



# APPLICATION FOR NEW YORK STATE EXAMINATIONS OPEN TO THE PUBLIC

20-947 Developmental Disabilities Secure Care Treatment Aide Trainee

NYS-APP #4 20-947&20-948 (6/11L)

20-948 Developmental Disabilities Secure Care Treatment Aide Trainee (Spanish Language)

SIDE/PAGE 2

## EXTRA CREDITS FOR WAR TIME VETERANS

Answering these questions means that you are requesting the extra credits. Do not answer the questions if you are not a wartime active duty member of the armed forces or a war time veteran or if you do not want to request the extra credits.

If you are currently in the Armed Forces on full-time active duty (other than for training) or if you are a War Time Veteran or Disabled Veteran, you are eligible for extra credits added to your exam score if you pass. These extra credits can be used only once for any permanent government employment in New York State. If you want to have these extra credits added to your exam score, you must answer the questions now. You can waive the extra credits later if you wish. At the time of interview and appointment you will be required to produce the documentation, such as discharge papers, to prove that you are eligible for the extra credits.

**DO NOT COMPLETE THIS SECTION UNLESS YOU:** 1. Wish to claim War Time Veterans Credits, AND  
2. Have NOT used veterans credits for appointment to a position in NY State or Local Government employment.

YOUR ANSWERS MUST BE "YES" TO BE ELIGIBLE FOR ADDITIONAL CREDITS.

YES  NO  I expect to receive or have already received, a discharge which was honorable or release under honorable circumstances 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, on a **full-time active duty basis other than active duty for training purposes.**

YES  NO  I am now serving, or have served, on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods.

**In the Armed Forces:**

**or earned the armed forces, navy, or marine corps expeditionary medal for service in:**

**or in the U.S. Public Health Service:**

- Aug. 2, 1990 to the date when the **Persian Gulf hostilities** ends;
- Feb. 28, 1961 to May 7, 1975;
- June 27, 1950 to Jan. 31, 1955;
- Dec. 7, 1941 to Dec. 31, 1946;

- **(Panama)** Dec. 20, 1989 to Jan. 31, 1990;
- **(Lebanon)** June 1, 1983 to Dec. 1, 1987;
- **(Grenada)** Oct. 23, 1983 to Nov. 21, 1983;

- June 26, 1950 to July 3, 1952;
- July 29, 1945 to Sept. 2, 1945.

YES  NO  I am a United States citizen or an alien lawfully admitted for permanent residence.

To claim additional credits as a Disabled Veteran, you must also answer "YES" to this question:

YES  NO  I have a service connected disability rated at 10% or more by the US Department of Veterans Affairs. This disability was incurred during a "Time of War" period listed above.

**New York State Residency Requirement for Extra Credits as a War Time Veteran or Disabled Veteran:** You will be required to provide proof of current New York State residency at time of appointment.

## REMARKS:

## ADDITIONAL EXAMINATION CREDITS PURSUANT TO CIVIL SERVICE LAW SECTION 85-a

If you are a child of a police officer or firefighter who was killed in the line of duty in the service of New York State, you may be entitled to additional examination credits pursuant to Civil Service Law Section 85-a. For further information, please contact the Department of Civil Service at (518) 473-9726.

## PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information which you are providing on this application is being requested pursuant to Section 50(3) of the New York State Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination(s) for which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disapproval of the application. This information will be maintained by the Office for People With Developmental Disabilities. For further information, relating *only* to the Personal Privacy Protection Law, call (518) 457-9375. For exam information, call (518) 457-2487 (press 2, then press 3); or toll free at 1-877-697-5627 (press 2, then press 3).

**It is the policy of the New York State Department of Civil Service to provide for and promote equal opportunity in employment, compensation and other terms and conditions of employment without discrimination on the basis of age, race, creed, color, national origin, gender, sexual orientation, disability, Vietnam Era Veteran status, marital status or genetic predisposition or carrier status.**

**It is the policy of the New York State Department of Civil Service to provide qualified persons with disabilities equal opportunity to participate in and receive the benefits, services, programs and activities of the Department, and to provide such persons reasonable accommodations and reasonable modifications as are necessary to enjoy such equal opportunity, including accommodations in the examination process. Further, it is the policy of the Department to provide reasonable accommodations for religious observers.**