 4070, Brooklyn NY, 11201.**

Claims for Legacy Credit cannot be made once the eligible list is established. All candidates making such claims will be required to present to the hiring agency prior to appointment documentation verifying their claim. All claims for Parent or Sibling Legacy Credit will be investigated.

**Note:**

1. You may use Legacy Credit only once for appointment from a City, State, or County open competitive civil service eligible list from a jurisdiction within the State of New York.
2. Legacy Credit will be added only to the final score of those candidates who pass all parts of the open competitive examination.
3. The above description of Legacy Credit is only a summary of necessary conditions. The complete provisions are contained in the relevant statutory and/or decisional laws governing Parent and Sibling Legacy Credit.

**(E) CHANGE OF ADDRESS:**

If your mailing address changes after you file for an exam, you should send a letter stating your name, social security number, exam title, exam number, old address and new address to:

**MTA New York City Transit**  
**Attn: (Insert Exam Title and Exam Number)**  
**180 Livingston Street, Room 4070**  
**Brooklyn NY, 11201**



# New York City Transit

180 Livingston Street, Room 4070  
Brooklyn NY 11201

## REQUEST FOR AN MTA NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER

### TO ALL APPLICANTS:

In accordance with Civil Service Law Section 50.5(b), the application fee shall be waived for any person who meets at least one of the following criteria during the month you wish to apply for an examination:

<b>A)</b> Unemployed.	<b>B)</b> Receiving Supplemental Security Income (SSI) payments.
<b>C)</b> Receiving Medicaid benefits.	<b>D)</b> Receiving Public Assistance in the form of Temporary Assistance for Needy Families (TANF)/Family Assistance or Safety Net Assistance.
<b>E)</b> Certified eligible for a Workforce Investment Act program through New York City's Workforce1 Career Centers.	<b>F)</b> <b>One-time</b> Veterans Fee Waiver for U.S. Armed Forces service members who have served on full-time active duty, other than reserves and/or training.

**You must complete a separate "REQUEST FOR A NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER" form for each exam you wish to apply for.**

PRINT CLEARLY OR TYPE INFORMATION

**Name:** \_\_\_\_\_ **SS#:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

I request that my application fee for the examination listed below be waived in accordance with the Section 50.5(b) of the State Civil Service Law.

### \*\*\*\*\*AFFIRMATION\*\*\*\*\*

I have read the above-mentioned portion of Section 50.5(b) of the Civil Service Law relating to the waiver of the application fee and hereby certify that I am qualified to receive such waiver for the reason indicated below. I understand that if I falsify information concerning my current eligibility in order to obtain the application fee waiver, **I may be banned from appointment to any position within the City of New York, and may be subject to criminal prosecution. (All such violations will be referred to the Department of Investigation.)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Fee Waiver Criteria Selection: Check only the box that applies to you and for which you have acceptable documentation as described on pages 2 and 3. Complete, sign, and date this form and return it along with your documentation and the completed required form(s) listed on the Notice of Examination. At the time of applying for the above-indicated examination, I am currently...

- ☐ **A)** an individual who is unemployed.
- ☐ **B)** an individual who is receiving Supplemental Security Income (SSI) payments.
- ☐ **C)** an individual who is receiving Medicaid benefits.
- ☐ **D)** an individual who is receiving Public Assistance in the form of Temporary Assistance for Needy Families (TANF)/Family Assistance or Safety Net Assistance.
- ☐ **E)** a participant certified eligible for a Workforce Investment Act program through New York City's Workforce1 Career Centers.
- ☐ **F)** an individual who has served in the U.S. Armed Forces on full-time active duty, other than reserves and/or training, and has not previously received a Veterans Fee Waiver.

