



**New York City Transit**

## **Notice of Examination**

**Transit Electrical Helper, Exam No. 7609**

**Application Deadline: February 21, 2017    Application Fee: \$61.00**

**Type of Test: Education and Experience Test    Test Date: N/A**

### **JOB DESCRIPTION**

**The eligible list resulting from this examination may also be used to fill vacancies in the title of Signal Maintainer Trainee. Eligible candidates accepting or declining appointment either as a Transit Electrical Helper or as a Signal Maintainer Trainee will have their names removed from the eligible list.**

**Transit Electrical Helpers**, under direct supervision, assist maintainers and supervisors in the installation, maintenance, testing and repair of electrical, electro-mechanical and electronic equipment in various MTA New York City Transit departments; Transit Electrical Helpers operate motor vehicles to and from work assignments; keep records and write reports; perform related work. Under direct supervision, Transit Electrical Helpers perform the duties indicated below in the following areas:

1. In Signal Maintenance, they assist Signal Maintainers and Maintenance Supervisors (Signals), with their work on railroad signal apparatus, including signals, automatic train stops, electronic control systems, track circuit equipment, compressors, interlocking machines, related apparatus and some asbestos – containing materials.
2. In Lighting Maintenance, they assist Light Maintainers and Maintenance Supervisors (Lighting) in the maintenance, installation, inspection, testing, alteration and repair of lighting and related equipment.
3. In Electronic Equipment Maintenance, they assist Electronic Equipment Maintainers and Maintenance Supervisors (Electronic Equipment) with their work on electronic communication equipment, closed circuit television and control systems and equipment.
4. In Elevator and Escalator Maintenance, they assist Transit Electro-Mechanical Maintainers and Maintenance Supervisors (Elevator and Escalators) with their work on elevators, escalators, electrically operated drawbridges, and all related electrical and mechanical equipment.
5. In Ventilation and Drainage Maintenance, they assist Transit Electro-Mechanical Maintainers and Maintenance Supervisors (Ventilation and Drainage) in the maintenance and repair of ventilation and drainage systems, including fans, blowers, compressors, pumps, sewage ejectors and related equipment.
6. In Power Distribution (Third Rail) Maintenance, they assist Power Distribution Maintainers and Maintenance Supervisors (Power Distribution) with their work on contract rail power distribution systems, including positive and negative cables, rail connections, circuit breakers and related equipment.

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7. In Electrical Power Maintenance, they assist Power Maintainers – Group B, Power Cable Maintainers and Maintenance Supervisors (Electrical Power) in the maintenance and repair of mercury arc and silicon rectifiers, rotary converters, high tension switch gear, automatic relay panels and circuits, power, telephone and fiber optics cables, and auxiliary equipment and accessories; work with asbestos-containing material, mercury and lead; and drive motor vehicles.
8. In Telephone Maintenance, they assist Telephone Maintainers and Maintenance Supervisors (Telephone) with their work on telephones, intercom systems, emergency alarms, fire alarms, cables, electronic and other communications systems and asbestos-containing materials.

**Signal Maintainer Trainees**, under close supervision, receive a course of training both in the classroom and on the job, leading to qualification and competency as a Signal Maintainer in the installation, maintenance and repair of electrical and electronic equipment in the Maintenance of Way Division of the Department of Subways of MTA New York City Transit.

Some of the environmental conditions experienced and physical activities performed by Transit Electrical Helpers and Signal Maintainer Trainees are: climbing and descending ladders and stair ways; walking on and between catwalks and roadbeds; hearing audible signals such as alarms bells, train whistles and horns; working in confined areas; lifting and carrying heavy material and equipment; observing colored light signals in tunnels, on elevated tracks, and on open-cut road beds; differentiating color-coded wires, and working outdoors in all weather conditions.

**Transit Electrical Helpers** in Electrical Power Maintenance may work in the presence of infectious and biological wastes.

**Special Working Conditions: Transit Electrical Helpers and Signal Maintainer Trainees** may be required to work various shifts including nights, Saturdays, Sundays and holidays.

(This is a brief description of what you might do in this position and does not include all of the duties of these positions.)

