**EDUCATION AND EXPERIENCE TEST PAPER (EETP)**

*Do Not Write Your Name Anywhere On This EETP.*

Type or Print All Required Information In Black Or Blue Ink.

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**Exam Type:** (check only one)  
☐ Open Competitive  
☐ Promotion

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**SECTION A - EDUCATION**

In order for foreign education to be rated, it must be evaluated by an evaluation service approved by DCAS. 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 one of the following:

For this examination,  
☐ I am having an evaluation of my foreign education submitted directly to DCAS by an approved evaluation service.  
☐ I wish to use an evaluation of my foreign education which was previously submitted directly to DCAS by an approved evaluation service.

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**CIRCLE THE HIGHEST GRADE OR YEAR OF HIGH SCHOOL (HS) COMPLETED:**  
☐ 8  
☐ 9  
☐ 10  
☐ 11  
☐ 12

Did you graduate HS?  
☐ Yes ___/____  
☐ No  
Dates of Attendance: From ___/___ To ___/___  
Month Year  
Month Year  
Month Year

Name of High School:  
_____________________________  
☐ USA  
☐ Foreign

High School located in the State of:  
_____________________________  
Country of:  
_____________________________

Do you have a GED?  
☐ Yes ___/____  
☐ No  
Name of Agency issuing GED:  
_____________________________  
Month Year

*(If you attended other high schools, report this information for each additional school on a separate sheet of paper using the same format)*

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**SECTION A.3 – TRADE SCHOOL OR VOCATIONAL HIGH SCHOOL**

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

Did you graduate?  
☐ Yes ___/____  
☐ No  
Dates of Attendance: From ___/___ To ___/___  
Month Year  
Month Year  
Month Year

Name of Trade/Vocational School:  
_____________________________  
☐ USA  
☐ Foreign

Trade/Vocational School located in the State of:  
_____________________________  
Country of:  
_____________________________

Specialty ___________________  
Number of hours you completed in specialty:  
_____________________________

*(If you attended other trade or vocational schools, report this information for each additional school on a separate sheet of paper using the same format)*

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*DO NOT attach your resume.  Resumes will not be rated.*
### Section A.4 – UNDERGRADUATE EDUCATION

Name of Undergraduate College/University: ____________________________________________  □ USA  □ Foreign  
Address: __________________________________________________________________________
State: __________________________ Country: __________________________
Major: __________________________ Credits are: (check only one)  □ Semester/Trimester  □ Quarter
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 Year
Date 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)

### Section A.5 – GRADUATE EDUCATION

Name of Graduate School/University: ________________________________________________  □ USA  □ Foreign  
Address: __________________________________________________________________________
State: __________________________ Country: __________________________
Major: __________________________ Credits are: (check only one)  □ Semester/Trimester  □ Quarter
Number of Credits You Have Completed in Major: __________ Total Number of Credits You Have Completed: __________
Do you have a Graduate Degree?  □ Yes  □ No  
Dates of Attendance: From __________/______ To __________/______  
Month Year Month Year
Date Degree Received: _______________  Type of Degree: (check only one)  □ Masters  □ Doctorate  □ 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)

### Section A.6 – COURSES

Refer to the Notice of Examination to find out if this section applies to you. If it does, complete this section listing ONLY those courses you have successfully completed that are necessary to meet the requirements or qualify for extra credit as specified in the Notice of Examination. In the column headed "Level", print "U" for an undergraduate course, "G" for a graduate (post-baccalaureate) course, or "T" for a union training, trade, Vocational HS, or apprenticeship program. You must specify whether you are reporting time in hours or credits.

<table>
<thead>
<tr>
<th>Name and Address of Institution/College/Trade School</th>
<th>Course No.</th>
<th>Exact Title of Course</th>
<th>Level (U/G/T)</th>
<th># of Credits</th>
<th># of Hours</th>
<th>Date Completed</th>
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(Use additional paper, filled out in the same format, if needed)
SECTION B – EMPLOYMENT / WORK EXPERIENCE (PAID OR VOLUNTEER)

Refer to the Notice of Examination to see whether this section applies to you. If it does, describe your THREE most recent relevant jobs using the format below. **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. **IF YOU HAD A SUBSTANTIAL CHANGE OF DUTIES OR A RETURN TO WORK AFTER A BREAK IN SERVICE WITH THE SAME EMPLOYER, TREAT THESE AS SEPARATE JOBS.** List the percentage of time spent on each duty, task, or function. The total of these percents should equal 100 percent for each job reported.

