



# Notice of Examination

## Assistant Stockworker, Exam # 6302

**Application Deadline:**  
January 26, 2016

**Type of Test:**  
Multiple Choice Test

**Application Fee:**  
(Non-Refundable)  
\$61.00

**Test Dates** (subject to change):  
June 25, 2016 or June 26, 2016

This is **NOT** a New York City Transit position. This is **NOT** a Civil Service Position.

### JOB DESCRIPTION

Assistant Stock Workers, under supervision, receive, check, classify, store and distribute materials and supplies at the storerooms and facilities of the MTA Bus Company system. This includes: the operation of all material handling equipment; data processing and maintenance of inventory transaction documents; the loading and unloading of trucks; all activities related to normal warehousing and distribution functions; keep records; take inventory; handle obsolete and scrap materials; drives automotive vehicles; and perform related work.

Some of the physical activities performed by Assistant Stockworkers and the environmental conditions experienced are: loading and unloading vehicles; operating forklifts and hi-los, and other machinery. Climbing and descending ladders. Lifting heavy objects up to 75 lbs. without the use of a mechanical device. Working outdoors in all weather conditions.

**Special Working Conditions:** Assistant Stock Workers may be required to work on various shifts including nights, Saturdays, Sundays and holidays.

(This brief description does not include all of the duties of this position.)

### SALARY AND BENEFITS

The current minimum salary is \$19.67 at the College Point, Baisley Park, LaGuardia, JFK and Far Rockaway Depots. This rate increases to \$28.10 per hour after 36 months. The current minimum salary is \$19.67 per hour at the Spring Creek Depot. This rate increases to \$28.10 per hour after 48 months.

The benefits of this position include, but are not limited to, night and weekend differentials, paid holidays, vacation and sick leave, a comprehensive medical plan and a pension plan. Benefits vary based on the respective collective bargaining agreements of each agency.

**READ CAREFULLY AND SAVE FOR YOUR FUTURE REFERENCE**

Filling opened: January 6, 2016

## HOW TO QUALIFY

**Education and Experience Requirements:** By the last day of the application period you must have:

1. Three years of full-time experience as a stock assistant, stock clerk, or stock worker in an industrial, manufacturing, or wholesaling business which stocks railroad, automotive, machine, aircraft or marine maintenance tools, production parts, or plumbing, hardware or sheet metal supplies and tools; or
2. Two years of full-time experience as described in #1 above and a four-year high school diploma or its educational equivalent; or
3. A satisfactory equivalent of education and experience.

**The following are types of experience that are not acceptable:** Experience as a Stock Worker or Stock Clerk in a retail store or experience that involves incidental or occasional stock work.

You are responsible for determining whether you meet the qualification requirements for this examination prior to submitting the 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 possess a Motor Vehicle Driver License valid in the State of New York. If you have serious moving violations, license suspensions, or an accident record you may be disqualified. A Motor Vehicle Driver License that is valid in the State of New York must be maintained for the duration of employment in this title. The Motor Vehicle Driver License must be presented to a MTA Bus Company Appointing Officer at the time of appointment processing.

**Drug Screening Requirement:** You must pass a drug screening in order to be appointed.

**Character and Background Requirement:** Proof of good character and satisfactory background are absolute prerequisites to appointment. The following are among the factors considered as grounds 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 Metropolitan Transportation Authority (MTA), or another public employer; (e) dishonorable discharge from the Armed Forces; (f) previous misrepresentation of identity; and (g) previous misrepresentation of authority to work in the United States.

**English Requirement:** You must be able to understand and be understood in English.

**Residency:** New York City residency is not required for this position.

**Proof of Identity Requirement:** Under the Immigration Reform and Control 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 Bus Company.

## 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 Exam Information Center as indicated below.

### MTA EXAM INFORMATION CENTER

Open Monday through Friday, from 9 AM to 3 PM, in the lobby at 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 the 3 train to the Hoyt Street Station. **The MTA New York City Transit Exam Information Center will be closed on Monday, January 18, 2016, in observance of Martin Luther King Jr. Day.**

**READ CAREFULLY AND SAVE FOR YOUR FUTURE REFERENCE**

## REQUIRED FORMS

1. **Application:** Make sure that you follow all instructions included with your application form, 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 the cover page, and the examination title and number in the box provided. 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 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 AN 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.

### Applications by Mail must:

1. Include all of 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 NYC 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.

Save your money order receipt for future reference and proof of filing an application.

