

MaBSTOA

Manhattan and Bronx Surface Transit Operating Authority

Notice of Examination

Plant & Equipment Maintainer, (Carpentry) Exam No. 8104

AMENDED NOTICE

This Notice is amended to reopen the application filing period, which was previously open from March 7, 2018 through March 27, 2018, and to change the expected start date of the practical skills test from July 20, 2018 to December 16, 2019. If you have already applied for this examination, **DO NOT REAPPLY**.

Application Deadline: August 27, 2019

Type of Test: Practical Skills Test

Application Fee: \$82.00

Test Date: Expected to begin December 16, 2019

(Non-Refundable)

(subject to change)

JOB DESCRIPTION:

Plant and Equipment Maintainers (Carpentry) under supervision, perform carpentry work in subways, surface and elevated structures, including stations, enclosures and related buildings. They do other structural work when necessary, including incidental painting, and perform related work.

Some of the physical activities performed and environmental conditions experienced by Plant and Equipment Maintainers (Carpentry) are: wearing a respirator when needed; using hand and power tools, including power saws and drills; loading and unloading trucks; lifting and carrying heavy tools and material; driving trucks and vans; working on elevated structures; working on ladders and scaffolds; working in shops amidst the noise of power tools; working in various field locations, including on and around subway tracks and structures, and in the proximity of electrified rails and moving trains; working outdoors in all weather conditions.

(This is a brief description of what you might do in this position and does not include all the duties of this position.)

Special Working Conditions: Plant and Equipment Maintainers (Carpentry) will be required to work various shifts, including nights, Saturdays, Sundays, and holidays.

READ CAREFULLY AND SAVE FOR FUTURE REFERENCE

Filing Period Opened: August 7, 2019

THE SALARY:

The current assignment rate is \$31.8124 per hour for a 40-hour week with increments to \$37.2499 after five years. In addition, Plant and Equipment Maintainers (Carpentry) receive night and weekend differentials, paid holidays, vacation and sick leave, a comprehensive health plan and 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 satisfactory experience at the journey-level as a carpenter or closely related trade; or
2. At least two years of the experience as described in "1" above, plus graduation from a recognized trade school, technical school, vocational high school, or community college with a major course of study in carpentry or closely-related trades.

You are responsible for determining whether you meet the qualification requirements for this examination prior to submitting the application. If you are marked "Not Qualified," your application fee will **not** be refunded and you will **not** receive a score.

REQUIREMENTS TO BE APPOINTED:

Driver License Requirement: At the time of consideration of appointment to Plant and Equipment Maintainer (Carpentry), you must possess a motor vehicle driver license valid in the state of New York. If you have moving violations, license suspensions or an accident record, you may be disqualified. This license must be maintained for the duration of your employment in this title.

Medical Requirements: Eligibles are subject to a qualifying medical examination. Eligibles will be rejected for any medical condition that impairs their ability to perform the duties of this job in a reasonable manner.

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 and alcohol test or had a refusal to the 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 this safety sensitive position.

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

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

Proof of Identify: 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 New York City Transit/MaBSTOA.

READ CAREFULLY AND SAVE FOR FUTURE REFERENCE

Filing Period Opened: August 7, 2019

HOW TO OBTAIN AN APPLICATION:

During the application period, you may obtain an application for this examination online (see the "HOW TO SUBMIT AN APPLICATION" section[s] below) or in person at the MTA Exam Information Center, as indicated below.

MTA EXAM INFORMATION CENTER: Open Monday through Friday, from 9 AM to 5 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 3 train to the Hoyt Street Station.

REQUIRED FORMS:

- 1. Application:** Make sure that you follow all instruction 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 each 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.
- 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 his 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 and you are not requesting a Fee Waiver, **you may apply by mail or online**. Applicants who wish to request a Fee Waiver should refer to the "How to Submit an Application When Requesting a Fee Waiver" section below. 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.