Include relevant part-time and volunteer experience. Describe relevant armed forces experience. If you are or have been in business for yourself, enter "self employed" on the line labeled "Name and Address of Employer." **You should not reveal your name anywhere on this test paper.**

A maximum of one year of experience will be credited for each 12-month period. Part-time experience will be pro-rated.

You are not limited to the space provided in each box. You can report the information for each additional employment on a separate sheet of paper using the same format.

<table>
<thead>
<tr>
<th>BOX 1</th>
<th>Most Recent Employment: From: <em><strong><strong><strong>/</strong></strong></strong></em>  To: <em><strong><strong><strong>/</strong></strong></strong></em></th>
<th>Total Time: <em><strong><strong><strong>/</strong></strong></strong></em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Job Title: ____________________________________</td>
<td>Other name of your Job Title, if any: ____________________________</td>
</tr>
<tr>
<td></td>
<td>No. of Hrs. Worked per Week ___________</td>
<td>Starting Salary $ _______ per _______</td>
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<tr>
<td></td>
<td>If employed with New York City or State, was this appointment: (circle only one)</td>
<td>Permanent / Provisional / Other (specify)</td>
</tr>
<tr>
<td></td>
<td>Name and Address of Employer: ____________________________________________________________________________</td>
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<tr>
<td></td>
<td>Title of Immediate Supervisor __________________________________</td>
<td>Nature of Employer's Business __________________</td>
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<td></td>
<td>If you <strong>directly</strong> supervised staff, enter title(s) and number of people: __________________</td>
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<tr>
<td></td>
<td>If you <strong>indirectly</strong> supervised staff, enter title(s) and number of people: __________________</td>
<td></td>
</tr>
</tbody>
</table>

**Describe your duties/tasks/functions**

<table>
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<tr>
<th>% Time</th>
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**Total Time Spent Performing These Duties = 100%**

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<tr>
<th>BOX 2</th>
<th>Employment: From: <em><strong><strong><strong>/</strong></strong></strong></em>  To: <em><strong><strong><strong>/</strong></strong></strong></em></th>
<th>Total Time: <em><strong><strong><strong>/</strong></strong></strong></em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Job Title: ____________________________________</td>
<td>Other name of your Job Title, if any: ____________________________</td>
</tr>
<tr>
<td></td>
<td>No. of Hrs. Worked per Week ___________</td>
<td>Starting Salary $ _______ per _______</td>
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<td></td>
<td>If employed with New York City or State, was this appointment: (circle only one)</td>
<td>Permanent / Provisional / Other (specify)</td>
</tr>
<tr>
<td></td>
<td>Name and Address of Employer: ____________________________________________________________________________</td>
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<tr>
<td></td>
<td>Title of Immediate Supervisor __________________________________</td>
<td>Nature of Employer's Business __________________</td>
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<td></td>
<td>If you <strong>directly</strong> supervised staff, enter title(s) and number of people: __________________</td>
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<td></td>
<td>If you <strong>indirectly</strong> supervised staff, enter title(s) and number of people: __________________</td>
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</tbody>
</table>

(Describe your duties/tasks/functions for BOX 2 on Page Four)
### BOX 2 (Continued)

<table>
<thead>
<tr>
<th>Describe your duties/ tasks/ functions</th>
<th>% Time</th>
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Total Time Spent Performing These Duties = 100%

### BOX 3

<table>
<thead>
<tr>
<th>Employment: From: /  To: /  Total Time: /</th>
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<tbody>
<tr>
<td>Month Year Month Year Year(s) Month(s)</td>
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</table>

Job Title: ____________________________  Other name of your Job Title, if any: ____________________________

No. of Hrs. Worked per Week _________  Starting Salary $ _______ per _______  Last Salary $ _______ per _______

If employed with New York City or State, was this appointment: (circle only one)  Permanent / Provisional / Other

(specify)

Name and Address of Employer:

Title of Immediate Supervisor ____________________________  Nature of Employer's Business __________________

If you **directly** supervised staff, enter title(s) and number of people: ________________________________

If you **indirectly** supervised staff, enter title(s) and number of people: ________________________________

<table>
<thead>
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<th>Describe your duties/ tasks/ functions</th>
<th>% Time</th>
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Total Time Spent Performing These Duties = 100%

### 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.

Title of License or Certificate: ____________________________

Issued by: ____________________________________________

Date Issued: _____________  License Number: __________________  Expiration Date: _________________

(When listing a driver license, be sure to indicate class and relevant endorsements and restrictions.)

### 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: ____________________________.

(If selective certification is for foreign language, specify the language(s) for which you are requesting selective certification.)