## **SALARY AND BENEFITS**

1. The current minimum salary for Transit Electrical Helpers working in Electrical Power Maintenance is \$20.8976 per hour for a 40-hour week increasing to \$29.8537 in the sixth year of service.
2. The current minimum salary for Transit Electrical Helpers working in other subdivisions is \$20.41316 per hour for a 40-hour week increasing to \$29.1879 in the sixth year of service.
3. The current minimum salary for Signal Maintainer Trainee is \$21.5966 per hour for 40-hour week increasing to \$22.2400 per hour in the second year of service. Upon advancement to the title of Signal Maintainer, the current minimum salary for Signal Maintainer is \$29.5463 per hour for 40-hour week.

These rates are subject to change. The benefits of these position include, but are not limited to, night and weekend differentials, paid holidays, vacations and sick leave, a comprehensive medical plan and a pension plan.

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## HOW TO QUALIFY

**Experience Requirements** must be met by **the last day of the Application Period.**

**Education Requirements** must be met by **June 30, 2017.**

1. Four years of full-time experience as a helper in the electrical, electronic, or electro-mechanical fields in the maintenance, repair, testing, construction or installation of electrical equipment; or
2. Graduation from a trade school or technical school, with a major course of study in electrical, electronic, or electro-mechanical technology, or a closely related field, totaling 600 hours, or
3. Graduation from a vocational high school with a major course of study in electrical, electronic, or electro-mechanical technology, or a closely related field; or
4. An Associate degree or higher degree in electrical, electronic, or electro-mechanical technology or a closely related field from an accredited college or university; or
5. A four-year high school diploma or its equivalent; plus three years of full-time experience as described in option "1" above.

High school or trade or technical school education must be approved by a State's Department of Education or a recognized accrediting organization. College education must be from an accredited college or university, accredited by regional, national, professional or specialized agencies recognized as accrediting bodies by the U.S. Secretary of Education, and by the Council for Higher Education Accreditation (CHEA).

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:** At the time of appointment, you must have a Motor Vehicle Driver License valid in the state of New York with no disqualifying restrictions that would preclude the performance of the duties of either title. If you have serious moving violations, license suspension or an accident record you may be disqualified. This license must be maintained for the duration of your employment in either title.

**Drug Screening Requirement:** You must pass a drug screening in order to be appointed and if appointed, you will be subject to random drug and alcohol tests for the duration of your employment. Additionally, if you have tested positive on a drug or alcohol test or had a refusal to test during pre-employment or while employed by a Federal DOT-regulated employer during the applicable period, you must have completed the Substance Abuse Professional (SAP) process required by federal law in order to be appointed to this safety-sensitive position.

**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 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 MTA New York City Transit.

## REQUIREMENTS TO BE APPOINTED - Continued

**Safety Proficiency Assessment:** If you pass the education and experience test, you will be scheduled to take the qualifying safety proficiency assessment as vacancies occur. However, based on the projected number of vacancies, it is possible that not all candidates who pass the education and experience test will be scheduled for the qualifying safety proficiency assessment. A score of 70% is required to pass the qualifying safety proficiency assessment. In the qualifying safety proficiency assessment you will be required to demonstrate the following abilities:

**Oral Comprehension** – The ability to understand spoken English words and sentences.

**Oral Expression** – The ability to use English words or sentences in speaking so others will understand.

## HOW TO OBTAIN AN APPLICATION:

During the application period, you may obtain an *Application* for this examination online at <http://www.mta.info/nyct/hr/appexam.htm> or in person at the MTA New York City Transit Exam Information Center as indicated below.

**MTA New York City Transit Exam Information Center:** Open Monday through Friday, from 9 AM to 3PM, in the lobby of 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 3 train to the Hoyt Street Station.

## REQUIRED FORMS

**1. Application:** Make sure that you follow all instructions included with your *Application*, 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 each page, and the examination title and number in the box provide. 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, as well as instructions on how to submit 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 THE APPLICATION AND PAY THE APPLICATION FEE:

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

**HOW TO SUBMIT THE APPLICATION AND PAY THE APPLICATION FEE (Continued)****Applications by Mail must:**

1. Include all the required forms, as indicated in the "Required Forms" section above.
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

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

1. Be made payable to MTA New York City 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.

Cash and personal checks will **not** be accepted. Save your money order receipt for future reference and proof of filing an *Application*.

