



**BE SURE TO ANSWER THIS SECTION**

Have you applied to take any other examinations on this date?      YES      NO

If YES, follow CROSS-FILER instructions on examination announcement.

Failure to follow these instruction may result in your not receiving a correct admission notice and/or score.

**EDUCATION: Read examination announcement for educational requirements. *If required, attach transcripts showing the date degree received, major subject, and/or required credit hours.***

Have you graduated from high school?      IF YES, NAME AND LOCATION OF HIGH SCHOOL      YEAR GRADUATED  
 YES      NO

Do you have a high school equivalency diploma? IF YES, ISSUING GOVERNMENTAL AUTHORITY:      DATE OF ISSUE  
 YES      NO

	Name of School OR College and Address	Dates of Attendance (Month and Year)		Type of Course or Major Subject	Number of College Credits Rec'd	Type of Degree Rec'd	Date Degree Rec'd
		From	To				
College University, Professional Or Technical School							
Other Schools Or Special Courses							

**LICENSES:** If a license, or other authorization to practice trade or profession is listed as a requirement on the examination announcement for which you are applying, complete the following and **submit** a copy of license with this application: If not currently licensed check this box.

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State of
Specialty	Date of License First Issued	Registered From: (Mo./Yr.) To: (Mo./Yr.)	

**DRIVER'S LICENSE:** Do you have a valid license to operate a motor vehicle in New York State?      YES      NO

**DESCRIPTION OF EXPERIENCE:** Beginning with your most recent employer, list all employment, military service, or volunteer experience that shows you meet the minimum qualifications for the examination. We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. **(Do not send your resume.)** Describe the work which you personally performed. If you supervised, state how many people and the nature of such supervision.

Dates Employed MO YR      MO YR / to /	Employer	Address	City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title
			Type of Business

Describe specific work performed and job responsibilities:


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REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2 x 11 sheets)