READ CAREFULLY AND SAVE FOR FUTURE REFERENCE

Filing Period Opened: August 7, 2019

HOW TO SUBMIT AN APPLICATION AND PAY THE APPLICATION FEE (Continued)

Online Applications:

1. Apply using www.mymta.info/exams by the last day of the application period.
Note: The application system may not function properly with mobile devices or tablets. For best results when applying, please use Internet Explorer, open a new window, and avoid having multiple tabs open on the same window.
2. To apply, log into your existing account, or create an account if you do not yet have one.
3. Follow the steps to submit an application.
4. A confirmation number will appear on the same page after submitting your application (Save this number for future reference).
5. Below the confirmation number, a Pay Examination Fee button will appear for you to click to open the payment page.
6. A major credit card or a bank card associated with a bank account must be used when paying the application fee.
7. You will be sent a confirmation email after you submit payment for the application fee (Save this email for future reference).
Note: If you experience difficulty paying the application fee online, please refer to the Online Payment Tutorial here: http://web.mta.info/nyct/hr/forms_instructions.htm.

IMPORTANT: Your application submission confirms that you have read this Notice of Examination, including any test dates and the requirements to compete in this exam. Computers with internet access are available on a limited basis at branches of the New York Public Library, the Brooklyn Public Library and the Queens Library to patrons with a valid library card.

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”) General 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 the Notice of Examination for instructions on how to obtain a copy of the DCAS General 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 Exam Information Center as indicated above and must submit the *Application* 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 start date of the practical skills 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 Exam Information Center located in the lobby of 180 Livingston Street, Brooklyn, NY 11201, Mondays through Fridays, 9 AM to 3 PM. A paper copy of the *Admission Letter* is your ticket for admission to the test.

READ CAREFULLY AND SAVE FOR FUTURE REFERENCE

Filing Period Opened: August 7, 2019

THE TEST

You will be given a competitive practical skills test. A score of 70 is required to pass. Your score on the practical skills test will determine 100% of your final score. Only those candidates who are found qualified on the education and experience requirements will be summoned to take the competitive practical skills test.

The competitive practical skills test is designed to measure the candidate's knowledge and abilities in the carpentry trade.

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 date recording capabilities such as planners, organizers, etc. are prohibited. If you due bring 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.

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 score will 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 practical skills test site. The name that was used to apply for the exam must match the first and last name of 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 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 pass the practical skills test and are found qualified, your name will be place 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. As vacancies occur, candidates will be considered for appointment in eligible list order. If you meet all requirements and conditions, you will be considered for appointment when your name is reach on the eligible list.

READ CAREFULLY AND SAVE FOR FUTURE REFERENCE

Filing Period Opened: August 7, 2019

SPECIAL ARRANGEMENTS

Special Test Accommodations: If you plan to request a special testing accommodation 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 regular test date for any of the following reasons:

1. Compulsory attendance before a public body; or
2. On-the-job injury or illness where such applicant is an employee of any agency of the Metropolitan Transportation Authority (MTA) of New York State; or
3. Absence for one week following the death of spouse, domestic partner, parent, sibling, child or child of a domestic partner; or
4. Absence due to ordered military duty; or
5. A clear error for which MTA NYC 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 and your documentation of special circumstance to the address found in the "Correspondence Section" below within 60 days of your scheduled test date or make the request within 60 days of restoration to your position after performing ordered military duty.

ADDITIONAL INFORMATION

Probation: Each appointee will be required to successfully complete a one-year probationary period, during which time the appointee may be terminated.

Promotional Examination: A promotional examination for this title is being held for eligible MaBSTOA employees. The names appearing on the promotion list will be considered first in filing vacancies with the MTA.

You are responsible for keeping your address up to date. Only the address on file with New York City Transit/MaBSTOA/MTA Bus will be used to mail correspondence.