**Application Fee:** This fee is generally not refundable. Under special circumstances, you may be entitled to a refund. You should refer to the Department of Citywide Administrative Services (DCAS) Exam Regulations to determine if you are entitled to a refund prior to requesting a refund. You can refer to the bottom of the last page of this Notice of Exam for instructions on how to obtain a copy of the DCAS Exam Regulations.

**HOW TO SUBMIT AN APPLICATION WHEN REQUESTING A FEE WAIVER:**

Applicants who wish to request a Fee Waiver must obtain an *Application* in person at the MTA Exam Information Center as indicated below and must submit the *Application* and required forms by mail to the address in the Correspondence section below **by the last day of the application period**.

MTA New York City will not accept applications in person. Additional information on requesting an application fee waiver is available with the *Application*.

**THE TEST:**

**Your score will be determined by a competitive education and experience test.** You will receive a score of 70 points for meeting the minimum experience and education requirements listed in the "How to Qualify" section above.

After you meet the minimum experience and education requirements listed in the "How to Qualify" section above, you will receive additional credit for additional years of experience beyond the minimum required experience, up to a maximum of 100 points, on the following basis:

1. 10 points (for a total score of 80) for at least (1) but less than (2) years of additional full-time satisfactory experience as a helper in the electrical, electronic, or electro-mechanical fields in the maintenance, repair, testing, construction or installation of electrical equipment; or

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**THE TEST** (Continued)

2. 20 points (for total score of 90) for at least (2) but less than (3) years of additional full-time satisfactory experience as a helper in the electrical, electronic, or electro-mechanical fields in the maintenance, repair, testing, construction or installation of electrical equipment; or
3. 30 points (for a total score of 100) for (3) or more years of additional full-time satisfactory experience as a helper in the electrical, electronic, or electro-mechanical fields in the maintenance, repair, testing, construction or installation of electrical equipment.

Experience must be obtained by the **last day of the application period**.

Veterans' or Disabled Veterans' Credit will be granted only to eligible passing candidates who request that such credit be applied. 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.

**THE TEST RESULTS:**

If you are marked "**Not Qualified**", you will receive a **Not Qualified Letter**. If you pass the competitive education and experience 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 results. If you meet all the requirements and conditions, you will be considered for appointment when your name is reached on the eligible list.

**ADDITIONAL INFORMATION:**

**Probationary Period:** The probationary period for **Transit Electrical Helper** is one year.

**Signal Maintainer Trainee Appointment Conditions:** Signal Maintainer Trainee is a trainee class of positions subject to Rule 5.8.1 of Personnel Rules and Regulations of the City of New York, with a probationary period of 12 months; however, the Trainee service and corresponding probationary period may be extended to a maximum of 18 months. Upon satisfactory completion of the Trainee service and corresponding probationary period, permanent employees in this class of positions will advance, without further examination, to the title of Signal Maintainer.

**Selective Certification for Commercial Driver License (CDL):** You may be considered for appointment to positions requiring a Commercial Driver License through a process called Selective Certification. If you qualify for Selective Certification, you may be given preferred consideration for such positions in Electrical Power Maintenance.



**Selective Certification for Commercial Driver License (CDL): (Continued)**

To qualify, you will be required to possess at the time of appointment either:

1. A Class B Commercial Driver License valid in the State of New York with endorsement for hazardous materials and no disqualifying restrictions; or
2. A Motor Vehicle Driver License valid in the State of New York and Learner's Permit for a Class B Commercial Driver License valid in the State of New York.

All applicants for this examination must provide proof of residence in the state for which the license and/or permit is issued.

If you qualify under #2 above you will be appointed subject to receipt of a Class B Commercial Driver License valid in the State of New York with an endorsement for hazardous materials within six months of appointment.

For all appointments through Selective Certification, the Class B Commercial Driver License valid in the State of New York with an endorsement for hazardous materials and no disqualifying restrictions must be maintained for the duration of employment in the Electrical Power Maintenance and Operations Groups. If you have serious moving violations, license suspension or an accident record you may be disqualified.

Candidates interested in Selective Certification should follow the instructions on page seven of the *Education and Experience Test Paper* form. You may also meet the requirements for Selective Certification and may request to be included on future Selective Certifications at any time during the life of an eligible list. In such an instance, you are required to notify MTA New York City Transit as indicated in the Correspondence Section below.