**FOLLOW THE INSTRUCTIONS ON PAGES 2 & 3, SUBMIT AND SIGN THIS PAGE WITH THE CORRECT DOCUMENTATION.**



## REQUEST FOR AN MTA NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER

- A) For an individual who is unemployed: Submit an “**Unemployment Insurance Benefit Payment History**” inquiry printout. This printout must include Week Ending dates that correspond with the month that you are applying for an exam. You may obtain this printout from the New York State Department of Labor by calling 1 (877) 221-1634 or online at [www.labor.state.ny.us](http://www.labor.state.ny.us). For the Department of Labor outside of New York State, you may access their website at [www.dol.gov](http://www.dol.gov) for assistance in locating this type of documentation online for the state in which you reside. If you are unemployed, but not currently receiving Unemployment Insurance Benefits, you may submit an affidavit signed by you stating that you are unemployed, and notarized by a Notary Public. Your affidavit must be dated within the application period for the exam you are applying for. For unemployment benefits received outside of New York State, you may include a copy of your unemployment check that bears your Name and SS# dated and issued for the month in which you are applying for an exam.
- B) For an individual who is receiving Supplementary Security Income (SSI) payments: Submit a “**Benefit Verification Break Down Letter**”. This printout shows the break down of your monthly payments on letterhead from a Social Security Administration Office in your state that is dated during the month for which you are applying for an exam and specifically indicates that you received SSI benefits that month. Award Letter Notifications re-issued during the month you are applying for an exam that does not include the added information in the OTHER IMPORTANT INFORMATION field that specifically states you are receiving SSI benefits that month will not be accepted. Parents who receive SSI benefits for their minor children are not eligible for a fee waiver.
- C) For an individual who is receiving Medicaid benefits or partial benefits that include Medicaid: Submit the “**MA Case/Suffix/ Individual/Summary**” printout. This printout must verify that either your eligibility for Medicaid is coded “AC” for Active, or your authorization period is currently active, or if your case has been closed, the date your case was closed. These dates must include the month for which you are applying for an exam. You may obtain this printout from your assigned worker, or from a New York City Human Resources Administration Medicaid Office or call 1 (877) HRA-8411. If you applied for Medicaid benefits through a hospital or managed care program/organization, you will need to submit documentation on letterhead from that program/organization that is dated during the month you are applying for an exam that specifically verifies your eligibility of receiving Medicaid benefits that month. For Medicaid benefits received outside New York City, you will need to submit documentation on letterhead from a social service agency in your state that is dated during the month you are applying for an exam that specifically verifies your eligibility of receiving Medicaid benefits, or indicates your case is active that month.

**REQUEST FOR AN MTA NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER**

- D) For an individual who is receiving Public Assistance in the form of Temporary Assistance for Needy Families(TANF)/Family Assistance or Safety Net Assistance benefits: Submit the ***“PA Case Composition-Suffix/Individual Summary”*** printout. This printout must verify that either your eligibility for Public/Cash Assistance is coded “AC” for Active, or if your case has been closed, the date your case was closed. These dates must include the month for which you are applying for an exam. If your case has been coded “SN” for Sanctioned, or if you recently applied for benefits and your case is coded “AP” for Application, you are not eligible to receive a fee waiver. You may obtain this printout from your assigned worker, or from a New York City Human Resources Administration Office or call 1 (877) HRA-8411. For TANF/Family Assistance or Safety Net Assistance benefits received outside New York City, you will need to submit documentation on letterhead from a social service agency in your state that is dated during the month you are applying for an exam that specifically verifies your eligibility of receiving TANF/Family Assistance or Safety Net Assistance benefits, or indicates your case is Active that month.
- E) For a participant certified eligible for a Workforce Investment Act program through New York City’s Workforce1 Career Centers: Submit documentation on letterhead from the Department of Small Business Services that is dated during the month for which you are applying for an exam and specifically indicates that you are a participant registered with the City’s Workforce1 Career Centers for that month. You may obtain this letter only by calling the New York City Department of Small Business Services at (212) 513-6406.
- F) For an individual who has served in the U.S. Armed Forces on full-time active duty, other than reserves and/or training, and has not previously received a Veterans Fee Waiver: Participants must have been discharged under honorable conditions from the Armed Forces of the United States (Army, Navy, Marine Corps, Air Force, Coast Guard or the National Guard only). The Veterans Exam Fee Waiver cannot be used retroactively for any exam for which you have already applied. Proper documentation must accompany your application. Mail a clear copy of your separation papers (Form DD214, long form) or a Statement of Service letter along with your application package. The Veterans Exam Fee Waiver is available for Promotion and Open Competitive exams. Please note that Veterans Preference Credits and the Veterans Exam Fee Waiver are two separate programs that have different purposes and criteria.

