Notice of Examination

Car Inspector ((Subway Car Repair)), Exam # 6612

Application Deadline
April 8, 2016

Application Fee:
(Non-Refundable)
$82.00

Type of Test:
Multiple-Choice and Practical Skills

Multiple-Choice Test Date:
(subject to change)
Saturday, August 20, 2016

Amended: This Notice of Examination is amended on March 18, 2016, to allow calculators at the test site. Additionally, the following statement was added to the Driver License Requirement section: In addition to the conditions above, all applicants for this examination must provide proof of residence in the state for which the license and/or permit was issued. Candidates who previously applied for this examination do not need to apply again.

The eligible list resulting from this examination may also be used to fill vacancies in the title of Road Car Inspector. Candidates who accept appointment as a Car Inspector or Road Car Inspector will be removed from the eligible list. Candidates who decline appointment to one of the above titles will not be considered again for appointment to that title, but may be considered for appointment to the other remaining title.

JOB DESCRIPTION

Car Inspectors, under supervision, maintain, inspect, test, examine, lubricate, troubleshoot and make repairs and adjustments on any part of MTA New York City Transit’s multiple-unit subway cars and subway service cars in the car shops, terminals, yards and on the road, including subway car body, electrical, electronic, mechanical and pneumatic equipment, truck equipment, body and truck brake rigging, electrical and pneumatic brake equipment, subway car bodies and associated fixtures, air conditioning and heating equipment, and electrical and electronic control and motor equipment; maintain and repair subway car washers and shop equipment; operate and maintain lifting and carrying equipment associated with the placement and removal of subway cars and subway car parts; keep records and prepare reports; and perform related work.

Some of the physical activities performed by Car Inspectors and the environmental conditions they experience are working outdoors in all weather conditions, crouching under subway cars in maintenance pits, reaching into dark spaces and making tactile inspections, making visual inspections of equipment, distinguishing colors, reading gauges and prints, climbing into and out of maintenance pits, using hand tools, hearing warnings (bell, whistle and vocal), and carrying heavy tools and equipment.

Road Car Inspectors, under supervision, detect trouble on any part of MTA New York City Transit’s multiple-unit subway cars and subway service cars on the road and in terminals, including subway car body and truck equipment, subway car body and truck brake rigging, electrical and pneumatic brake equipment, and electrical and electronic control and motor equipment; make necessary repairs to keep subway cars in service or enable them to be moved to sidings or terminals; operate a motor vehicle; keep records and prepare reports; and perform related work.

Some of the physical activities performed by Road Car Inspectors and the environmental conditions they experience are working outdoors in all weather conditions, crouching under subway cars along trackways, reaching into dark spaces and making tactile inspections, making visual inspections of equipment, distinguishing colors, reading gauges and prints, using ladders to climb up to and descend from trackways, working on elevated structures, operating heavy machinery and equipment, using hand tools, hearing warnings (bell, whistle and vocal), communicating verbally with crew and passengers regarding train troubles experienced on the road, and carrying heavy tools and equipment. (Continued)
JOB DESCRIPTION (Continued)

Special Working Conditions: Car Inspectors and Road Car Inspectors may be required to work various shifts, including nights, Saturdays, Sundays, and holidays.

(These brief descriptions do not describe all the duties of these positions.)

SALARY AND BENEFITS

The current minimum salary for Car Inspectors is $30.6228 per hour for a 40-hour week, increasing to $36.0269 in the sixth year. The current salary for Road Car Inspectors is $36.9552 per hour for a 40-hour week. These rates are subject to change. The benefits of these positions include, but are not limited to, night and weekend salary differentials, paid holidays, vacations, sick leave, a comprehensive medical plan, and a pension plan.

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 journey-level mechanic (i.e., a fully trained, knowledgeable, experienced, proficient and competent mechanic) working from drawings, performing troubleshooting, repair and maintenance of large heavy duty electromechanical, electric or electronic equipment and machinery; or the electrical inspection, maintenance, troubleshooting and repair of multiple-unit electrical railroad cars or diesel electric locomotives; or

2. Two years of full-time experience as described in paragraph “1” above. For the two years of journey-level experience to be credited, you must have completed one of the following prior to obtaining the journey-level experience:

   A. Two years of full-time experience as a mechanic’s helper, apprentice or trainee performing or assisting in the work described above; or

   B. Graduation from a recognized trade school or technical school with a major course of study in electromechanical, electrical or electronic technology, or a closely related field totaling at least 600 hours; or

   C. Graduation from a vocational high school with a major course of study in electromechanical, electrical or electronic technology, or a closely related field; or

   D. An Associate in Applied Science degree, or a higher degree, from an accredited college or university in electromechanical, electrical or electronic technology or a closely related field.