READ CAREFULLY AND SAVE FOR FUTURE REFERENCE

Filing Period Opened: August 7, 2019

CORRESPONDENCE SECTION

Change of Contact Information: It is critical that you promptly notify MTA/MaBSTOA 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 New York City Transit/MaBSTOA you may:

1. Visit us at the MTA Exam Information Center;
2. Email us at examsunit@nyct.com, with the subject named 'Contact Info Update';
3. Mail us the updated info at the address below, with the words "Contact Info Update; next to the exam title.

Your request must include your full name, exam title(s), exam number(s) and your old and new telephone numbers, mailing and/or email address.

If you are a current MTA employee, all changes to your employee contact information must be made through the MTA Business Service Center (BSC) via the employee portal at <http://www.mymta.info>

All other correspondence must be sent to the following address:

Plant & Equipment Maintainer, (Carpentry) Exam No. 8104
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.

MaBSTOA IS AN EQUAL OPPORTUNITY EMPLOYER AND WELCOMES APPLICATIONS FROM ALL QUALIFIED PERSONS. THE LIST RESULTING FROM THIS EXAMINATION WILL BE BASED STRICTLY ON EXAMINATION RATINGS ATTAINED BY CANDIDATES THROUGH THEIR TEST SCORES, AS DESCRIBED ABOVE.

NYCT/MaBSTOA/MTA PERSONNEL TESTING, SELECTION & CLASSIFICATION UNIT
Title Code: M9004

Filing Period Opened: August 7, 2019

APPLICATION INSTRUCTIONS

Note: MTA New York City Transit processes all Staten Island Railway exam applications. When applying for examinations, follow the directions below with money orders made out and mailings addressed to MTA New York City Transit. You should apply for an examination **only** if you meet the qualification requirements set forth in the Notice of Examination. Read the Notice of Examination carefully before completing the application form. Fill in all requested information clearly, accurately, and completely. MTA New York City Transit will only process applications with complete, correct, legible information which are accompanied by correct payment or waiver documentation. All unprocessed applications will be returned to the applicant.

- FORMS** All required forms which are listed in the “Required Forms” section of the Notice of Examination must accompany your application. Failure to include these forms may result in your disqualification and you **will not** receive test scores.
- FEE** The amount of the fee is stated in the Notice of Examination. **Only a money order** made payable to the **MTA New York City Transit** is acceptable payment (checks or cash **are not** accepted). On the front of the money order you must clearly write **your full name, your home address, the last four digits of your social security number, the exam title and the exam number**. Keep your money order receipt as proof of filing. The fee is not refundable.
- APPLICATION SUBMISSION** Your application must be postmarked no later than the last day of the application period indicated on the Notice of Examination. Mail the completed application, supporting documents and required filing fee to: **MTA New York City Transit, Attn: (please state the specific Exam Title and Exam Number), 180 Livingston Street, Brooklyn NY, 11201.**

INSTRUCTIONS FOR COMPLETING APPLICATION FORM PROPERLY

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

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

Applicants who do not receive an admission letter at least 4 days prior to the tentative test date must come to the MTA Exam Information Center at 180 Livingston Street, Brooklyn, NY 11201.

SPECIAL CIRCUMSTANCES
Directions for submission of requests

Note: These directions are designed to assist you in completing Section 17 and 18 on the **APPLICATION FOR EXAMINATION** form and to inform you how to notify us of a **CHANGE OF ADDRESS**. You may include your religious observance or disability requests with your completed application form(s) if you provide the correct supporting documentation when you submit your application.

(A) RELIGIOUS OBSERVANCE:

If, because of religious belief, you cannot take the test on a Saturday or on the scheduled test date, you must request an alternate date no later than 30 days prior to the scheduled test date.