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Include the **“REQUEST FOR AN MTA NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER”** when you mail your application. You cannot request a Fee Waiver when applying on-line; Fee Waivers must be requested by mail. A separate request for a Fee Waiver must be included with each exam application you submit. Return the completed form(s) to MTA New York City Transit, Attention: Exam Fee Waiver, (please state the specific Exam Title and Exam Number), 180 Livingston Street, Room 4070, Brooklyn, NY 11201 by mail only. MTA New York City Transit will not accept applications in person from candidates, unless otherwise instructed by MTA New York City Transit personnel. An application for a particular exam must be postmarked no later than the last date of the application period for that exam.

**Applications that are submitted without the required supporting documentation at the time of filing your application during the application period will be considered incomplete applications. Candidates whose applications are deemed incomplete will not be able to re-submit their applications to MTA New York City Transit once the filing period has closed, nor will they be permitted to take the test on the date scheduled.**



## FOREIGN EDUCATION FACT SHEET

- To receive credit in the examination for your foreign education, you must have your foreign education evaluated **by one of the approved services listed on the reverse side.**
- Refer to the Required Forms section of the Notice of Examination to find out whether you need a “document-by document” (general) evaluation or a “course-by-course” evaluation (which includes a “document by-document” evaluation) of your foreign education.
- Evaluation fees must be paid by the applicant.
- Your evaluation must be received no later than **8 weeks** from the application deadline. If your evaluation is not received by this time, your foreign education will not be rated. An extension of this time limit is available if the evaluation service submits an acceptable reason in writing for the delay.
- All acceptable foreign education evaluation documents submitted directly by the evaluation service to the address below will be retained by MTA New York City Transit in a permanent file for future reference.

1. Have the evaluation service mail your completed original evaluation to:

Personnel Testing, Selection and Classification Unit  
c/o (please state the specific Exam Title and Exam Number)  
180 Livingston Street, Room 4070  
Brooklyn NY 11201

2. Have the evaluation service include:

- Your **name** and **social security number** with the evaluation; and
- The **title** and **examination number** of the examination you are applying for on the envelope.
- A stamped, self-addressed stamped post card (as mentioned in # 6 below).

3. Photocopies sent by candidates will **not** be accepted.
4. Only evaluations which have the raised seal or original stamp of the evaluation service on the document **and** are submitted directly to MTA New York City Transit by an approved evaluation service will be accepted.
5. If you previously had an evaluation by one of the approved services listed on the reverse side, you may request that the service send a certified duplicate original directly to MTA New York City Transit.
6. To obtain confirmation that MTA New York City Transit has received your evaluation from the service, have a stamped, self-addressed post card sent to us by the service along with your evaluation. We will return the post card to you to acknowledge that your evaluation has been received.