Vocational high school, technical school or trade school education must be approved by a State’s Department of Education or a recognized accrediting organization. College education must be from an accredited college or university, accredited by regional, national, professional or specialized agencies recognized as accrediting bodies by the U.S. Secretary of Education, and by the Council for Higher Education Accreditation (CHEA).

Qualifying part-time experience will be credited on a pro-rated basis.

Some examples of acceptable experience include: aircraft/avionics technician, power-plant technician, automotive/diesel mechanic/technician, commercial/industrial electrician, electronic systems technician, commercial/industrial HVAC technician, and elevator/escalator mechanic.

Some examples of unacceptable experience include: machinist; CNC machine operator; copy machine mechanic; assembler; basic electrical work, such as residential/commercial lighting and wiring; electronic bench technician; auto-body and fender mechanic; auto or truck assembly mechanic; dealership make-ready mechanic; gas station attendant; salvage or junkyard mechanic; automotive specialty work, such as changing mufflers, windshield wipers, tires, oil, etc.; and repair of personal computers.

You may be given the test before we verify your qualifications. You are responsible for determining whether or not you meet the qualification requirements for the examination prior to submitting your 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: (For Road Car Inspector appointments only) At the time of appointment, you must have a motor vehicle driver license valid in the State of New York with no disqualifying restrictions that would preclude the performance of the duties of this title. If you have serious moving violations, a license suspension or an accident record, you may be disqualified. This license must be maintained for the duration of your employment. Some assignments may require a Class B Commercial Driver License. In addition to the conditions above, all applicants for this examination must provide proof of residence in the State for which the license and/or permit was issued.

Medical Requirement: Medical guidelines have been established for the position of Car Inspector. You will be examined to determine whether you can perform the essential functions of the position of Car Inspector. Medical guidelines have not been established for the position of Road Car Inspector. Where appropriate, a reasonable accommodation will be provided for a person with a disability to enable him or her to take the examination, and/or to perform the essential functions of these positions.

Drug Screening Requirement: You must pass a drug screening in order to be appointed, and if appointed, you will be subject to random drug and alcohol tests for the duration of your employment. Additionally, if you have tested positive on a drug or alcohol test or had a refusal to test during pre-employment or while employed by a Federal DOT-regulated employer during the applicable period, you must have completed the Substance Abuse Professional (SAP) process required by federal law in order to be appointed to these safety-sensitive positions.

Residency: New York City residency is not required for these positions.

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

Proof of Identity: 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 New York City Transit.

HOW TO OBTAIN AN APPLICATION

During the application period, you may obtain an Application for this examination online at http://mta.info/nyct/hr/appexam.htm or in person at the MTA New York City Transit Exam Information Center as indicated below.

MTA NEW YORK CITY TRANSIT 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.

REQUIRED FORMS

1. Application: Make sure that you follow all instructions included with your Application, 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 for this examination): 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, as well as instructions on how to submit this evaluation are listed in 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 MTA New York City 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.

HOW TO SUBMIT AN APPLICATION WHEN REQUESTING A FEE WAIVER:

Applicants who wish to request a Fee Waiver must obtain an Application in person at the MTA New York City Transit Exam Information Center as indicated above and must submit the Application and required forms by mail by the last day of the application period.

MTA New York City Transit will not accept applications in person. Additional information on requesting an application fee waiver is available with the Application.

ADMISSION LETTER

An Admission Letter will be mailed to you about 10 days before the date of the multiple-choice test. If you do not receive an Admission Letter at least 4 days before the test date, you may obtain a duplicate letter at the MTA New York City Transit Exam Information Center (as indicated above). A paper copy of the Admission Letter is your ticket for admission to the test.

THE TEST

You will be given a qualifying multiple-choice test and a competitive practical skills test. You must achieve a score of at least 70% to pass the multiple-choice test and 65% to pass the practical skills test. Only those who pass the qualifying multiple-choice test will be scheduled to take the practical skills test. Your score on the competitive practical skills test will determine your place on the eligible list.

