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

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 THE 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 AM A SABBATH OBSERVER AND WILL REQUEST AN ALTERNATE TEST DATE (Verification required. See Item A on Special Circumstances Sheet)
   □ I HAVE A 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)

18. Your Signature: ____________________________ Date: ______________
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

FORMS 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 will not receive test scores.

FEE The amount of the fee is stated in the Notice of Examination. Only a MONEY ORDER made out to D.C.A.S. (EXAMS) is acceptable payment (check or cash are not accepted). On the front of the money order you must clearly write your full name, social security number and the exam number. Keep your Money Order receipt as proof of filing.

FEE WAIVER A filing fee is not charged if you are a New York City resident receiving public assistance from the New York City Department of Social Services. To have the fee waived, you must enclose a legible photocopy of your current Benefit Card (formerly known as the Medicaid Card) with your application. The Food Coupon Photo Identification Card is unacceptable. You must write your social security number and the exam number on the front of the photocopy of the Benefit Card. The name on your application must exactly match the name printed on your Benefit Card.

APPLICATION SUBMISSION Your application must be postmarked no later than the last day of the application period indicated on the Notice of Examination. Mail the completed application, supporting documents, and required filing fee or fee waiver to:

DCAS Applications Section
1 Centre Street, 14th Floor, New York, NY 10007
C/O Exam #, Exam Title

INSTRUCTIONS FOR COMPLETING APPLICATION FORM PROPERLY

To ensure proper processing of Application print all information CLEARLY. Failure to do so will delay or disqualify your application.

1. EXAM NO. / EXAM TITLE 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.

2. - 12. GENERAL INFORMATION
   • The address you give will be used as your mailing address for all official correspondence.
   • Only one (1) address for each person is maintained in the files of this Department.

13. OTHER NAMES USED 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.

14. - 15. ETHNICITY / SEX Completing this information is voluntary. This information will not be made available to individuals making hiring decisions.

16. HHC EMPLOYEE If you are employed by the Health and Hospitals Corporation, check the YES box in this section.

17. SPECIAL CIRCUMSTANCES (Sabbath/Religious Observers, Special Accommodations because of a Disability, or Veterans’ Credit) Please see the “Special Circumstances” direction sheet for qualifications and definitions associated with this section.

18. SIGNATURE 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, NYC Department of Citywide Administrative Services, 1 Centre Street, 14th Floor.

Rev. 8/28/2000
APPLICATION SUPPLEMENT

RETURN THIS SUPPLEMENT WITH YOUR APPLICATION FOR CIVIL SERVICE EXAMINATION.

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 ☐

2. If so, are you presently in default on such loan?
   CHECK ONLY ONE: YES ☐ NO ☐

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SOCIAL SECURITY NUMBER: ____________

PLEASE PRINT CLEARLY:

FULL NAME: ________________________________
   (Last Name, First Name, Middle Initial)

ADDRESS: ________________________________
   (Include Apartment Number and In Care of- C/O, if applicable)

CITY, STATE, ZIP: __________________________

EXAM TITLE: ____________________________ EXAM NO: ______

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

Signature: ________________________________ Date: ____________