

# 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, and legible information.

All unprocessed applications will be returned to the applicant.

1. EXAM #:	2. EXAM TITLE:	3. SOCIAL SECURITY NUMBER:
X	Open Competitiv POLICE OFFICER	
4. LAST NAME:	5. FIRST NAME:	6. MIDDLE INITIAL:
7. MAILING ADDRES	S:	8. APT. #:
9. CITY OR TOWN:	10. STATE:	11. ZIP CODE:
12. PHONE:	13. OTHER NAMES USED IN CITY S	SERVICE:
Questions 14 & 15:  Discrimination on the basis of sex, sexual orientation, race, creed, color, age, disability status, veteran status or religious observance is	White       American Indian / Alaskan Native       Male       (S) Saturday F         Black       Asian/Pacific       (T) Thursday         Hispanic       Islander       (F) Friday Eve	17. Are you currently on active military duty or have you separated from the military in the last 12 months? (Check One)  Tyes No
prohibited by law. The City of New York is an equal opportunity employer. The		
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.	18. 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).	
19. Your Signature:		Date



## Department of Citywide Administrative Services

Rudolph W. Giuliani Mayor

William J. Diamond 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. 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.

## DIRECTIONS FOR SUBMITTING APPLICATION FOR OPEN COMPETITIVE POLICE OFFICER EXAMINATION

#### **FORM**

You are required to complete an "Application for Examination" form.

#### FEE / FEE WAIVER

The filing fee has been waived for this examination.

#### 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 properly completed application to: DCAS Applications Section, 1 Centre Street, 14th Floor, New York, New York 10007. Include: Exam Number and 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.-2. EXAM NO. / EXAM TITLE

See the Notice of Examination prior to filling in the exact exam number. The exam title box has already been filed in for you.

#### 3. - 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.
- If you change your mailing address after applying, see the Change Of Address section on Special Circumstances Sheet.

#### 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. RACE / ETHNICITY / SEX

Completing this information is voluntary. This information will not be made available to individuals making hiring decisions.

#### 16. TEST DATE PREFERENCE

You must check the appropriate box which indicates your test date preference.

#### 17. ACTIVE MILITARY DUTY

If you are currently on active military duty or have been separated from the military in the last 12 months, check the YES box in this section. Otherwise, check the NO box in this section.

#### 18. 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.

#### 19. 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, New York, New York 10007

Rev. 7/2001 - OC / PO. OFF.