Veterans’ or Disabled Veterans’ Credit will be granted only to eligible passing candidates who request that such credit be applied. Veterans’ or Disabled Veterans’ Credit should be requested at the time of application, but must be requested before the date the eligible list is established. Claims for Veterans’ or Disabled Veterans’ Credit cannot be made once the eligible list is established.

The multiple-choice test may include questions on basic electrical theory; electrical, mechanical, pneumatic and hydraulic devices and components; proper selection and use of tools, instruments and materials; safe, proper and efficient work practices; reading and interpreting blueprints and drawings; performing job-related calculations; keeping records, and other related areas.

The practical skills test may require you to perform tasks related to the installation, testing, maintenance and repair of electrical, electronic, electro-mechanical and pneumatic systems, including the selection and use of appropriate tools, materials and measuring devices; related mechanical work; reading and interpreting technical drawings; shop math; safe work practices and procedures; 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.

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.

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.

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.

THE TEST RESULTS

If you meet the education and experience requirements and pass the multiple-choice test and practical skills 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.

ADDITIONAL INFORMATION

Promotion Examination: A promotion examination for this title is being held for eligible MTA New York City Transit employees. The names appearing on the promotion list will be considered first in filling vacancies.

SPECIAL ARRANGEMENTS

Special Test 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 your 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 scheduled test date for any of the following reasons:

1. Compulsory attendance before a public body;
2. On-the-job injury or illness caused by municipal employment where you are an officer or employee of the City;
3. Absence from the test within one week after the death of a spouse, domestic partner, parent, sibling, child or child of a domestic partner where you are an officer or employee of the City;
4. Absence due to ordered military duty;
5. A clear error for which MTA New York City Transit is responsible; or
6. A temporary disability, pregnancy-related, or child-birth-related condition preventing you from taking the test.
SPECIAL ARRANGEMENTS (Continued)
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 60 days of your scheduled test date or make the request within 90 days following termination of your military duty.

CORRESPONDENCE

Change of Contact Information: It is critical that you promptly notify MTA New York City Transit 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 MTA New York City Transit, 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 New York City Transit 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.mtabs.info/.

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

Car Inspector, Exam No. 6612
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.

The General Examination Regulations of the Department of Citywide Administrative Services (DCAS) apply to this examination and are part of this Notice of Examination. They are posted and copies are available in the MTA New York City Transit, Exam Information Center, 180 Livingston Street (Lobby), Brooklyn, NY 11201.

MTA New York City Transit is an Equal Opportunity Employer
Title Code Nos.: 33716 (Car Inspector) and 33717 (Road Car Inspector)
The Rapid Transit Railroad Service; Group I - Per Diem and Per Hour Positions

READ CAREFULLY AND SAVE FOR FUTURE REFERENCE

Filing Opened: March 2, 2016
EXAM APPLICATION FORM

New York City Transit
180 Livingston Street, Room 4070
Brooklyn, New York 11201

EXAM ID 6 6 1 2

1. SOCIAL SECURITY #: _____-____-____
2. EXAM #: 6612
3. EXAM TITLE: CAR INSPECTOR
4. EXAM TYPE: OPEN COMPETITIVE

5. FIRST NAME: __________________________
6. LAST NAME: __________________________
7. MIDDLE INITIAL: ______________________

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:

15. RACE/ETHNICITY: 
   - White
   - Black
   - Hispanic
   - American Indian/Alaskan Native
   - Asian/Pacific Islander

16. SEX: 
   - Male
   - Female

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.

17. Alternate test date for religious observance
18. Accommodation for Disability
19. Veteran’s and/or legacy credits

20. E-MAIL ADDRESS: ____________________

21. 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.
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 employees how to notify us of a CHANGE OF ADDRESS. You may include your religious observance, disability, temporary disability or Veterans’ Credits 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:
- your full name
- your social security number
- the exam number
- the exam title
- a signed statement on letterhead from your religious leader certifying that your religious observance prohibits you from taking the test on the scheduled date

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:
- your full name
- your social security number
- the exam number
- the exam title
- the specific nature of your disability
- a justification for the special accommodations
- a statement corroborating your disability by a doctor or agency authorized for this purpose.

