

OC-APP-3 #20538/20806/20537 (11/08)
**APPLICATION FOR NYS EXAMINATIONS
 OPEN TO THE PUBLIC**

Send Completed Application To:
 Personnel Bureau, Room 256
 NYS Department of Taxation and Finance
 State Office Campus
 Albany, NY 12227

Exam No:	Titles:
<input type="checkbox"/> 20-538	Tax Auditor Trainee 1
<input type="checkbox"/> 20-806	Tax Auditor Trainee 1 - Chicago only
<input type="checkbox"/> 20-537	Data Processing Fiscal Systems Auditor Trainee 1

Read Instructions on the exam announcement and Page 1 of SUPP #20-538/20-806/20-537 first before completing.

Please Print Clearly

Last Name First Name MI

Mailing Address: No., Street, Apt., or P.O. Box

City or Post Office State ZIP Code

Social Security Number _____

Home Phone () - Day Phone () -

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 Personnel Office, NYS Department of Taxation and Finance, State Office Campus, Albany NY 12227. For further information, relating only to the Personal Privacy Protection Law, call (518) 457-9375. (For examination information, call (518) 457-2487 (press 2, then press 3); or toll free at 1-877-697-5627 (press 2, then press 3). For examination information on this exam call (518) 457-2903.

ELIGIBILITY FOR EMPLOYMENT

You must be eligible to work in the United States at the time of appointment and throughout your employment with New York State. If appointed, you must produce documents that establish your identity and eligibility to work in the United States, as required by the Federal Immigration Reform and Control Act of 1986, and the Immigration and Nationality Act.

STUDENT LOANS

YES NO Are you currently in default on any outstanding student loan(s) made or guaranteed by the New York State Higher Education Services Corporation?

ADDITIONAL QUESTIONS

- YES NO Were you ever discharged from any employment except for lack of work or funds, disability or medical condition?
- YES NO Did you ever resign from any employment rather than face discharge?
- YES NO Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions?
- YES NO Have you ever been convicted of any crime (felony or misdemeanor)?
- YES NO Are you now under charges for any crime?
- If you answered YES to any of these questions, provide details under REMARKS on Page 4 of the Supplement. Your failure to answer any of these questions or to provide details will significantly delay any determination concerning your qualifications and may deprive you of potential employment opportunities.

I affirm under penalties of perjury that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

X

Signature of Applicant Date Please print any other last name by which you are or have been known.

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 New York State or Local Government employment.

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.

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

YES NO I received, or expect to receive, 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 served, or am serving, 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:

- 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;

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

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

or in the U.S. Public Health Service:

- 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 am receiving payments from the U.S. Dept. of Veterans Affairs for a service connected disability rated at 10% or more 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.

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 because of age, race, creed, color, national origin, gender, sexual orientation, disability or 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.

SUPPLEMENTAL QUESTIONNAIRE
Page 1

--	--	--	--	--	--	--	--	--	--

SOCIAL SECURITY NUMBER

CONTINUOUS RECRUITMENT EXAMINATION IN THE NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
NO. 20-538/20-806 - TAX AUDITOR TRAINEE 1
NO. 20-537 - DATA PROCESSING FISCAL SYSTEMS AUDITOR TRAINEE 1

This is an education and experience examination. Your rating will be based on a review of your responses to this questionnaire. All information provided is subject to verification. Use this supplement for any of these examinations. If filing for any, you will need to check all applicable boxes on the application and submit one supplemental questionnaire.

There are no application fees for these examinations.

INSTRUCTIONS:

1. Please print clearly in ink.
2. Answer all questions on this questionnaire and application form OC-APP 3 #20538/20806/20537 (attached) completely and accurately. Incomplete information may result in a lower score or disqualification. Retain a copy of the completed supplemental questionnaire for your records.
3. This questionnaire will be the only basis for rating your education and experience. You may submit your resume in addition to this application, but you must still complete all parts of the application without reference to the resume.
4. Your degree and/or college credits must have been awarded by a regionally accredited college or university or one recognized by the New York State Education Department as following acceptable educational practices. If your degree and/or college credit was awarded by an educational institution outside the United States and its territories, you must provide independent verification of equivalency and a course-by-course evaluation. You can write to the address below for a list of acceptable companies who provide this service or this information can be found on the Internet at: "<http://www.cs.state.ny.us/jobseeker/degrees.cfm>". You must pay the required evaluation fee.
5. Mail this APPLICATION FORM OC-APP 3 and SUPP #20538/20806/20537 to:

Personnel Bureau, Room 256
 NYS Department of Taxation & Finance
 State Office Campus
 Albany, New York 12227
6. Retest Policy - You may reapply for this exam after one year.

I. ACADEMIC RECORD

A. Indicate any colleges and/or universities attended. If you received a degree or expect to receive a degree in the next ten months, please indicate so.

College, University, Professional or Technical School(s)	Type of Degree Received	Major Subject or Type of Course	Did You Graduate	Degree Expected
Name			<input type="checkbox"/> Yes <input type="checkbox"/> No	MO. YR. /
Name			<input type="checkbox"/> Yes <input type="checkbox"/> No	MO. YR. /

Use additional sheets if necessary to complete information.

--	--	--	--	--	--	--	--	--	--

SOCIAL SECURITY NUMBER

CONTINUOUS RECRUITMENT EXAMINATION IN THE NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
NO. 20-538/20-806 - TAX AUDITOR TRAINEE 1
NO. 20-537 - DATA PROCESSING FISCAL SYSTEMS AUDITOR TRAINEE 1

I. ACADEMIC RECORD - continued

B. Indicate "Overall Grade Point Average" (G.P.A.) for only the college granting your Bachelor's degree, if not yet granted, give the G.P.A through last completed semester. For "Accounting/Auditing G.P.A." (all accounting and auditing courses, from any regionally accredited college or university from which you have received course credit) calculate this by multiplying each course's numerical equivalent grade times the number of semester credit hours for that course; total all the results and then divide by the number of semester credit hours represented. If you have also applied for the Data Processing Fiscal Systems Auditor Trainee 1 exam, do the same for the "Overall Computer Science G.P.A."