**Cash and personal checks will not be accepted.**

## ADMISSION LETTER

An *Admission Letter* will be mailed to you about 10 days before the date of the test. If you do not receive an *Admission Letter* at least 4 days before this date, you may obtain a duplicate letter at the MTA Exam Information Center. A paper copy of the *Admission Letter* is your ticket for admission to the test.

## THE TEST

You will be scheduled to take the competitive multiple-choice test on either Saturday, June 25, 2016 or Sunday, June 26, 2016. A score of at least 70 is required to pass this test. Your score on this test will be used to determine your place on an eligible list. The multiple-choice test may include questions on; general storeroom receiving, storage and distribution procedures in accordance with requisitions and orders; industrial equipment and hand tools; job related arithmetic; efficient and safe storage practices; preparation of reports; and other related areas.

## TEST ADMINISTRATION GUIDELINES:

**Warning:** You are not permitted to enter the test site with cellular phones, beepers, pagers, cameras, portable media players, or other electronic devices. Calculators are permitted. Electronic devices with an alphabetic keyboard or with word processing or data recording capabilities such as planners, organizers, etc. are prohibited. If you use any of these devices in the building at any time before, during or after the test, you may **not** receive your test results, your test score may be nullified, and your application fee will **not** be refunded.

**READ CAREFULLY AND SAVE FOR YOUR FUTURE REFERENCE**

Filling opened: January 6, 2016

**TEST ADMINISTRATION GUIDELINES (continued):**

You may not have any other person, including children, present with you while you are being processed for or taking the test and no one may wait for you inside of the test site while you are taking the test.

**Required Identification:** You are required to bring one (1) form of valid (non-expired) signature and photo bearing identification to the test site. The name that was used to apply for the exam must match the first and last name on the photo ID. A list of acceptable identification documents is provided below. **If you do not have an acceptable ID, you may be denied testing.** Acceptable forms of identification (bring one) are as follows: State issued driver's license, State issued identification card, US Government issued Passport, US Government issued Military Identification Card, US Government issued Alien Registration Card, Employer ID with photo, or Student ID with photo.

**Leaving:** You must leave the test site once you finish the test. If you leave the test site after being fingerprinted but before finishing the test, you will not be permitted to reenter. If you disregard this instruction and reenter the test site, you may not receive your test results, your test score may be nullified, and your application fee will not be refunded.

**Note:** You are not permitted to enter the test site with cellular phones, beepers, pagers, cameras, portable media players, or other electronic devices. Calculators are permitted; however, they must be hand-held, battery or solar powered, numeric only. Electronic devices with an alphabetic keyboard or with word processing or data recording capabilities such as planners, organizers, etc. are prohibited. If you are found to be in possession of any of these devices, your test score may be nullified, you may not receive your test results, and your application fee will not be returned.

**THE TEST RESULTS**

If you meet the education and experience requirements and pass the multiple-choice 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 test results. If you meet all requirements and conditions, you will be considered for appointment when your name is reached on the eligible list. A qualifying interview will be administered to those who pass the multiple-choice test.

**ADDITIONAL INFORMATION**

**Promotion Test:** A promotion examination for this title is being held for eligible MTA Bus Company employees. The names appearing on the promotion list resulting from this examination will be considered first in filling vacancies in the MTA Bus Company.

**SPECIAL ARRANGEMENTS**

**Special Testing Accommodations:** If you plan to request special testing accommodations due to disability or an alternate test date due to your religious belief, follow the instructions included with the *Application* and mail your request to the address found in the "Correspondence Section" below, no later than 30 days prior to the scheduled test date.

**Make-up Test:** You may apply for a make-up test if you cannot take the test on the regular test date for any of the following reasons:

1. Compulsory attendance before a public body;
2. Absence for one week following the death of a spouse, domestic partner, parent, sibling, child or child of a domestic partner;
3. Absence due to ordered military duty; or
4. A clear error for which the MTA New York City Transit is responsible.
5. A temporary disability, pregnancy-related, or child-birth-related condition preventing you from taking the test
6. On-the-job injury or illness caused by employment with the MTA. You must have been an employee of the MTA when the injury or illness occurred. If you were a contractor, you are not eligible for a make-up test

To request a make-up test, mail your request with your documentation of special circumstances to the address found in the "Correspondence Section" below within one week of your scheduled test date.

**READ CAREFULLY AND SAVE FOR YOUR FUTURE REFERENCE**

**CORRESPONDENCE:**

Change of Contact Information: It is critical that you promptly notify the MTA 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 the MTA, 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 mailing and/or email address. **If you are a current MTA employee, all changes to your employee contact information must be made through the MTA Business Service Center (BSC) via the employee portal at <http://www.mtabsc.info/>.**

All correspondence, including the submission of your Application, must be sent to the following address:

Assistant Stock Worker, Exam No. 6302  
MTA New York City 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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MTA Bus Company is an equal opportunity employer and welcomes applications from all qualified persons. The list resulting from this examination will be based strictly on examination ratings attained by candidates through their test scores, as described above.