If you have a temporary disability, pregnancy-related, or child-birth-related condition which prevents you from taking the exam on the date that it is scheduled, you may request a make-up exam by submitting a request to the address listed below, either in person or by mail (postmarked), no later than one week following close of the application period, or, if the temporary disability, pregnancy-related, or child-birth-related condition arises after that date, then within one week following the occurrence. In addition to the information specified above, the request must include original medical documentation signed by an appropriate, licensed doctor specifying 1) the nature of the condition, 2) the duration of the condition, 3) the functional limitations of the condition, and 4) why the condition prevents you from taking the exam as scheduled. Where appropriate and practicable, MTA New York City Transit may provide an alternative form of accommodation, such as an alternative exam site.

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) VETERANS’ / DISABLED VETERANS’ CREDIT:

For Veterans’ or Disabled Veterans’ Credit you must meet the following requirements:

1. Be a resident of New York State at the time of list establishment; **and**
2. Be a United States citizen or an alien lawfully admitted for permanent residence; **and**
3. Received or expect to receive an honorable discharge or release under honorable conditions from the Armed Forces of the United States. The “Armed Forces of the United States” means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by Law; **and**
4. Have served or are now serving, on full-time active duty, other than active duty for training, in at least one of the following Time of War periods below:

<table>
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<tr>
<th>Armed Forces of the United States during:</th>
<th>You must have received the armed forces expeditionary medal, navy expeditionary medal, or the marine corps expeditionary medal for Hostilities in:</th>
</tr>
</thead>
</table>
| World War II (Dec 7, 1941 - Dec 31, 1946); or Korean Conflict (Jun 27, 1950 - Jan 31, 1955); or Vietnam Conflict (Feb 28, 1961 - May 7, 1975); or Persian Gulf Conflict (Aug 2, 1990 - to be determined) | Lebanon (Jun 1, 1983 - Dec 1, 1987); if Lebanon is not listed, you must have received the armed forces expeditionary medal, navy expeditionary medal, or the marine corps expeditionary medal for Hostilities in: |}
|                                           | or Grenada (Oct 23, 1983 - Nov 21, 1983); or Panama (Dec 20, 1989 - Jan 31, 1990). |

For Disabled Veterans’ Credit, in addition to 1, 2, 3, and 4, at the time the list is established, you must have been found to have a service connected disability incurred in a Time of War period listed on the previous page, which has been rated at least 10 percent by the U.S. Department of Veterans Affairs (V.A.). If the V.A. has not certified the disability as permanent, it must have been rated at least 10 percent by a V.A. physician no more than one year prior to the date of filing your application or the date of establishment of the eligible list.

Veterans’ or Disabled Veterans’ Credit should be requested at the time of application, but **must** be requested before the date the eligible list is established.

Claims for Veterans’ or Disabled Veterans’ Credit cannot be made once the eligible list is established. All claims for Veterans’ or Disabled Veterans’ Credit will be investigated and you will be required to produce documentation, such as discharge papers, to prove that you are eligible for the credit.

**Note:**

1. You may use Veterans’ or Disabled Veterans’ Credit only once after January 1, 1951 for appointment or promotion from a City, State, or County civil service list from a jurisdiction within the State of New York.
2. Veterans’ or Disabled Veterans’ credit will be added only to the final score of those candidates who pass all parts of the examination.
3. The above is only a summary of necessary conditions. The complete provisions are contained in statutory and/or decisional law.

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) – VETCRD, 180 Livingston Street, Room 4070, Brooklyn NY, 11201.**
(D) LEGACY CREDIT (FOR OPEN COMPETITIVE EXAMINATIONS ONLY):

Ten points will be added to the open competitive exam score of a candidate who qualifies for Parent or Sibling Legacy Credit.

A. For Parent Legacy Credit:
   A candidate shall qualify for Parent Legacy Credit if his or her parent was killed in the line of duty as a firefighter or police officer in the service of New York City.

B. For Sibling Legacy Credit:
   A candidate shall qualify for Sibling Legacy Credit if his or her sibling was killed in the line of duty as a firefighter or police officer in the service of New York City as a result of the September 11, 2001 World Trade Center attack, or as a result of the rescue effort that took place in response of the attack.

