



DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES
DIVISION OF CITYWIDE PERSONNEL SERVICES

1 Centre Street, 14th floor New York, NY 10007

APPLICATION FOR EXAMINATION

(Directions for completing this application are on the back of this form. Additional information is on the Special Circumstances Sheet)

Download this form on-line: nyc.gov/html/dcas

FOLLOW DIRECTIONS ON BACK
Fill in all requested information clearly, accurately, and completely.

The City 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.

1. EXAM #:

Grid for exam number

Check One:

Open Competitive

Promotion

2. EXAM TITLE:

Text box for exam title

4. LAST NAME:

Grid for last name

5. FIRST NAME:

Grid for first name

3. SOCIAL SECURITY NUMBER:

Grid for social security number

6. MIDDLE INITIAL:

Grid for middle initial

7. MAILING ADDRESS:

Grid for mailing address

8. APT. #:

Grid for apartment number

9. CITY OR TOWN:

Grid for city or town

10. STATE:

Grid for state

11. ZIP CODE:

Grid for zip code

12. PHONE:

Grid for phone number

13. OTHER NAMES USED IN CITY SERVICE:

Grid for other names

Questions 14 & 15: Discrimination on the basis of sex, sexual orientation, race, creed, color, age, disability status, veteran status or religious observance is prohibited by law. The City of New York is an equal opportunity employer. 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.

14. RACE/ETHNICITY (Check One):

- White, American Indian/Alaskan Native, Black, Asian/Pacific Islander, Hispanic

15. SEX (Check One):

- Male, Female

16. ARE YOU EMPLOYED BY HEALTH AND HOSPITALS CORPORATION? (Check One):

- YES, NO

17. CHECK ALL BOXES THAT APPLY TO YOU: (Directions for this section are found on the "Special Circumstances" Sheet)

- I CLAIM RELIGIOUS OBSERVANCE AND WILL REQUEST AN ALTERNATE TEST DATE (Verification required. See Item A on Special Circumstances Sheet)
I CLAIM DISABILITY AND WILL REQUEST SPECIAL ACCOMMODATIONS (Verification required. See Item B on Special Circumstances Sheet)
I CLAIM VETERANS' CREDIT (For qualifications see Item C on Special Circumstances Sheet)
I CLAIM DISABLED VETERANS' CREDIT (For qualifications see Item C on Special Circumstances Sheet)
I CLAIM PARENT LEGACY CREDIT (For qualifications see Item D on Special Circumstances Sheet)
I CLAIM SIBLING LEGACY CREDIT (For qualifications see Item D on Special Circumstances Sheet)

18. Your Signature:

Line for signature

Date:

Line for date



MICHAEL R. BLOOMBERG  
Mayor

MARTHA K. HIRST  
Commissioner

**NOTE:** You should apply for an examination **only** if you meet the qualification requirements set forth in the Notice of Examination. Read the Notice of Examination carefully before completing the application form.

Fill in all requested information clearly, accurately, and completely. **The City 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.**

Included in this material is a voter registration form. If you take this opportunity to register to vote, please mail the postage-paid form directly to the Board of Elections. The provision of government services is not conditioned on being registered to vote.