The request must include:

<ul style="list-style-type: none"> • your full name • your social security number 	<ul style="list-style-type: none"> • the exam number • the exam title
<ul style="list-style-type: none"> • 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:

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

If you are submitting your request after you applied, please mail it to **MTA New York City Transit, Attn: (Insert Exam Title and Exam Number) – SP ACCOM, 180 Livingston Street, Room 4070, Brooklyn NY, 11201.**

(C) CHANGE OF ADDRESS:

If your mailing address changes after you file for an exam, you should send a letter stating your name, social security number, exam title, exam number, old address and new address to:

MTA New York City Transit
Attention Change of Address
(Insert Exam Title and Number)
180 Livingston, Room 4070
Brooklyn NY 11201

REQUEST FOR AN MTA NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER
TO ALL APPLICANTS:

In accordance with Civil Service Law Section 50.5(b), the application fee shall be waived for any person who meets at least one of the following criteria during the month you wish to apply for an examination:

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.

You must complete a separate "REQUEST FOR A NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER" form for each exam you wish to apply for.

PRINT CLEARLY OR TYPE INFORMATION

Name: _____ SS#: _____

I request that my application fee for the examination listed below be waived in accordance with the Section 50.5(b) of the State Civil Service Law.

*****AFFIRMATION*****

I have read the above-mentioned portion of Section 50.5(b) of the Civil Service Law relating to the waiver of the application fee and hereby certify that I am qualified to receive such waiver for the reason indicated below. I understand that if I falsify information concerning my current eligibility in order to obtain the application fee waiver, **I may be banned from appointment to any position within the City of New York, and may be subject to criminal prosecution. (All such violations will be referred to the Department of Investigation.)**

Signature: _____ Date: ____-____-____

Fee Waiver Criteria Selection: Check only the box that applies to you and for which you have acceptable documentation as described on pages 2 and 3. Complete, sign, and date this form and return it along with your documentation and the completed required form(s) listed on the Notice of Examination. At the time of applying for the above-indicated examination, I am currently...

A) an individual who is unemployed.

B) an individual who is receiving Supplemental Security Income (SSI) payments.

C) an individual who is receiving Medicaid benefits.

D) an individual who is receiving Public Assistance in the form of Temporary Assistance for Needy Families (TANF)/Family Assistance or Safety Net Assistance.

E) a participant certified eligible for a Workforce Investment Act program through New York City's Workforce1 Career Centers.

F) an individual who has served in the U.S. Armed Forces on full-time active duty, other than reserves and/or training, and has not previously received a Veterans Fee Waiver.

FOLLOW THE INSTRUCTIONS ON PAGES 2 & 3, SUBMIT AND SIGN THIS PAGE WITH THE CORRECT DOCUMENTATION.

REQUEST FOR AN MTA NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER

- A) For an individual who is unemployed: Submit an “**Unemployment Insurance Benefit Payment History**” inquiry printout. This printout must include Week Ending dates that correspond with the month that you are applying for an exam. You may obtain this printout from the New York State Department of Labor by calling 1 (877) 221-1634 or online at www.labor.state.ny.us. 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.