A candidate can receive Legacy Credit for no more than one parent or one sibling. A candidate can, however, receive Legacy Credit for both a parent and a sibling, in which case, the candidate may be entitled to 20 points. Legacy Credit should be requested at the time of application, but must be requested before the date of the eligible list is established. If a candidate requests Legacy Credit after an application for an exam has been submitted, the candidate must appear in person or write a letter indicating the candidate’s name, address, social security number, the open-competitive exam title and number for which Legacy Credit is sought, and whether the request is for Parent Legacy Credit, Sibling Legacy Credit, or both.

The letter must be addressed to MTA New York City Transit, Attn: (Insert Exam Title and Exam Number) – LEGCRD, 180 Livingston Street, Room 4070, Brooklyn NY, 11201.

Claims for Legacy Credit cannot be made once the eligible list is established. All candidates making such claims will be required to present to the hiring agency prior to appointment documentation verifying their claim. All claims for Parent or Sibling Legacy Credit will be investigated.

Note:
1. You may use Legacy Credit only once for appointment from a City, State, or County open competitive civil service eligible list from a jurisdiction within the State of New York.
2. Legacy Credit will be added only to the final score of those candidates who pass all parts of the open competitive examination.
3. The above description of Legacy Credit is only a summary of necessary conditions. The complete provisions are contained in the relevant statutory and/or decisional laws governing Parent and Sibling Legacy Credit.

(E) 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
Attn: (Insert Exam Title and Exam Number)
180 Livingston Street, Room 4070
Brooklyn NY, 11201
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:

A) Unemployed.

B) Receiving Supplemental Security Income (SSI) payments.

C) Receiving Medicaid benefits.

D) Receiving Public Assistance in the form of Temporary Assistance for Needy Families (TANF)/Family Assistance or Safety Net Assistance.

E) Certified eligible for a Workforce Investment Act program through New York City’s Workforce1 Career Centers.

F) One-time Veterans Fee Waiver for U.S. Armed Forces service members who have served on full-time active duty, other than reserves and/or training.

**********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: ___-___-____

FOLLOW THE INSTRUCTIONS ON PAGES 2 & 3, SUBMIT AND SIGN THIS PAGE WITH THE CORRECT DOCUMENTATION.
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. For the Department of Labor outside of New York State, you may access their website at 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.
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.

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.