**SEE NEXT PAGE FOR APPROVED FOREIGN EDUCATION EVALUATION SERVICES**



## FOREIGN EDUCATION FACT SHEET

**Center for Applied Research,  
Evaluation & Education, Inc.**

International Evaluation Service  
P.O. Box 20348  
Long Beach, CA 90801-3341  
Phone: (714) 237-9272; 237-9276  
Fax: (714) 237-9279  
E-mail: [evalcaree@yahoo.com](mailto:evalcaree@yahoo.com)

**Education Evaluators International, Inc.**

P.O. Box 5397  
Los Alamitos, CA 90720-5397  
Phone: (562) 421-2187  
Fax: (562) 493-5021  
E-mail: [gary@educei.com](mailto:gary@educei.com)

**Education International, Inc.**

29 Denton Road  
Wellesley, MA 02482  
Phone: (781) 235-7425  
Fax: (781) 235-6831  
E-mail: [edint@gis.net](mailto:edint@gis.net)  
Web: <http://www.educationinternational.org>

**Educational Credential Evaluators, Inc.**

260 East Highland Avenue, Suite 300  
Milwaukee, WI 53202  
Phone: (414) 289-3400  
Fax: (414) 289-3411  
E-mail: [eval@ece.org](mailto:eval@ece.org)  
Web: <http://www.ece.org>

**Educational Records Evaluation Service, Inc.**

601 University Avenue, Suite 127  
Sacramento, CA 95825-6738  
Phone: (916) 921-0790  
Fax: (916) 921-0793  
E-mail: [edu@eres.com](mailto:edu@eres.com)  
Web: <http://www.eres.com>

**Evaluation Service, Inc.**

P.O. Box 85  
Hopewell Junction, NY 12533  
Phone: (845) 223-6455  
Fax: (845) 223-6454  
E-mail: [esi2@frontiernet.net](mailto:esi2@frontiernet.net)  
Web: [www.evaluationsservice.net](http://www.evaluationsservice.net)

**Foundation for International Services, Inc.**

21540 30<sup>th</sup> Drive, S.E., Suite 320  
Bothell, WA 98021  
Phone: (425) 487-2245  
Fax: (425) 487-1989  
E-mail: [info@fis-web.com](mailto:info@fis-web.com)  
Web: [www.fis-web.com](http://www.fis-web.com)

**Globe Language Services, Inc.**

319 Broadway  
New York, NY 10007  
Phone: (212) 227-1994  
Fax: (212) 693-1489  
E-mail: [info@globelanguage.com](mailto:info@globelanguage.com)  
Web: [www.globelanguage.com](http://www.globelanguage.com)

**International Consultants of Delaware, Inc.**

109 Barksdale Professional Center  
Newark, DE 19711  
Phone: (302) 737-8715  
Fax: (302) 737-8756  
E-Mail: [icd@icdel.com](mailto:icd@icdel.com)  
Web: <http://www.icdel.com>

**Josef Silny & Associates, Inc.**

International Education Consultants  
7101 S.W. 102<sup>nd</sup> Avenue  
Miami, FL 33173  
Phone: (305) 273-1616  
Fax: (305) 273-1338  
E-mail: [info@jsilny.com](mailto:info@jsilny.com)  
Web: <http://www.jsilny.com>

**Span Tran Educational Services, Inc.**

7211 Regency Square Blvd., Suite 205  
Houston, TX 77036-3197  
Phone: (713) 266-8805  
Fax: (713) 789-6022  
Web: <http://www.spantran-edu.com>

**World Educational Services, Inc.**


P.O. Box 5087, Bowling Green Station  
New York, NY 10274-5087  
Phone: (212) 966-6311 or (800) 937-3895  
Fax: (212) 966-6395  
E-mail: [info@wes.org](mailto:info@wes.org)  
Web: <http://www.wes.org>

**Foreign Academic Credentials Services, Inc.**

P. O. Box 400  
Glen Carbon, IL 62034  
Phone: (618) 656-5291  
Fax: (618) 656-5292  
E-mail: [facs@aol.com](mailto:facs@aol.com) Web: [www.facsusa.com](http://www.facsusa.com)

Applicant ID \_\_\_\_\_ (if known)