**When appropriate the City will issue a refund for unprocessed applications after the close of the filing period.**

## DIRECTIONS FOR SUBMITTING APPLICATION FOR EXAMINATION

<b>FORMS</b>	All required forms which are listed in the upper-right-hand corner of the Notice of Examination must accompany your application. Failure to include these forms may result in your disqualification and you <u>will not</u> receive test scores.
<b>FEE</b>	The amount of the fee is stated in the Notice of Examination. If you are applying by mail, only a <b>MONEY ORDER</b> made out to <b>DCAS (EXAMS)</b> is an acceptable payment (checks or cash <b>are not</b> accepted). On the front of the money order you must clearly print your <b>full name</b> and <b>the exam number</b> . <b>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 DCAS once the filing period has closed, nor will they be permitted to take the test on the date scheduled.</b> Keep your money order receipt as proof of filing. If you are applying online, you can pay by credit card, bank card, or debit card.
<b>FEE WAIVER</b>	DCAS-General Examination Regulations E.3.2 states a filing fee is not charged if you are a New York City resident receiving full benefits for public/cash assistance from the New York City Department of Social Services or 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: <ul style="list-style-type: none"> <li>▪ Receiving unemployment insurance benefits</li> <li>▪ Eligible for Medicaid</li> <li>▪ Receiving Supplemental Security Income (SSI) payments</li> <li>▪ Receiving Public Assistance in the form of Temporary Assistance for Needy Families (TANF)/Family Assistance or Safety Net Assistance</li> <li>▪ A participant certified eligible in a Job Partnership Act/Workforce Investment Act program through a state or local social service agency.</li> </ul> <p>The name written on your “Application For Examination” form must match the name referenced on your documentation.</p> <p><b>Please refer to the “Request For A DCAS Examination Fee Waiver” form for the list of appropriate documentation acceptable for each fee waiver criteria. Applications that are submitted without the appropriate 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 permitted to re-submit their applications to DCAS once the filing period has closed, nor will they be permitted to take the test on the date scheduled.</b></p> <p><b><u>Fee Waivers are limited to persons who are currently participants at the time of submission of the application.</u></b> Any person who falsifies information concerning his/her eligibility to receive benefits in order to obtain a fee waiver may be banned from appointment to any position within the City of New York, and may be subject to criminal prosecution.</p> <p style="text-align: center;"><b>All such violations will be referred to the Department of Investigation.</b></p>
<b>APPLICATION SUBMISSION</b>	If you are applying for an examination by mail, your 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: DCAS Application Section 1 Centre Street, 14 <sup>th</sup> Floor, New York, NY 10007 C/O Exam #, Exam Title
	If you wish to apply online for an examination and this option is available, you can go to the DCAS Online Application System (OASys) at <a href="http://www.nyc.gov/examsforjobs">www.nyc.gov/examsforjobs</a> and follow the onscreen application instructions for electronically submitting your application and payment, and completing any required forms.

### INSTRUCTIONS FOR COMPLETING APPLICATION FORM PROPERLY

**To ensure the proper processing of your application, print all information CLEARLY. Failure to do so may delay or disqualify your application.**

<b>BOX 1. – 2. EXAM NO &amp; EXAM TITLE</b>	See the Notice of Examination prior to filling in the exact exam number and exam title. Check either the Open Competitive (OC) or Promotion (PRO) box to indicate the type of examination you are applying for.
<b>BOX 3. – 12. GENERAL INFORMATION</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Only one (1) address for each person is maintained in the files of this Department.</li> <li>• If you change your mailing address after applying, see the “Change Of Address” section on the Special Circumstances form</li> </ul>
<b>BOX 13. OTHER NAMES USED</b>	If you have worked for a New York City agency under another name, write the other name in this section. If you have not used other names, skip this section.
<b>BOX 14. - 15. ETHNICITY / SEX</b>	Completing this information is voluntary. This information will <u>not</u> be made available to individuals making hiring decisions.
<b>BOX 16. HHC EMPLOYEE</b>	If you are employed by the Health and Hospitals Corporation, check the <b>YES</b> box in this section.
<b>BOX 17. SPECIAL CIRCUMSTANCES</b>	(Religious Observance, Special Accommodations because of a Disability, Veterans’ or Disabled Veterans’ Credit, Parent or Sibling Legacy Credit) <b>Please see the “Special Circumstances” form for qualifications and definitions associated with this section.</b>
<b>BOX 18. 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.

Applicants who do not receive an admission card at least **4 days** prior to the tentative test date must obtain an admission card by coming to the Examining Service Section of the New York City Department of Citywide Administrative Services, 1 Centre Street, 14th Floor, Room 1448.



DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES  
DIVISION OF CITYWIDE PERSONNEL SERVICES

Exam Support Group – Application Section  
One Centre Street, 14<sup>th</sup> Floor  
New York, NY 10007  
Automated Telephone: (212) 669-1357 • Fax: (212) 669-4734

**APPLICATION SUPPLEMENT**

Exam Title: \_\_\_\_\_ Exam No: \_\_\_\_\_

Section 50-b of the New York State Civil Service Law requires that all applicants for Civil Service examinations be asked the following questions:

1. Do you have any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding?

**CHECK ONLY ONE:** YES  NO

RETURN THIS SUPPLEMENT WITH YOUR APPLICATION FOR CIVIL SERVICE EXAMINATION ONLY IF YOU HAVE CHECKED THE YES BOX.