NYCT/MaBSTOA/MTA Personnel Testing, Selection & Classifications Unit  
Title Code: 12200

**Filing Opened:** January 20, 2016



# BUS COMPANY

180 Livingston Street, Room 4070  
Brooklyn, New York 11201



## EXAM APPLICATION FORM

### 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 #: **6302** 3. EXAM TITLE: **ASSISTANT STOCKWORKER**

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. E-MAIL ADDRESS:

20. 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 INSTRUCTIONS

**Note:** MTA New York City Transit processes all Staten Island Railway exam applications. When applying for examinations, follow the directions below with money orders made out and mailings addressed to MTA New York City Transit. 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. 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>FORMS</b>	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 and you <b>will not</b> receive test scores.
<b>FEE</b>	The amount of the fee is stated in the Notice of Examination. <b>Only a money order</b> made payable to the <b>MTA New York City Transit</b> is acceptable payment (checks or cash <b>are not</b> accepted). On the front of the money order you must clearly write <b>your full name, your home address, the last four digits of your social security number, the exam title and the exam number</b> . Keep your money order receipt as proof of filing. The fee is not refundable.
<b>APPLICATION SUBMISSION</b>	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 to: <b>MTA New York City Transit, Attn: (please state the specific Exam Title and Exam Number), 180 Livingston Street, Brooklyn NY, 11201.</b>

### INSTRUCTIONS FOR COMPLETING APPLICATION FORM PROPERLY

To ensure proper processing of this application print all information **CLEARLY** in blue or black ink. **Failure to do so will delay or disqualify your application.**

<b>1-4 SSN, EXAM TITLE, NUMBER AND TYPE</b>	A 9 digit Social Security Number is required. See the Notice of Examination, prior to filling in the exact exam number and exam title.
<b>5-14 GENERAL INFORMATION</b>	<p><b>All Candidates:</b> Fill in information requested. If you change your address after applying for this exam, send a change of address request to: <b>MTA New York City Transit, Attn: Address Change, 180 Livingston Street, Brooklyn NY, 11201.</b></p> <p><b>Employees of MTA Agencies:</b> The address already in existence on your MTA records will be used to respond to all new applications you submit. An application with a new address on it will NOT update the records. Please keep your address on MTA records updated. Please note: only one address for each person is maintained on file.</p>
<b>15-16 ETHNICITY AND SEX</b>	Completing this information is voluntary. This information will <b>not</b> be made available to individuals making hiring decisions.
<b>17-18 SPECIAL CIRCUMSTANCES</b>	For Religious Observance or Special Accommodations because of a Disability, please see the "Special Circumstances" form included in the application package.
<b>19 E-MAIL ADDRESS</b>	Enter your e-mail address.
<b>20 SIGNATURE</b>	Signing the application indicates that all statements you have made in this application are true to the best of your knowledge. Please be aware that if any statements are found to be false you will not be hired. Please be aware that if any willful false statements on your part are discovered after you have been hired by an MTA Agency, your services will be terminated.

**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 you how to notify us of a **CHANGE OF ADDRESS**. You may include your religious observance or disability 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:

<ul style="list-style-type: none"> <li>• your full name</li> <li>• your social security number</li> </ul>	<ul style="list-style-type: none"> <li>• the exam number</li> <li>• the exam title</li> </ul>
<ul style="list-style-type: none"> <li>• a signed statement on letterhead from your religious leader certifying that your religious observance prohibits you from taking the test on the scheduled date.</li> </ul>	

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:

<ul style="list-style-type: none"> <li>• your full name</li> <li>• your social security number</li> <li>• the exam number</li> </ul>	<ul style="list-style-type: none"> <li>• the exam title</li> <li>• the specific nature of your disability</li> <li>• a justification for the special accommodations</li> </ul>
<ul style="list-style-type: none"> <li>• a statement corroborating your disability by a doctor or agency authorized for this purpose.</li> </ul>	

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.**

**(C) 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**  
**Attention Change of Address**  
**(Insert Exam Title and Number)**  
**180 Livingston, 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: [facs@aol.com](mailto:facs@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)

Applicant ID \_\_\_\_\_ (if known)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**BUS COMPANY**180 Livingston Street, Room 4070  
Brooklyn, New York 11201**Assistant Stockworker***Open Competitive***Exam No. 6302****For Official Use Only**

Q	NQ	FINAL RATING
1 <sup>ST</sup> _____	1 <sup>ST</sup> _____ CODE _____	
2 <sup>ND</sup> _____	2 <sup>ND</sup> _____ CODE _____	
3 <sup>RD</sup> _____	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**

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:

- ☐ I am having an evaluation of my foreign education submitted directly to MTA New York City Transit using an approved evaluation service.
- ☐ 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.