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

 <b>New York City Transit</b>  <b>Bus Maintainer – Group B</b> <i>Open Competitive</i>  <b>Exam No. 4601</b>	For Official Use Only		
	Q	NQ	FINAL RATING
	1 <sup>ST</sup> _____	1 <sup>ST</sup> _____ CODE _____	
	2 <sup>ND</sup> _____	2 <sup>ND</sup> _____ CODE _____	
3 <sup>RD</sup> _____	3 <sup>RD</sup> _____ CODE _____	Entered By _____	

**EDUCATION AND EXPERIENCE TEST PAPER (EETP)****COMPLETING THIS FORM IS A TEST. READ THIS SECTION CAREFULLY BEFORE COMPLETING THIS FORM.**

This test will evaluate your experience and education. To obtain appropriate credit, you must complete this form accurately.

**Be sure to include your SOCIAL SECURITY NUMBER and EXAM NUMBER on each attached sheet.**

This test will evaluate your education and experience. To obtain appropriate credit, you must complete this form accurately. Be sure to include your SOCIAL SECURITY NUMBER on each attached sheet.

**If any information is missing, cannot be read, is unclear, or LACKS NECESSARY DETAIL, you may be found “Not Qualified” or receive a lower score on the test.** The information you enter on this form must be verifiable.

You may be disqualified if your statements are found to be false, exaggerated, or misleading.

Refer to the Notice of Examination (NOE) to find out which section of this form you must fill out. If you are applying for Selective Certification, be sure to completed Section D on Page 7 of this form.

**Do not write your name anywhere on this EETP or attach your resume. Resumes will not be rated. Print using only Black or Blue Ink.****SECTION A - EDUCATION****Section A.1 - FOREIGN EDUCATION EVALUATION**

In order for foreign education to be rated, it must be evaluated by an evaluation service approved by MTA New York City Transit. Follow the instructions on the Foreign Education Fact Sheet, and refer to the Notice of Examination to see which kind of evaluation is required for this test. If you are claiming credit for foreign education, check only one of the following:

For this examination:

- ☐ I am having an evaluation of my foreign education submitted directly to MTA New York City Transit using an approved evaluation service.
- ☐ I wish to use an evaluation of my foreign education which was previously submitted directly to MTA New York City Transit by an approved evaluation service.

FOR MTA  
STATEN  
ISLAND  
RAILWAY  
USE ONLY**Section A.2 - HIGH SCHOOL OR HIGH SCHOOL EQUIVALENCY****CIRCLE THE HIGHEST GRADE OR YEAR OF HIGH SCHOOL (HS) COMPLETED: 8 9 10 11 12**Did you graduate HS? ☐ Yes \_\_\_\_/\_\_\_\_ ☐ No - Dates of HS attendance: From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_  
Month Year Month Year Month YearName of High School: \_\_\_\_\_ ☐ USA ☐ Foreign

High School located in the State of: \_\_\_\_\_ Country of: \_\_\_\_\_

Do you have a GED? ☐ Yes \_\_\_\_/\_\_\_\_ ☐ No Name of Agency issuing GED: \_\_\_\_\_  
Month Year**If you attended other high schools, report this information for each additional school on a separate sheet of paper using the same format.**FOR MTA  
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ISLAND  
RAILWAY  
USE ONLY

**You can find a sample EETP at “<http://www.mta.info/nyct/hr/appexam.htm>”**

**Use the sample EETP as guide for completing an EETP correctly. Study the sample EETP as an example of an EETP that has been filled out correctly.**

### Section A.3 - TRADE SCHOOL OR VOCATIONAL HIGH SCHOOL

If you attended a trade/vocational school, please complete the following:

Did you graduate? ☒ Yes      /      ☐ No  
Month Year Month Year

Dates of Attendance: From      /      To      /       
Month Year Month Year

Name of Trade/Vocational School: \_\_\_\_\_ ☒ USA ☐ Foreign

Trade/Vocational School located in the State of: \_\_\_\_\_ Country of: \_\_\_\_\_

Specialty \_\_\_\_\_ Number of hours you completed in specialty: \_\_\_\_\_

(If you attended other trade or vocational schools, report this information for each additional school on a separate sheet of paper using the same format.)