Accurate information on your G.P.A. is a vital part of the selection process. You must include transcripts verifying this information. Candidates who do not provide this information will not be given credit in this section. If an educational institution outside the United States or its territories is involved, an equivalency determination and a course-by-course evaluation must be made by an independent service. (Refer to Instruction Item 4).

Overall G.P.A. _____ Accounting/Auditing G.P.A. _____

Computer Science G.P.A. _____ (only if applying for Exam No. 20-537 -Data Processing Fiscal Systems Auditor Trainee 1)

C. If you have earned a Master's degree or successfully completed undergraduate and/or graduate level coursework in English, Communications, Public Relations, and/or Computer Science, please attach a transcript verifying this degree and/or coursework to your application.

D. Provide photocopies of transcripts from all colleges attended. Include separate undergraduate and graduate transcripts from all colleges attended whether or not a degree was awarded. These need not be official transcripts, although we reserve the right to require official transcripts at time of interview. As candidates will be evaluated on relevant coursework, failure to provide separate transcripts from all colleges attended may result in a disqualification or lower score. Transcripts must include your name; your student identification number; the name of the issuing school; the type of degree received, if any; the date your degree, if any, was conferred; full course names; grades earned for each course; and a cumulative grade point average (GPA).

II. ACCOUNTING/AUDITING OR COMPUTER SCIENCE PRACTICUM OR INTERNSHIP

Describe any work experience or internship in accounting, auditing and/or computer science field while in college.

LENGTH OF EMPLOYMENT	ORGANIZATION NAME	ADDRESS	CITY AND STATE
MO. YR. MO. YR. FROM / TO /	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
No. of hours worked per week:			

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
--

SOCIAL SECURITY NUMBER

CONTINUOUS RECRUITMENT EXAMINATION IN THE NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
NO. 20-538/20-806 - TAX AUDITOR TRAINEE 1
NO. 20-537 - DATA PROCESSING FISCAL SYSTEMS AUDITOR TRAINEE 1

III. CAMPUS/COMMUNITY/PROFESSIONAL ACTIVITIES

Describe your active involvement in campus or community groups or your affiliation with professional organizations while attending undergraduate school.

Campus Activity Community Group Professional Activity

LENGTH OF INVOLVEMENT MO. YR. MO. YR. FROM / TO /	ORGANIZATION NAME ADDRESS CITY AND STATE	
	GOAL OF ORGANIZATION DUTIES:	
TYPE OF GROUP		
YOUR TITLE IF APPLICABLE	DESCRIBE THE NATURE AND LEVEL OF INVOLVEMENT WITH THIS ORGANIZATION:	
NAME OF YOUR CONTACT PERSON		
CONTACT PERSON'S TITLE		
No. of hours worked per week:		

IV. WORK EXPERIENCE DURING COLLEGE

List any other full-time or part-time work experience while attending college (unless covered in item II above.)

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	ORGANIZATION NAME ADDRESS CITY AND STATE	
	DUTIES:	
TYPE OF BUSINESS		
YOUR EXACT TITLE		
SUPERVISOR'S NAME		
SUPERVISOR'S TITLE		
No. of hours worked per week:	Earnings:	

V. WORK EXPERIENCE FOLLOWING GRADUATION

List any work experience in the accounting, auditing and/or computer science field following graduation.

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	ORGANIZATION NAME ADDRESS CITY AND STATE	
	DUTIES:	
TYPE OF BUSINESS		
YOUR EXACT TITLE		
SUPERVISOR'S NAME		
SUPERVISOR'S TITLE		
No. of hours worked per week:	Earnings: (Circle One) /wk ./mo ./yr.	

Use additional sheets if necessary to complete information.

--	--	--	--	--	--	--	--	--	--

SOCIAL SECURITY NUMBER

CONTINUOUS RECRUITMENT EXAMINATION IN THE NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
NO. 20-538/20-806- TAX AUDITOR TRAINEE 1
NO. 20-537 - DATA PROCESSING FISCAL SYSTEMS AUDITOR TRAINEE 1

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) 402-2454.

Availability Inquiry for Tax Auditor Trainee 1

This is not an offer of employment. The information you provide will help us determine your availability for future vacancies. Please indicate with a check mark the geographic area(s) in which you would accept employment for Tax Auditor Trainee 1.

- | | | |
|---|---|--|
| <input type="checkbox"/> Albany Area/Albany Co. | <input type="checkbox"/> Hauppauge/Suffolk Co. | <input type="checkbox"/> Rochester/Monroe Co. |
| <input type="checkbox"/> Binghamton/Broome Co. | <input type="checkbox"/> Garden City/Nassau Co. | <input type="checkbox"/> Rye Brook/Westchester Co. |
| <input type="checkbox"/> Brooklyn/Kings Co. | <input type="checkbox"/> Kew Gardens/Queens Co. | <input type="checkbox"/> Syracuse/Onondaga Co. |
| <input type="checkbox"/> Buffalo/Erie Co. | <input type="checkbox"/> New York City/New York Co. | |

Data Processing Fiscal Systems Auditor Trainee 1 positions exist only in Albany.

Yes No Will you now or in the future require sponsorship for Employment Visa status (e.g. H-1B visa status) ?

I affirm that all statements in this supplemental questionnaire are true under penalty of law.

Signature Date Print your Name

Remarks

(Use this space to provide any additional information as necessary.)