REQUEST FOR AN MTA NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER

- D) For an individual who is receiving Public Assistance in the form of Temporary Assistance for Needy Families(TANF)/Family Assistance or Safety Net Assistance benefits: Submit the **“PA Case Composition-Suffix/Individual Summary”** printout. This printout must verify that either your eligibility for Public/Cash Assistance is coded “AC” for Active, or if your case has been closed, the date your case was closed. These dates must include the month for which you are applying for an exam. If your case has been coded “SN” for Sanctioned, or if you recently applied for benefits and your case is coded “AP” for Application, you are not eligible to receive a fee waiver. You may obtain this printout from your assigned worker, or from a New York City Human Resources Administration Office or call 1 (877) HRA-8411. For TANF/Family Assistance or Safety Net Assistance benefits received outside New York City, you will need to submit documentation on letterhead from a social service agency in your state that is dated during the month you are applying for an exam that specifically verifies your eligibility of receiving TANF/Family Assistance or Safety Net Assistance benefits, or indicates your case is Active that month.
- E) For a participant certified eligible for a Workforce Investment Act program through New York City’s Workforce1 Career Centers: Submit documentation on letterhead from the Department of Small Business Services that is dated during the month for which you are applying for an exam and specifically indicates that you are a participant registered with the City’s Workforce1 Career Centers for that month. You may obtain this letter only by calling the New York City Department of Small Business Services at (212) 513-6406.
- F) For an individual who has served in the U.S. Armed Forces on full-time active duty, other than reserves and/or training, and has not previously received a Veterans Fee Waiver: Participants must have been discharged under honorable conditions from the Armed Forces of the United States (Army, Navy, Marine Corps, Air Force, Coast Guard or the National Guard only). The Veterans Exam Fee Waiver cannot be used retroactively for any exam for which you have already applied. Proper documentation must accompany your application. Mail a clear copy of your separation papers (Form DD214, long form) or a Statement of Service letter along with your application package. The Veterans Exam Fee Waiver is available for Promotion and Open Competitive exams. Please note that Veterans Preference Credits and the Veterans Exam Fee Waiver are two separate programs that have different purposes and criteria.

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.



Personnel Testing, Selection and Classification Unit

180 Livingston Street, Room 4070

Brooklyn NY 11201

Telephone: (347) 643-7221

FOREIGN EDUCATION FACT SHEET

- In order to receive credit in the examination for your foreign education, you must have your foreign education evaluated by **one of the approved services on the reverse side**.
- Refer to the Notice of Examination to find out whether you need a "document-by-document" evaluation (general) or a "course-by-course" evaluation (which includes a "document-by-document" evaluation) of your foreign education.
- The cost of evaluating your foreign education is paid by the applicant.
- Your evaluation must be received no later than **8 weeks** from the last day to apply for this examination. 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 evaluations submitted directly by the evaluation service to the address below **will be retained in a permanent file for future reference. However, if a document by document evaluation is on file with us and you are now applying for an examination that requires a course by course evaluation to meet the education qualification(s), you will need to have an evaluation service send us a course by course evaluation. If you are having a foreign education evaluation sent to us for the first time and you are applying for multiple exams in the same month, the evaluation service that you use only needs to send us one foreign education evaluation.**
- Photocopies of foreign education evaluations received from candidates will **not** be accepted and may be returned or discarded.
- Only foreign education evaluations submitted directly to us by an approved evaluation service with a *raised seal* or an *original stamp* of the evaluation service on the evaluation will be accepted.
- If you previously had a foreign education evaluation done by one of the approved evaluation services listed on the reverse side for another purpose, we will accept your foreign education evaluation provided that it is stamped "certified duplicate original" **and** received directly from that evaluation service.

In order to obtain an official confirmation that we have received your foreign education evaluation from the service that you selected, we recommend that you have a stamped, self-addressed postcard included by the service when your evaluation is sent to us. We will return the post card to you to acknowledge that your foreign education evaluation has been received. **Due to the number of foreign education evaluations received, a delay may occur in confirming the receipt of your evaluation by telephone or in-person inquiries.**

Have the evaluation service include:

- Your **name** and **social security number** on the evaluation; and
- The **Exam Title** and **Examination Number** of the examination you are applying for on the envelope.
- A stamped, self-addressed stamped postcard (for confirmation of receipt of your foreign education evaluation).

Have the evaluation service mail your completed original evaluation to:

- New York City Transit
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

TURN OVER FOR THE LIST OF APPROVED FOREIGN EDUCATION EVALUATION SERVICES



APPROVED FOREIGN EDUCATION EVALUATION SERVICES

**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>

**Center for Educational Research
& Evaluation (CERE)**
140-30 Beech Avenue, Suite #1R
Flushing, Queens, NY 11355
Phone: (718) 445-2790
Fax: (718) 879-5871
E-mail: MJafry8@aol.com
Web: <http://www.degreeevaluation.com>