Page 3 of 3
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.
<table>
<thead>
<tr>
<th>Company Name</th>
<th>Address</th>
<th>Phone/Mobile</th>
<th>Fax</th>
<th>Email</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center for Applied Research,</td>
<td>P.O. Box 18358, Anaheim, CA 92817</td>
<td>(714) 237-9272; (714) 237-9276</td>
<td>(714) 237-9279</td>
<td><a href="mailto:evalcaree@yahoo.com">evalcaree@yahoo.com</a></td>
<td><a href="http://www.iescaree.com">http://www.iescaree.com</a></td>
</tr>
<tr>
<td>Evaluation &amp; Education, Inc.</td>
<td></td>
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<tr>
<td>Evaluation Service</td>
<td>P.O. Box 18358, Anaheim, CA 92817</td>
<td>(714) 237-9272; (714) 237-9276</td>
<td>(714) 237-9279</td>
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<td><a href="http://www.iescaree.com">http://www.iescaree.com</a></td>
</tr>
<tr>
<td>Education International, Inc.</td>
<td>29 Denton Road, Wellesley, MA 02482</td>
<td>(781) 235-7425</td>
<td>(781) 235-6831</td>
<td><a href="mailto:edint@gis.net">edint@gis.net</a></td>
<td><a href="http://www.educationinternational.org">http://www.educationinternational.org</a></td>
</tr>
<tr>
<td>Educational Records Evaluation Service, Inc.</td>
<td>601 University Avenue, Suite 127, Sacramento, CA 95825-6738</td>
<td>(916) 921-0790</td>
<td>(916) 921-0793</td>
<td><a href="mailto:edu@eres.com">edu@eres.com</a></td>
<td><a href="http://www.eres.com">http://www.eres.com</a></td>
</tr>
<tr>
<td>Evaluation Service, Inc.</td>
<td>333 W. North Avenue #284, Chicago, IL 60610</td>
<td>(847) 8569</td>
<td>(312) 587-3068</td>
<td><a href="mailto:info@evaluationservice.net">info@evaluationservice.net</a></td>
<td><a href="http://www.evaluationservice.net">www.evaluationservice.net</a></td>
</tr>
<tr>
<td>Foreign Academic Credentials Services, Inc.</td>
<td>P.O. Box 400, Glen Carbon, IL 62034</td>
<td>(618) 656-5291</td>
<td>(618) 656-5292</td>
<td><a href="mailto:facs@aol.com">facs@aol.com</a></td>
<td><a href="http://www.facsusa.com">www.facsusa.com</a></td>
</tr>
<tr>
<td>Educational Perspectives, NFP.</td>
<td>P.O. Box 618056, Chicago, IL 60661-8056</td>
<td>(312) 421-9300</td>
<td>(312) 421-9353</td>
<td><a href="mailto:info@edperspective.org">info@edperspective.org</a></td>
<td><a href="http://www.edperspective.org">http://www.edperspective.org</a></td>
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<td><a href="http://www.edperspective.org">http://www.edperspective.org</a></td>
</tr>
<tr>
<td>Foundation for International Services, Inc.</td>
<td>505 Fifth Avenue South, Suite 101, Edmonds, WA 98201</td>
<td>(425) 248-2255</td>
<td>(425) 248-2262</td>
<td><a href="mailto:info@fis-web.com">info@fis-web.com</a></td>
<td><a href="http://www.fis-web.com">www.fis-web.com</a></td>
</tr>
<tr>
<td>Globe Language Services, Inc.</td>
<td>305 Broadway, Suite 401, New York, New York 10007</td>
<td>(212) 227-1994</td>
<td>(212) 693-1489</td>
<td><a href="mailto:info@globelanguage.com">info@globelanguage.com</a></td>
<td><a href="http://www.globelanguage.com">www.globelanguage.com</a></td>
</tr>
<tr>
<td>International Consultants of Delaware, Inc.</td>
<td>3600 Market Street, Suite 450, Philadelphia, PA 19104</td>
<td>(215) 387-6950 Ext 603</td>
<td>(215) 349-0026</td>
<td><a href="mailto:icd@icdeval.com">icd@icdeval.com</a></td>
<td><a href="http://icdeval.com">http://icdeval.com</a></td>
</tr>
<tr>
<td>Josef Silny &amp; Associates, Inc.</td>
<td>7101 S.W. 102nd Avenue, Miami, FL 33173</td>
<td>(305) 273-1616</td>
<td>(305) 273-1338</td>
<td><a href="mailto:info@jsilny.com">info@jsilny.com</a></td>
<td><a href="http://www.jsilny.com">www.jsilny.com</a></td>
</tr>
<tr>
<td>Span Tran: The Evaluation Company</td>
<td>450 Fashion Avenue, Suite 1004, New York, NY 10123</td>
<td>(646) 475-2570</td>
<td>(713) 789-6022</td>
<td><a href="mailto:status@spantran.com">status@spantran.com</a></td>
<td><a href="http://www.spantran.com">http://www.spantran.com</a></td>
</tr>
<tr>
<td>International Education Research Foundation (IERF)</td>
<td>PO Box 3665, Culver City, CA 90231-3665</td>
<td>(310) 258-8451</td>
<td>(310) 342-7086</td>
<td><a href="mailto:info@ierf.org">info@ierf.org</a></td>
<td><a href="http://www.ierf.org">www.ierf.org</a></td>
</tr>
</tbody>
</table>
# EDUCATION AND EXPERIENCE TEST PAPER (EETP)

This test will evaluate your education and experience. Include your social security number on each sheet. If any information is missing, incomplete, illegible or unverifiable, your experience may not be credited. You will be disqualified if your statements are found to be misleading.

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:

- ☐ 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.

### 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

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: ______________________________
### Section A.3 - TRADE SCHOOL

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

Did you graduate?  [ ] Yes [ ] No  
Month/Year

Name 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.)

### 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 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 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 Year

Date 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.)
SECTION B – MILITARY EXPERIENCE

**BOX 0**

**Dates of Active Enlistment:** From: ______/______ To: ______/______  
Total Time: ______/______

**Rank:** ______________  
**M.O.S. (Military Occupational Specialty title):** __________________________________________________________________________

**Was Your Military Service:**  
☐ Active (full time)  
☐ Reserve (part time)  
**Number of days per month:** ______

**Branch of Military:** __________________________________________________________________________

**Last/Current Duty Station:** __________________________________________________________________________

---

**Classify this work experience as either helper-level or journey-level. If you worked at both helper-level and journey-level in this position, please use two separate sheets to describe your experience. If you check both boxes on this sheet, this experience will not be rated.**