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## Section A.4 – UNDERGRADUATE EDUCATION

Name of Undergraduate College/University: \_\_\_\_\_ ☐ USA ☐ Foreign

Address: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Major: \_\_\_\_\_

Number of Credits You Have Completed in Major: \_\_\_\_\_ Total Number of Credits You Have Completed: \_\_\_\_\_

Do you have a Degree? ☒ Yes ☐ No

Dates of Attendance: From        /        To        /         
Month Year Month Year

Date Degree Received: \_\_\_\_\_ Type of Degree: (*check only one*) ☒ Associate ☐ Baccalaureate

Exact Title of Degree: \_\_\_\_\_

(If you attended other undergraduate institutions and/or obtained more than one degree, report this information for each additional institution on a separate sheet of paper using the same format.)

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## Section A.5 – GRADUATE EDUCATION

Name of Graduate College/University: \_\_\_\_\_ ☒ USA ☐ Foreign

Address: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Major: \_\_\_\_\_

Number of Credits You Have Completed in Major: \_\_\_\_\_ Total Number of Credits You Have Completed: \_\_\_\_\_

Do you have a Graduate Degree? ☐ Yes ☐ No

Dates of Attendance: From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Date Degree Received: \_\_\_\_\_ Type of Degree: (**check only one**) ☒ Masters ☐ Other

Exact Title of Degree: \_\_\_\_\_

(If you attended other graduate institutions and/or obtained more than one degree, report this information for each additional institution on a separate sheet of paper using the same format.)

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## Section A.6 – COURSES

Refer to the Notice of Examination to find out if this section applies to you. If it does, complete this section listing **ONLY** those courses you have **successfully** completed that are necessary to meet the requirements or qualify for extra credit as specified in the Notice of Examination. In the column headed **"Level"**, print **"U"** for an undergraduate course, **"G"** for a graduate (post-baccalaureate) course, or **"T"** for a union training, trade, Vocational High School, or apprenticeship program. You must specify whether you are reporting time in hours or credits.

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[illegible]

(Use additional paper, filled out in the same format, if needed)

## SECTION B – EMPLOYMENT / WORK EXPERIENCE (PAID OR VOLUNTEER)

**READ THIS SECTION CAREFULLY BEFORE COMPLETING THIS FORM**

Refer to the Notice of Examination to see whether this section applies to you. If it does, describe your THREE most recent relevant jobs using the format below. It is essential that you complete all sections concerning past and present employment and you describe your duties in detail. **Failure to do so may result in your disqualification.**

Include relevant part-time and volunteer experience. Describe relevant armed forces experience. If you are or have been in business for yourself, enter "self employed" on the line labeled "Name and Address of Employer." **You should not reveal your name anywhere on this test paper.** A maximum of one year of experience will be credited for each 12-month period. Part-time experience will be pro-rated. If you had a substantial change of duties or a return to work after a break in service with the same employer, treat these as separate jobs. List the percentage of time spent on each duty, task, or function. The total of these percents should equal 100 percent for each job reported.

<b>BOX 1</b>	<b>Employment:</b> From: _____ / _____ To: _____ / _____ <div style="text-align: center;">Month    Year                  Month    Year</div> <b>Total Time:</b> _____ / _____ <div style="text-align: center;">Year(s)      Month(s)</div> <input type="radio"/> Presently Employed In This Position <input type="radio"/> Paid <input type="radio"/> Volunteer
Job Title: _____ Other name of your Job Title, if any: _____	
No. of Hrs. Worked per Week _____ Starting Salary \$ _____ per _____ Last Salary \$ _____ per _____	
If employed with New York City or State, was this appointment: ( <b>check or fill in <u>only one</u></b> ) <input type="radio"/> Permanent <input type="radio"/> Provisional    Other _____ <div style="text-align: right;">(please specify)</div>	
Name of Employer: _____	
Address of Employer: _____	
Title of Immediate Supervisor _____ Nature of Employer's Business _____	
If you <b><u>directly</u></b> supervised staff, enter title(s) and number of people: _____	
If you <b><u>indirectly</u></b> supervised staff, enter title(s) and number of people: _____	
Describe each of your duties separately with percentages. (Required for rating)	% Time
<b>Total Time Spent Performing These Duties =</b>	<b>100%</b>