Education International, Inc.
29 Denton Road
Wellesley, MA 02482
Phone: (781) 235-7425
Fax: (781) 235-6831
E-mail: edint@gis.net
Web: <http://www.educationinternational.org>

Evaluation Service, Inc.
333 W. North Avenue #284
Chicago, IL 60610
Phone: (847) 8569
Fax: (312) 587-3068
E-mail: info@evaluationservice.net
Web: www.evaluationservice.net

Educational Perspectives, NFP.
P.O. Box 618056
Chicago, IL 60661-8056
Phone: (312) 421-9300
Fax: (312) 421-9353
Email: info@edperspective.org
Web:
<http://www.edperspective.org>

Educational Records Evaluation Service, Inc.
601 University Avenue, Suite 127
Sacramento, CA 95825-6738
Phone: (916) 921-0790
Fax: (916) 921-0793
E-mail: edu@eres.com
Web: <http://www.eres.com>

Foreign Academic Credentials Services, Inc.
P.O. Box 400
Glen Carbon, IL 62034
Phone: (618) 656-5291
Fax: (618) 656-5292
E-mail: facsa@aol.com
Web: www.facsusa.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

Institute of Foreign Credential Services
12 Cedar Street
Dobbs Ferry, NY 10522
Phone: (914) 693-2840
Fax: (914) 231-7782
E-mail: info@ifcsevals.com
Web: <http://www.ifcsevals.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>

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

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>

 NEW YORK CITY TRANSIT 180 Livingston Street, Room 4070 Brooklyn, New York 11201 Plant & Equipment Maintainer <i>Open Competitive</i> Exam No.8104	For Official Use Only		
	Q	NQ	FINAL RATING
	1 ST _____	1 ST _____ CODE _____	
2 ND _____	2 ND _____ CODE _____		
3 RD _____	3 RD _____ CODE _____	Entered By _____	

EDUCATION AND EXPERIENCE TEST PAPER (EETP)

This **test** will evaluate your education and experience. To obtain appropriate credit, you must complete this form accurately. Be sure to include your SOCIAL SECURITY NUMBER on each sheet.

If any information is missing, cannot be read or lacks necessary detail, you will be found **NOT QUALIFIED** or receive a lower score on the test. The information on this form must be verifiable. You will be disqualified if your statements are found to be false, exaggerated, or misleading.

You can find a **sample EETP** at "http://web.mta.info/nyct/hr/pdf/sample_EETP.pdf" Use the sample EETP as guide for completing an EETP correctly. Study the sample EETP as an example of an EETP that has been filled out correctly.

Do not write your name anywhere on this EETP or attach your resume. Resumes will not be rated. Print using only Black or Blue Ink.

SECTION A - EDUCATION

Section A.1 - FOREIGN EDUCATION EVALUATION		FOR OFFICE USE ONLY
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: <input type="checkbox"/> I am having an evaluation of my foreign education submitted directly to MTA New York City Transit using an approved evaluation service. <input type="checkbox"/> 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		FOR OFFICE USE ONLY
Did you graduate HS? <input type="checkbox"/> Yes ____/____ <input type="checkbox"/> No Was it a Vocational High School? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Month Year</small> Name of High School: _____ <input type="checkbox"/> USA <input type="checkbox"/> Foreign High School located in the State of: _____ Country of: _____ Specialty (only if you attended Vocational High School) _____ Do you have a GED? <input type="checkbox"/> Yes ____/____ <input type="checkbox"/> No Name of Agency issuing GED: _____ <small>Month Year</small>		