Assistant:  
**Helper-level Mechanic** ☐  
**Journey-level Mechanic** ☐

---

**Indicate the percentage of time you spent performing each type of work indicated. The total time you indicate must equal 100%, or your experience may not be rated.**

<table>
<thead>
<tr>
<th>Type of Work Performed</th>
<th>% Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troubleshooting large heavy duty electromechanical, electric, or electronic equipment and machinery</td>
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<tr>
<td>Other (describe work performed in this position that is not listed above)</td>
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</tbody>
</table>

**Total Time =** 100%
SECTION B – EMPLOYMENT/WORK EXPERIENCE (PAID OR VOLUNTEER)

BOX 1

Employment Dates: From: __/__/____ To: __/__/____ Total Time: __/__/____

Month Year                Month Year                    Year(s) Month(s)

Hours Worked per Week: _____

Employer's Name: ________________________________________________________________

Employer's Address: ______________________________________________________________

Employer's Business: __________________________________________________________________________

Classify this work experience as either helper-level or journey-level. If you worked at both helper-level and journey-level in this position, please use two separate sheets to describe your experience. If you check both boxes on this sheet, this experience will not be rated.

Helper-level Mechanic [ ] Journey-level Mechanic [ ]

Indicate the percentage of time you spent performing each type of work indicated. The total time you indicate must equal 100%, or your experience may not be rated.

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</table>

Total Time = 100%

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 5, 6, 7 … etc.
SECTION B – EMPLOYMENT/WORK EXPERIENCE (PAID OR VOLUNTEER)

BOX 2

Employment Dates: From: __/____ To: __/____
Total Time: __/____

Month Year       Month Year

FOR OFFICE USE ONLY

Hours Worked per Week: ______

Employer’s Name: ____________________________________________

Employer’s Address: __________________________________________

Employer’s Business: __________________________________________

Classify this work experience as either helper-level or journey-level. If you worked at both helper-level and journey-level in this position, please use two separate sheets to describe your experience. If you check both boxes on this sheet, this experience will not be rated.

Helper-level Mechanic □    Journey-level Mechanic □

Indicate the percentage of time you spent performing each type of work indicated. The total time you indicate must equal 100%, or your experience may not be rated.

<table>
<thead>
<tr>
<th>Type of Work Performed</th>
<th>% Time</th>
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<tbody>
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________________________________________________________________________
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Total Time = 100%

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 5, 6, 7... etc.
SECTION B – EMPLOYMENT/WORK EXPERIENCE (PAID OR VOLUNTEER)

BOX 3

Employment Dates: From: ______/______ To: ______/______

Total Time: ______/_____

Month    Year               Month    Year

Hours Worked per Week: _____

Employer’s Name: ____________________________________________________________________________

Employer’s Address: __________________________________________________________________________

Employer’s Business: ________________________________________________________________________

Classify this work experience as either helper-level or journey-level. If you worked at both helper-
level and journey-level in this position, please use two separate sheets to describe your experience.
If you check both boxes on this sheet, this experience will not be rated.

** Helper-level Mechanic ☐ Journey-level Mechanic ☐

Indicate the percentage of time you spent performing each type of work indicated. The total time
you indicate must equal 100%, or your experience may not be rated.

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<tr>
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Total Time = 100%

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 5, 6, 7 … etc.
**SECTION B – EMPLOYMENT/WORK EXPERIENCE (PAID OR VOLUNTEER)**

**BOX 4**

Employment Dates: From: ___/___ To: ___/___ Total Time: ___/___

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
<th>Month</th>
<th>Year</th>
<th>Year(s)</th>
<th>Month(s)</th>
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</table>

Hours Worked per Week: ______

Employer’s Name: ____________________________________________

Employer’s Address: __________________________________________

Employer’s Business: __________________________________________

Classify this work experience as either helper-level or journey-level. If you worked at both helper-level and journey-level in this position, please use two separate sheets to describe your experience. If you check both boxes on this sheet, this experience will not be rated.

- Helper-level Mechanic [ ]
- Journey-level Mechanic [ ]

Indicate the percentage of time you spent performing each type of work indicated. The total time you indicate must equal 100%, or your experience may not be rated.

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Total Time = 100%

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 5, 6, 7 … etc.
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: _________________

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:_________________________________________________________

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)