**FOR  
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ONLY****Section A.2 - HIGH SCHOOL, VOCATIONAL HIGH SCHOOL OR HIGH SCHOOL EQUIVALENCY**

Did you graduate HS? ☐ Yes \_\_\_\_/\_\_\_\_ ☐ No      Was it a Vocational High School? ☐ Yes ☐ No  
Month Year

Name of High School: \_\_\_\_\_ ☐ USA ☐ Foreign

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

Specialty (only if you attended Vocational High School) \_\_\_\_\_

Do you have a GED? ☐ Yes \_\_\_\_/\_\_\_\_ ☐ No      Name of Agency issuing GED: \_\_\_\_\_  
Month Year

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ONLY**

F O R M I D H R - E M P - 7 1 6



E X A M I D 6 3 0 2



Exam Number **6302** \_\_\_\_\_

Your Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Section A.3 - TRADE SCHOOL**

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

Did you graduate? ☐ Yes \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ No Expected Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month YearName 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.)****FOR  
OFFICE  
USE  
ONLY****Section A.4 – UNDERGRADUATE EDUCATION**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 YearDate 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.)****FOR  
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ONLY****Section A.5 – GRADUATE EDUCATION**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 YearDate 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.)****FOR  
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## 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: ____/____/____ To: ____/____/____ <b>Total Time:</b> ____/____/____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month Year</span> <span>Month Year</span> <span>Year(s) Month(s)</span> </div>	
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> _____ / _____            Month     Year                      Month     Year                      Year(s)     Month(s)</p> <p>Job Title: _____ Other name of your Job Title, if any: _____</p> <p>No. of Hrs. Worked per Week: _____ Starting Salary \$ _____ per _____ Last Salary \$ _____ per _____</p> <p>Name of Employer: _____</p> <p>Address of Employer: _____</p> <p>Nature of Employer's Business: _____</p>	FOR OFFICE USE ONLY
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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.

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Your Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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

<b>BOX 2</b>	<b>Employment:</b> From: ____ / ____ To: ____ / ____ <b>Total Time:</b> ____ / ____ Month Year Month Year Year(s) Month(s)		<b>FOR OFFICE USE ONLY</b>
	Job Title: _____ Other name of your Job Title, if any: _____  No. of Hrs. Worked per Week: ____ Starting Salary \$ ____ per ____ Last Salary \$ ____ per ____  Name of Employer: _____  Address of Employer: _____  Nature of Employer's Business: _____		
<b>Describe each of your duties separately with percentages. (Required for rating)</b>		<b>% Time</b>	
<b>Total Time Spent Performing These Duties =</b>		<b>100%</b>	

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**Your Social Security Number** \_ \_ \_ / \_ \_ / \_ \_ \_ \_

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

<b>BOX 3</b>	<p><b>Employment:</b> From: _____ / _____ To: _____ / _____ <b>Total Time:</b> _____ / _____  <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month    Year</span> <span>Month    Year</span> <span>Year(s)    Month(s)</span> </div> </p> <p>Job Title: _____ Other name of your Job Title, if any: _____</p> <p>No. of Hrs. Worked per Week: _____ Starting Salary \$ _____ per _____ Last Salary \$ _____ per _____</p> <p>Name of Employer: _____</p> <p>Address of Employer: _____</p> <p>Nature of Employer's Business: _____</p>	FOR OFFICE USE ONLY
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Describe each of your duties separately with percentages. (Required for rating)	% Time
<b>Total Time Spent Performing These Duties =</b>	<b>100%</b>

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## 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.

### Drivers License:

Class: \_\_\_\_\_ Check all endorsements currently on your license: ☐ Hazardous Waste ☐ Air Brake ☐ Passenger

State Where License was issued: \_\_\_\_\_ License Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Other Licenses/Certificates:

Title of License or Certificate: \_\_\_\_\_

Issued by: \_\_\_\_\_

License Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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## SECTION D – SELECTIVE CERTIFICATION(S)

If you want to apply for Selective Certification as described in the Notice of Examination, complete this section.  
I am requesting selective certification(s)

for: \_\_\_\_\_

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## 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)