Section A.3 - TRADE SCHOOL	FOR OFFICE USE ONLY
<p>If you attended a trade school, please complete the following:</p> <p>Did you graduate? <input type="checkbox"/> Yes ____/____/____ <input type="checkbox"/> No Expected Graduation Date: ____/____/____ Month Year</p> <p>Name of Trade School: _____ <input type="checkbox"/> USA <input type="checkbox"/> Foreign</p> <p>Trade School located in the State of: _____ Country of: _____</p> <p>Specialty _____</p> <p>Number of hours you completed in above specialty: _____</p> <p style="text-align: center;">(If you attended other trade schools, report this information for each additional school on a separate sheet of paper using the same format.)</p>	FOR OFFICE USE ONLY
Section A.4 – UNDERGRADUATE EDUCATION	FOR OFFICE USE ONLY
<p>Name of Undergraduate College/University: _____ <input type="checkbox"/> USA <input type="checkbox"/> Foreign</p> <p>Address: _____</p> <p>State: _____ Country: _____</p> <p>Major: _____</p> <p>Number of Credits You Have Completed in Major: _____ Total Number of Credits You Have Completed: _____</p> <p>Do you have a Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates of Attendance: From ____/____/____ To ____/____/____ Month Year Month Year</p> <p>Date Degree Received: _____ Type of Degree: (<i>check only one</i>) <input type="checkbox"/> Associate <input type="checkbox"/> Baccalaureate</p> <p>Exact Title of Degree: _____</p> <p style="text-align: center;">(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.)</p>	FOR OFFICE USE ONLY
Section A.5 – GRADUATE EDUCATION	FOR OFFICE USE ONLY
<p>Name of Graduate College/University: _____ <input type="checkbox"/> USA <input type="checkbox"/> Foreign</p> <p>Address: _____</p> <p>State: _____ Country: _____</p> <p>Major: _____</p> <p>Number of Credits You Have Completed in Major: _____ Total Number of Credits You Have Completed: _____</p> <p>Dates of Attendance: From ____/____/____ To ____/____/____ Month Year Month Year</p> <p>Date Degree Received: _____ Type of Degree: (<i>check only one</i>) <input type="checkbox"/> Masters <input type="checkbox"/> Other</p> <p>Exact Title of Degree: _____</p> <p style="text-align: center;">(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.)</p>	FOR OFFICE USE ONLY

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	<p>Most Recent Employment: From: ____ / ____ To: ____ / ____ Total Time: ____ / ____ <small>Month Year Month Year Year(s) Month(s)</small></p> <p>Job Title: _____ Other name of your Job Title, if any: _____</p> <p>No. of Hrs. Worked per Week: _____</p> <p>Name of Employer: _____</p> <p>Address of Employer: _____</p> <p>Nature of Employer's Business: _____</p>
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USE
ONLY**

Describe each of your duties separately with percentages. (Required for rating)	% Time
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 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.

<p>Drivers License:</p> <p>Class: _____ Check all endorsements currently on your license: <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Air Brake <input type="checkbox"/> Passenger</p> <p>State Where License was issued: _____ License Number: _____</p> <p>Date Issued: _____ Expiration Date: _____</p> <p>Other Licenses/Certificates:</p> <p>Title of License or Certificate: _____</p> <p>Issued by: _____</p> <p>License Number: _____</p> <p>Date Issued: _____ Expiration Date: _____</p>	<p>FOR OFFICE USE ONLY</p>
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SECTION D – SELECTIVE CERTIFICATION(S)

<p>If you want to apply for Selective Certification as described in the Notice of Examination, complete this section. I am requesting selective certification(s)</p> <p>for: _____</p>	<p>FOR OFFICE USE ONLY</p>
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SECTION E – SUBMISSION CHECKLIST

(Optional)

- Yes, my 9 digit social security number and exam number is included on every page of this document.
- No, I did not include my name anywhere in this document.
- Yes, I have read the Notice of Examination and filled out only the sections that are required for the position I am applying for.
- No, I have not included my resume because only this form will be evaluated.
- Yes, I have used extra sheets of paper to list schools and previous employment that did not fit on this form.
- Yes, I have listed more than 1 duty for each place of employment included and those duties add up to 100%.
- Yes, I have listed the class, endorsements and restrictions for my drivers license. (If the position requires a drivers license)