**CORRESPONDENCE SECTION:**

**Change of Contact Information:** It is critical that you promptly notify MTA Transit of any change to your contact information (telephone number, mailing address and/or email address). You may miss important information about your exam(s) or consideration for appointment, including important information that may require a response by a specified deadline, if we do not have your correct contact information. To update your contact information with MTA New York City Transit, you must submit a change request by mail. Your request must include your full name, social security number, exam title(s), exam number(s) and your old and new telephone, mailing and/or email address. **If you are a current MTA New York City Transit employee, all changes to your employee contact information must be made through the MTA Business Service Center (BSC) via the employee portal at [www.mymta.info](http://www.mymta.info).**

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

Transit Electrical Helper, Exam No. 7609  
NYC 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.

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The General Examination regulations of the Dept. of Citywide Administrative Services apply to this examination and are part of this Notice of Examination. They are posted and copies are available in the MTA New York City Transit, Exam Information Center, 180 Livingston Street (Lobby), Brooklyn, NY 11201

The MTA New York City Transit is an Equal Opportunity Employer  
Title Code No. 91724; The Rapid Transit Railroad Service; Group 1 – Per Diem and Per Hour Positions.

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# EXAM APPLICATION FORM



## NEW YORK CITY TRANSIT

180 Livingston Street, Room 4070  
Brooklyn, New York 11201



E X A M I D 7 6 0 9



F O R M I D H R - E M P - 7 1 7

### 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	Prctd By:	Date:
- M.O.	Prctd By:	Date:
- Wvd	Prctd By:	Date:
Batch #	Prctd By:	Date:

1. SOCIAL SECURITY #: --

2. EXAM #: **7609**      3. EXAM TITLE: **TRANSIT ELECTRICAL HELPER**

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

Read the Special Circumstances instructions to be awarded these Special Accommodations:

- 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 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.**



**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, temporary 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 have a **temporary disability, pregnancy-related, or child-birth-related condition** which prevents you from taking the exam on the date that it is scheduled, you may request a make-up exam by submitting a request to the address listed below, either in person or by mail (postmarked), no later than no later than 60 days of the scheduled test date. In addition to the information specified above, the request must include **original medical documentation** signed by an appropriate, licensed doctor specifying **1)** the nature of the condition, **2)** the duration of the condition, **3)** the functional limitations of the condition, and **4)** why the condition prevents you from taking the exam as scheduled. Where appropriate and practicable, MTA New York City Transit may provide an alternative form of accommodation, such as an alternative exam site.

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:

<p><u>Armed Forces of the United States during:</u></p> <p>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)</p>	<p><b>O</b> <b>R</b></p>	<p><u>You must have received the armed forces expeditionary medal, navy expeditionary medal, or the marine corps expeditionary medal for Hostilities in:</u></p> <p>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).</p>
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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 18358  
Anaheim, CA 92817  
Phone: (714) 237-9272; 237-9276  
Fax: (714) 237-9279  
E-mail: [evalcaree@yahoo.com](mailto:evalcaree@yahoo.com)  
Web: <http://www.iescaree.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 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.**  
333 W. North Avenue #284  
Chicago, IL 60610  
Phone: (847) 8569  
Fax: (312) 587-3068  
E-mail: [info@evaluationservice.net](mailto:info@evaluationservice.net)  
Web: [www.evaluationservice.net](http://www.evaluationservice.net)

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

**Educational Perspectives, NFP.**  
P.O. Box 618056  
Chicago, IL 60661-8056  
Phone: (312) 421-9300  
Fax: (312) 421-9353  
Email: [info@edperspective.org](mailto:info@edperspective.org)  
Web: <http://www.edperspective.org>

**Foundation for International Services, Inc.**  
505 Fifth Avenue South  
Suite 101  
Edmonds, WA 98201  
Phone: (425) 248-2255  
Fax: (425) 248-2262  
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.**  
305 Broadway, Suite 401  
New York, New York 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.**  
3600 Market Street, Suite 450  
Philadelphia, Pa. 19104  
Phone: (215) 387-6950 Ext 603  
Fax: (215) 349-0026  
E-mail: [icd@icdeval.com](mailto:icd@icdeval.com)  
Web: <http://icdeval.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: The Evaluation Company**  
450 Fashion Avenue, Suite 1004  
New York, NY 10123  
Phone: (646) 475-2570  
Fax: (713) 789-6022  
E-mail: [status@spantran.com](mailto:status@spantran.com)  
Web: <http://www.spantran.com>

