Notice of Examination
Electronic Equipment Maintainer, Exam # 7603
AMENDED JANUARY 18, 2017

Application Deadline
February 8, 2017

Application Fee: (Non-Refundable)
$85.00

Types of Tests:
Multiple-Choice & Practical Skills Tests

Test Date: (subject to change)
Saturday, March 25, 2017 or
Sunday, March 26, 2017

This Notice was amended on January 18, 2017 to re-open the filing period from February 1, 2017 to February 8, 2017. The test date has changed to March 25, 2017 or March 26, 2017. Candidates who previously applied for this examination do not need to apply again.

JOB DESCRIPTION
Electronic Equipment Maintainers, under supervision, maintain, install, inspect, test, alter and repair electronic wireless and wired communication systems, and digital and analog control equipment and systems in the shop or in the field, including radio systems, closed circuit video equipment, and other electronic communication equipment; perform circuit testing, analysis, and fault identification; keep records; operate motor vehicles; and perform related work.

Some of the physical activities performed by Electronic Equipment Maintainers and environmental conditions they experience are: climbing ladders, distinguishing colors to troubleshoot complex equipment, accurately distinguishing shapes under poorly lit working conditions, moving out of the way of moving trains and motor vehicles, working on or near tracks having live 600-volt contact rails, walking along the track in dimly lit areas, loading and unloading vehicles and working outdoors in all weather conditions.

Special Working Conditions: Electronic Equipment Maintainers may be required to work various shifts, including nights, Saturdays, Sundays, and holidays.

(Special Working Conditions do not include all of the duties of this position.)

SALARY AND BENEFITS
The current minimum salary for Electronic Equipment Maintainer is $35.6317 per hour for a 40-hour week. This rate is subject to change. There are two assignment levels within this class of positions. Appointments will be made to Assignment Level I. After appointment, employees may be assigned to the higher assignment level at the discretion of MTA New York City Transit.

The benefits of this position include, but are not limited to, night and weekend salary differentials, paid holidays, vacation and sick leave, a comprehensive medical plan and a pension plan.

(Continued)
HOW TO QUALIFY

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

Three years of full-time journey-level satisfactory experience (i.e., you must be a fully-trained knowledgeable, experienced, proficient, and competent technician), maintaining, testing, trouble-shooting, calibrating and repairing complex electronic equipment employing analog and digital circuitry.

For the above journey-level experience to be credited, it must be preceded by one of the following:

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

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

3. Graduation from a four-year vocational high school with a major course of study in electrical or electronic technology or a closely related field; or

4. An associate degree (sixty semester credits) in electrical or electronic technology, electrical engineering, or a closely related field from an accredited college or university.

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.

You may be given the multiple-choice and practical skills tests before we review your qualifications. You are responsible for determining whether you meet the qualification requirements for this 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: 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 in the title.

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

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

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://www.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 (continued on next page)

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.**

**Application Fee:** This fee is generally not refundable. Under special circumstances, you may be entitled to a refund. You should refer to the Department of Citywide Administrative Services (DCAS) Exam Regulations to determine if you are entitled to a refund prior to requesting a refund. You can refer to the bottom of the last page of this Notice of Examination for instructions on how to obtain a copy of the DCAS Exam Regulations.

**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 below and must submit the Application and required forms by mail to the address in the Correspondence section below 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 each test. Only those who meet the qualifying education and experience requirements and pass the qualifying multiple-choice test will be scheduled to take the competitive practical skills test. Your score on the competitive practical skills test will determine your place on the eligible list.

The qualifying multiple-choice test may include questions on basic electronic and electrical theory; proper selection and use of tools, instruments and materials; safe, proper and efficient work practices; reading and interpreting electrical schematics; and other related areas.

(Continued)
The competitive practical skills test may require you to perform tasks related to the installation, testing, maintenance and repair of electronic and electrical communications equipment, including the proper use of hand tools, meters and other testing equipment, and safe work practices and procedures.

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.

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; however, they must be hand-held, battery or solar-powered, numeric only. Calculators with functions other than addition, subtraction, multiplication and division are prohibited. 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 inside 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 identification card with photo, or student identification card 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 re-enter. If you disregard this instruction and re-enter the test site, you may not receive your test results, your test score may be nullified, and your application fee will not be refunded.

THE TEST RESULTS

If you meet the qualifying education and experience requirements and pass the qualifying multiple-choice test and the competitive 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. You will be considered for appointment when your name is reached on the eligible list.

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 following 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;

(Continued)
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.

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 within 90 days following termination of your military duty.

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 with MTA New York City Transit.

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), telephone number, mailing address 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.mtabsc.info/.

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

Electronic Equipment Maintainer, Exam No. 7603
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.
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.