**Exam Number 4601**

**Social Security Number**    \_ \_ \_ - \_ - \_ - \_ \_

<b>BOX 2</b>	<b>Employment:</b> From: _____ / _____ To: _____ / _____ <b>Total Time:</b> _____ / _____ <div style="text-align: center;">             Month    Year                  Month    Year                  Year(s)    Month(s)           </div> <div style="text-align: right; margin-top: 10px;"> <input type="radio"/> Paid      <input type="radio"/> Volunteer           </div>
Job Title: _____ Other name of your Job Title, if any: _____	
No. of Hrs. Worked per Week _____ Starting Salary \$ _____ per _____ Last Salary \$ _____ per _____	
I If employed with New York City or State, was this appointment: ( <b>check or fill in <u>only one</u></b> ) <input type="radio"/> Permanent <input type="radio"/> Provisional    Other _____ <div style="text-align: right;">(please specify)</div>	
Name of Employer: _____	
Address of Employer: _____	
<u>Title</u> of Immediate Supervisor _____ Nature of Employer's Business _____	
If you <b><u>directly</u></b> supervised staff, enter title(s) and number of people: _____	
If you <b><u>indirectly</u></b> supervised staff, enter title(s) and number of people: _____	

Describe each of your duties separately with percentages. (Required for rating)	% Time
<b>Total Time Spent Performing These Duties =</b>	<b>100%</b>



**Exam Number 4601**

**Social Security Number** \_ \_ \_ - \_ \_ - \_ \_

[illegible]

**You may describe other relevant jobs by adding additional sheets in the same format. Use a separate box for each job. Number any additional job BOX 4, 5, 6 ... etc.**

Exam Number **4601**

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

## SECTION C – LICENSES AND CERTIFICATES

Refer to the Notice of Examination to see if a license or certificate is required. If it is, and you possess this license or certificate, fill in the following information. You may describe additional licenses or certificates on a separate sheet of paper using the same format.

### Drivers License:

Class: \_\_\_\_ Check all endorsements currently on your license: ☐ Hazardous Waste ☐ Air Brake ☐ Passenger

State where License was issued: \_\_\_\_\_ License Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Other Licenses/Certificates:

Title of License or Certificate: \_\_\_\_\_

Issued by: \_\_\_\_\_

License Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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YORK  
CITY  
TRANSIT  
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## SECTION D – SELECTIVE CERTIFICATION(S)

If you want to apply for Selective Certification as described in the Notice of Examination, complete this section.  
I am requesting selective certification(s)

for: \_\_\_\_\_

(If selective certification is for foreign language, specify the language(s)  
for which you are requesting selective certification.)

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## SECTION E – SUBMISSION CHECKLIST

(optional)

- ☐ Yes, my nine-digit social security number and exam number are included on every page of this document.
- ☐ No, I did not include my name anywhere in this document.
- ☐ Yes, I have read the Notice of Examination and filled out only the sections that are required for the position I am applying for.
- ☐ No, I have not included my resume because only this form will be evaluated.
- ☐ Yes, I have used extra sheets of paper to list schools and previous employment that did not fit on this form.
- ☐ Yes, I have only listed courses that I have successfully completed and that are necessary to meet the requirements or qualify for extra credit.
- ☐ Yes, I have listed more than one duty for each place of employment included and those duties add up to 100%.
- ☐ Yes, I have listed the class, endorsements and restrictions for my driver license (if the position requires a driver license).