**International Education Research Foundation  
(IERF)**  
PO Box 3665  
Culver City, CA 90231-3665  
Phone: (310) 258-9451  
Fax: (310) 342-7086  
Email: [info@ierf.org](mailto:info@ierf.org)  
Web: [www.ierf.org](http://www.ierf.org)

 <b>NEW YORK CITY TRANSIT</b> 180 Livingston Street, Room 4070 Brooklyn, New York 11201  <b>Transit Electrical Helper</b>  <i>Open Competitive</i>  <b>Exam No. 7609</b>	For Official Use Only		
	Q	NQ	FINAL RATING
	1 <sup>ST</sup> _____ 2 <sup>ND</sup> _____ 3 <sup>RD</sup> _____	1 <sup>ST</sup> _____ CODE _____ 2 <sup>ND</sup> _____ CODE _____ 3 <sup>RD</sup> _____ CODE _____	Entered By _____ _____

**EDUCATION AND EXPERIENCE TEST PAPER (EETP)**

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 sheet.

If any information is missing, cannot be read or lacks necessary detail, you will be found **NOT QUALIFIED** or receive a lower score on the test. The information on this form must be verifiable. You will be disqualified if your statements are found to be false, exaggerated, or misleading.

You can find a **sample EETP** at "[http://web.mta.info/nyct/hr/pdf/sample\\_EETP.pdf](http://web.mta.info/nyct/hr/pdf/sample_EETP.pdf)" 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.

**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		FOR OFFICE USE ONLY
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:  <input type="checkbox"/> I am having an evaluation of my foreign education submitted directly to MTA New York City Transit using an approved evaluation service.  <input type="checkbox"/> 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.		
Section A.2 - HIGH SCHOOL, VOCATIONAL HIGH SCHOOL OR HIGH SCHOOL EQUIVALENCY		FOR OFFICE USE ONLY
Did you graduate HS? <input type="checkbox"/> Yes ____/____ <input type="checkbox"/> No      Was it a Vocational High School? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Month Year</small>  Name of High School: _____ <input type="checkbox"/> USA <input type="checkbox"/> Foreign  High School located in the State of: _____ Country of: _____  Specialty (only if you attended Vocational High School) _____  Do you have a GED? <input type="checkbox"/> Yes ____/____ <input type="checkbox"/> No      Name of Agency issuing GED: _____ <small>Month Year</small>		



**Section A.3 - TRADE SCHOOL**

FOR  
OFFICE  
USE  
ONLY

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

Did you graduate?     Yes    \_\_\_\_/\_\_\_\_/\_\_\_\_                       No    Expected Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

Name of Trade School: \_\_\_\_\_  USA  Foreign

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

Specialty \_\_\_\_\_

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

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

**Section A.4 – UNDERGRADUATE EDUCATION**

FOR  
OFFICE  
USE  
ONLY

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.)**

**Section A.5 – GRADUATE EDUCATION**

FOR  
OFFICE  
USE  
ONLY

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: \_\_\_\_\_

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.)**

**SECTION B – MILITARY EXPERIENCE**

**INSTRUCTIONS**

Use this sheet to document military experience if any. Use more than one sheet to describe different assignments. Use more than one sheet to describe active and reserve duty.

You must complete all sections concerning your enlistment and you must describe your duties in detail. Failure to do so will result in your disqualification. **DO NOT ATTACH A RESUME. RESUMES WILL NOT BE RATED.** Print using only black ink or blue ink. You must not reveal your name anywhere on this test paper.

Describe relevant armed forces experience including active and reserve duties. List the percentage of time you spent on each duty, task or function.