2. If you checked the YES box in *Question 1*, are you presently in default on such loan?

**CHECK ONLY ONE:** YES  NO

**SOCIAL SECURITY NUMBER:**    -   -

PLEASE PRINT CLEARLY:

FULL NAME: \_\_\_\_\_  
(Last Name, First Name, Middle Initial)

ADDRESS: \_\_\_\_\_  
(Include the Apartment Number, Floor, and/or In Care of- C/O, if applicable)

CITY, STATE, ZIP: \_\_\_\_\_

**COMPLETE THIS AFFIRMATION:** I affirm under penalties of perjury that all statements made on this application and all supplementary information are true.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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REQUEST FOR A DCAS EXAMINATION FEE WAIVER

**TO ALL APPLICANTS:**

DCAS-General Examination Regulation E.3.2 states that a filing fee is not charged if you are a New York City resident receiving full benefits for Public/Cash Assistance from the New York City Human Resources Administration or 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:

- Receiving unemployment insurance benefits payments
- Eligible for Medicaid
- Receiving Supplemental Security Income (SSI) payments
- Receiving Public Assistance in the form of Temporary Assistance for Needy Families (TANF)/Family Assistance or Safety Net Assistance
- A participant certified eligible in a Job Partnership Act/Workforce Investment Act program through a state or local social service agency.

You must complete a separate "Request For A DCAS 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 DCAS-General Examination Regulation E.3.2 or Section 50.5(b) of the State Civil Service Law.

Exam Title: \_\_\_\_\_

Exam No: \_\_\_\_\_ - \_\_\_\_\_

\*\*\*\*\*AFFIRMATION\*\*\*\*\*

I have read the above-mentioned General Examination Regulation E.3.2 and the 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.)

Full Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**YOUR REQUEST FOR A FEE WAIVER WILL NOT BE PROCESSED WITHOUT YOUR SIGNATURE.**

Fee Waiver Criteria Selection:

Check only the box that applies to you and for which you have acceptable documentation as described on the reverse side of this page.

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...**

- an individual who is a New York City resident **and** receiving full benefits for Public/Cash Assistance.
- an individual who is unemployed **and** receiving Unemployment Insurance Benefits.
- an individual who is receiving Supplemental Security Income (SSI) payments.
- an individual who is receiving Medicaid benefits.
- an individual who is receiving Public Assistance in the form of Temporary Assistance for Needy Families (TANF)/Family Assistance **or** Safety Net Assistance:
- a participant certified eligible for a Job Training Partnership Act / Workforce Investment Act program through a state or local social service agency.

**TURN OVER TO VIEW THE LIST OF ACCEPTABLE DOCUMENTATION FOR EACH FEE WAIVER CRITERION ➡➡➡➡**

FEE WAIVER CRITERIA	ACCEPTABLE DOCUMENTATION
An individual who is a New York City resident <b>and</b> is receiving full benefits (Cash, Medicaid, and Food Stamps) and not partial benefits for Public/Cash Assistance from the New York City Department of Social Services.	Submit a clear copy of your Benefit Identification Card that bears your name.  Since DCAS will verify your eligibility for full benefits through your Client Identification Number (CIN), you must make sure that all information preprinted on your Benefit Identification Card can be read when copied. Handwritten information will not be accepted.
An individual who is unemployed <b>and</b> is receiving Unemployment Insurance Benefits.	Submit an “ <i>Unemployment Insurance Benefit Payment History</i> ” 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 <a href="http://www.labor.state.ny.us">www.labor.state.ny.us</a> . For the Department of Labor outside of New York State, you may access their website at <a href="http://www.dol.gov">www.dol.gov</a> for assistance in locating this type of documentation online for the state in which you reside.  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.
An individual who is receiving Supplementary Security Income (SSI) payments.	Submit documentation 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.
An individual who is receiving Medicaid benefits or partial benefits that include Medicaid.	Submit the “ <i>MA Case/Suffix/Individual/Summary</i> ” 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.
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 “ <i>PA Case Composition-Suffix/Individual Summary</i> ” 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.
A participant certified eligible for a Job Training Partnership Act / Workforce Investment Act program through a state or local social service agency.	Submit documentation on letterhead from a Job Training or Workforce program through your state or local social service agency that is dated during the month for which you are applying for an exam and specifically indicates that you are a participant registered with that program/agency that month.

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS. This original form must be included with your completed required form(s) at the time of filing. You must complete a separate “*Request For A DCAS Examination Fee Waiver*” form for each exam that you wish to apply for. Return the completed form(s) to DCAS Application Section, One Centre Street, 14<sup>th</sup> Floor, New York, NY 10007 by mail only. DCAS will not accept applications in person from candidates, unless otherwise instructed by DCAS 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 DCAS once the filing period has closed, nor will they be permitted to take the test on the date scheduled.**

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For automated information, call (212) 669-1357