1. SOCIAL SECURITY #: ______________________

2. EXAM #: 7603

3. EXAM TITLE: ELECTRONIC EQUIPMENT MAINTAINER

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: ______________________

16. SEX: ______________________

- White
- Black
- Hispanic
- American Indian/Alaskan Native
- Asian/Pacific Islander

- 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. 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.
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 no later than 60 days of the scheduled test date. 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>
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<tr>
<td>World War II (Dec 7, 1941 - Dec 31, 1946); or</td>
<td>Lebanon (Jun 1, 1983 - Dec 1, 1987);</td>
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<tr>
<td>Korean Conflict (Jun 27, 1950 - Jan 31, 1955); or</td>
<td>or</td>
</tr>
<tr>
<td>Vietnam Conflict (Feb 28, 1961 - May 7, 1975); or</td>
<td>Grenada (Oct 23, 1983 - Nov 21, 1983);</td>
</tr>
<tr>
<td>Persian Gulf Conflict (Aug 2, 1990 - to be determined)</td>
<td>or</td>
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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
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:

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<tr>
<td>C) Receiving Medicaid benefits.</td>
<td>D) Receiving Public Assistance in the form of Temporary Assistance for Needy Families (TANF)/Family Assistance or Safety Net Assistance.</td>
</tr>
<tr>
<td>E) Certified eligible for a Workforce Investment Act program through New York City’s Workforce1 Career Centers.</td>
<td>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.</td>
</tr>
</tbody>
</table>

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.
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.
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
Web: http://www.iescaree.com

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
Web: 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
Web: 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
Web: http://icdeval.com

Josef Silny & Associates, Inc.
International Education Consultants
7101 S.W. 102nd Avenue
Miami, FL 33173
Phone: (305) 273-1616
Fax: (305) 273-1338
E-mail: 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
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
Web: www.ierf.org
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" 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.

EDUCATION AND EXPERIENCE TEST PAPER (EETP)

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.

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: ________________________________

Page 1 of 7
## Section A.3 - TRADE SCHOOL

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

- **Did you graduate?**
  - Yes [ ]
  - No [ ]
  - Expected Graduation Date: ___/___/____

- **Name of Trade School:** _______________________________________________________

- **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:** ______________________________________

- **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 ___/___/____

- **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:** ______________________________________

- **Address:** __________________________________________________________________

- **State:** ______________________
  - Country: ______________________

- **Major:** __________________________________________________________________

- **Number of Credits You Have Completed in Major:** ______
  - Total Number of Credits You Have Completed: _______

- **Dates of Attendance:** From ___/___/____ To ___/___/____

- **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

**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.

<table>
<thead>
<tr>
<th>BOX 0</th>
<th>Dates of Active Enlistment: From: <strong><strong><strong>/</strong></strong></strong> To: <strong><strong><strong>/</strong></strong></strong> Total Time: <strong><strong><strong>/</strong></strong></strong></th>
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<tr>
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<td>Rank: __________________________ M.O.S. (Military Occupational Specialty title): ____________</td>
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<td>Was Your Military Service:  ❑ Active (full time)  ❑ Reserve (part time)  Number of days per month: ______</td>
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<td>Branch of Military: _________________________________________________________________</td>
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<td>Last/Current Duty Station: ___________________________________________________________</td>
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<tr>
<th>Describe each of your duties separately with percentages. (Required for rating)</th>
<th>% Time</th>
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Total Time Spent Performing These Duties = 100%
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.

### BOX 1

**Most Recent Employment:**  
From: ______/______ To: ______/______  
Total Time: ______/______  
Month Year  
Month Year  
Year(s) Month(s)

Job Title: __________________________ Other name of your Job Title, if any: __________________

No. of Hrs. Worked per Week: ______

Name of Employer: __________________

Address of Employer: __________________

Nature of Employer’s Business: __________________

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<th>Describe each of your duties separately with percentages. (Required for rating)</th>
<th>% Time</th>
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Total Time Spent Performing These Duties = 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 4, 5, 6 … etc.
### SECTION B – EMPLOYMENT/WORK EXPERIENCE (PAID OR VOLUNTEER)

**Employment:**
- **From:** ______/______
- **To:** ______/______
- **Total Time:** ______/______

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<tr>
<th>Month</th>
<th>Year</th>
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**Job Title:** ____________________________________  Other name of your Job Title, if any: __________________

No. of Hrs. Worked per Week: ______

**Name of Employer:** ________________________________________________________________

**Address of Employer:** ____________________________________________________________

**Nature of Employer's Business:** ___________________________________________________

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**Total Time Spent Performing These Duties =** 100%
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<th>Job Title: ____________________________________</th>
<th>Other name of your Job Title, if any: __________________</th>
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<td>No. of Hrs. Worked per Week: ______</td>
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<td>Name of Employer: __________________________________</td>
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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.

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)