<b>BOX 0</b>	<b>Dates of Active Enlistment:</b> From: <u>    </u> / <u>    </u> / <u>    </u> To: <u>    </u> / <u>    </u> / <u>    </u> <b>Total Time:</b> <u>    </u> / <u>    </u> / <u>    </u> <small>Month Year Month Year Year(s) Month(s)</small>	FOR OFFICE USE ONLY
Rank: _____ M.O.S. (Military Occupational Specialty title): _____		
Was Your Military Service: <input type="checkbox"/> Active (full time) <input type="checkbox"/> Reserve (part time)   Number of days per month: _____		
Branch of Military: _____		
Last/Current Duty Station: _____		
Describe each of your duties separately with percentages. (Required for rating)	% Time	
<b>Total Time Spent Performing These Duties =</b>		<b>100%</b>

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

**INSTRUCTIONS**

You must complete all sections concerning your employment and you must describe your job duties in detail. Failure to do so will result in your disqualification. **DO NOT ATTACH A RESUME. RESUMES WILL NOT BE RATED.** Print using only black ink or blue ink. You must not reveal your name anywhere on this test paper.

Include relevant part-time and volunteer experience. If you are or have been in business for yourself, enter "self-employed" on the line labeled "Name of Employer". If you had a substantial change in duties or a return to work after a break in service with the same employer, enter this information in separate boxes. List the percentage of time spent on each duty. The total of these percentages must equal 100 percent.

<b>BOX 1</b>	<p><b>Most Recent Employment:</b> From: ____ / ____ To: ____ / ____ <b>Total Time:</b> ____ / ____  <small>Month Year Month Year Year(s) Month(s)</small></p> <p>Job Title: _____ Other name of your Job Title, if any: _____</p> <p>No. of Hrs. Worked per Week: _____</p> <p>Name of Employer: _____</p> <p>Address of Employer: _____</p> <p>Nature of Employer's Business: _____</p>
--------------	--

**FOR  
OFFICE  
USE  
ONLY**

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

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.



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

<b>BOX 2</b>	<p><b>Employment:</b> From: ___ / ___ To: ___ / ___ <b>Total Time:</b> ___ / ___</p> <p style="text-align: center; font-size: small;">Month Year                  Month Year                  Year(s) Month(s)</p>	FOR OFFICE USE ONLY	
<p>Job Title: _____ Other name of your Job Title, if any: _____</p>			
<p>No. of Hrs. Worked per Week: _____</p>			
<p>Name of Employer: _____</p>			
<p>Address of Employer: _____</p>			
<p>Nature of Employer's Business: _____</p>			
Describe each of your duties separately with percentages. (Required for rating)			% Time
<b>Total Time Spent Performing These Duties =</b>		<b>100%</b>	

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

<b>BOX 3</b>	<p><b>Employment:</b> From: _____ / _____ To: _____ / _____ <b>Total Time:</b> _____ / _____  <small>Month Year Month Year Year(s) Month(s)</small></p> <p>Job Title: _____ Other name of your Job Title, if any: _____</p> <p>No. of Hrs. Worked per Week: _____</p> <p>Name of Employer: _____</p> <p>Address of Employer: _____</p> <p>Nature of Employer's Business: _____</p>	FOR OFFICE USE ONLY
Describe each of your duties separately with percentages. (Required for rating)		% Time
<b>Total Time Spent Performing These Duties =</b>		<b>100%</b>

### 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.

<p><b>Drivers License:</b></p> <p>Class: _____ Check all endorsements currently on your license: <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Air Brake <input type="checkbox"/> Passenger</p> <p>State Where License was issued: _____ License Number: _____</p> <p>Date Issued: _____ Expiration Date: _____</p> <p><b>Other Licenses/Certificates:</b></p> <p>Title of License or Certificate: _____</p> <p>Issued by: _____</p> <p>License Number: _____</p> <p>Date Issued: _____ Expiration Date: _____</p>	<b>FOR OFFICE USE ONLY</b>
--	--

### SECTION D – SELECTIVE CERTIFICATION(S)

<p>If you want to apply for Selective Certification as described in the Notice of Examination, complete this section. I am requesting selective certification(s)</p> <p>for: _____</p>	<b>FOR OFFICE USE ONLY</b>
--	--

### SECTION E – SUBMISSION CHECKLIST

(Optional)

- Yes, my 9 digit social security number and exam number is 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 listed more than 1 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 drivers license. (If the position requires a drivers license)