



**NEW YORK STATE**  
Unified Court System

**Application For Open-Competitive Examination**

Applications must be mailed to:

State of New York, Unified Court System  
P. O. Box 15136, Albany, N.Y. 12212-5136

PLEASE READ THE INSTRUCTIONS ON NEXT PAGE AND THE EXAMINATION ANNOUNCEMENT BEFORE FILLING OUT YOUR APPLICATION  
PLEASE FILL IN ALL FIELDS, PRINT OUT AND SIGN. MAIL TO ADDRESS ABOVE.

1. EXAM NO.  EXAM TITLE

2. EXAM SITE SELECTION  (See instructions on next page) TELEPHONE NUMBER (INCLUDE AREA CODE)  
Home or Cellular:  Business:

3. LAST NAME  FIRST NAME  MIDDLE INITIAL

STREET ADDRESS (INCLUDE APT. NO., BLDG. NO.)  CITY OR TOWN

STATE  ZIP CODE  SOCIAL SECURITY NO.

4. APPLICATION FEE: Read carefully the instructions (reverse) and the information on the announcement concerning fees, then check one:  
A. I have enclosed my application fee (\$  ).....  (P)  
B. As an employee of the Unified Court System, my fee is waived.....  (U)  
C. I am requesting that the application fee be waived because I am receiving public assistance (indicate below) or am unemployed and primarily responsible for support of a household.....  (W)  
Type of Assistance  Providing Agency  Case No.

**SPECIAL ARRANGEMENTS**  
5. Check below if you desire special arrangements because you are a  
 Sabbath Observer (For religious reasons cannot be tested on Saturday.)  
If you need other special arrangements for taking the examination, please contact the Coordinator of Special Accommodations at (212) 428-2574, by the close of the filing period for the examination.

6. CITIZENSHIP:  
Are you a citizen of the United States?  Yes  No  
If no, do you have a legal right to work in the United States?  Yes  No

7. VETERAN'S CREDITS (If applicable, see instructions other side)  
If you have served in the Armed Forces, do you claim veteran's credits?  Yes  No

8. ANSWER ALL QUESTIONS BY PLACING "X" IN THE APPROPRIATE COLUMN. IF YOU ANSWER "YES" TO ANY OF THESE QUESTIONS, PLEASE PROVIDE DETAILS:

DETAILS	YES	NO
A. Except for adjudications as youthful offender, wayward minor, or juvenile delinquent, have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>
B. Do you now have any criminal charges pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you ever been dismissed from any employment?	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you ever received a discharge from the Armed Forces that was other than honorable?	<input type="checkbox"/>	<input type="checkbox"/>
E. Are you currently in violation of a court order in any state for child or spousal support?	<input type="checkbox"/>	<input type="checkbox"/>
F. Have you ever been disciplined by, or are charges presently pending before, any agency authorized to bring disciplinary proceedings related to the practice of any profession?	<input type="checkbox"/>	<input type="checkbox"/>

9. EDUCATION

	Did You Graduate?		Name and Location	Total Credits Earned	Major Subject	Degree Earned
	YES	NO				
High School / GED	<input type="checkbox"/>	<input type="checkbox"/>				
Community / College / University	<input type="checkbox"/>	<input type="checkbox"/>				
Graduate / Professional	<input type="checkbox"/>	<input type="checkbox"/>				
Other Schools or Special Courses	<input type="checkbox"/>	<input type="checkbox"/>				

10. EMPLOYMENT HISTORY: The examination announcement includes the minimum work experience required to compete in this test. Describe below all work experience which shows that you meet these stated minimum requirements. RESUME ATTACHED?  Yes  No

NAME AND ADDRESS OF EMPLOYER	AVERAGE NO. HOURS PER WEEK	EMPLOYMENT DATES		TITLE & DUTIES
		From	To	

**AFFIRMATION**

I affirm that the statements made on this application (including any attached papers) are true. (False statements made in this application are punishable under Penal Law (§ 210.45) and may result in disqualification.

X \_\_\_\_\_  
Signature of Applicant Date

**NOTE: If you have not received your admission notice three days prior to the examination date, call (212) 428-2580**

# INSTRUCTIONS TO OPEN-COMPETITIVE CANDIDATES

*Read the following instructions, as well as the announcement for this examination before filling out your application.*

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## EXAM SITE SELECTION (ITEM 2)

Enter the code number for your selection which corresponds to the exam center where you wish to be tested. Please be advised that not every test site is used for each examination.

24- NEW YORK CITY	14- HORNELL	36- SARANAC LAKE
01- ALBANY	20- MIDDLETOWN	38- SYRACUSE
06- BINGHAMTON	21- NASSAU COUNTY	39- UTICA
08- BUFFALO	27- OGDENSBURG	42- NYACK
09- SUFFOLK COUNTY	33- POUGHKEEPSIE	41- WATERTOWN
11- FREDONIA	35- ROCHESTER	

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## APPLICATION FEE (ITEM 4)

An application fee is required to apply for this examination. The amount is noted on the examination announcement. **Your application must be accompanied by a MONEY ORDER payable to: N. Y. S. Office of Court Administration. DO NOT SEND CASH or CHECKS.** The following information should be written on the money order: Applicant's name, Social Security Number, home address, title of the examination and examination number for which application is being filed. **Application fees are not refundable.** Compare your qualification carefully to the requirements stated on the announcement before submitting your application.

An exception to the fee requirement will be made for employees of the Unified Court System.

An exception to the fee requirement will be made also for persons receiving Supplemental Social Security payments or public assistance (Home Relief or Aid to Dependent Children), Foster Care, or are certified Job Training Partnership Act eligible through a state or local social service agency or are receiving public assistance from the New York City Department of Social Services. All claims are subject to late verification and, if not supported by appropriate documentation, are grounds for barring or rescinding an appointment. An exception will also be made to applications who are unemployed and primarily responsible for the support of a household.

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## VETERANS CREDITS (ITEM 7)

To be eligible for Veterans Credits, an individual **MUST**:

- **be a citizen** or an alien lawfully admitted for permanent residence at the time of application for credits.
- **be a resident of New York State** at the time of applying for Veterans Credits.
- **have been honorably discharged** or released under honorable circumstances from the Armed Forces of the United States. (Effective January 1, 1998 active duty members of the Armed Forces may request that veterans credits be added to the passing final ratings and use those credits for appointment from the eligible list, once discharged honorably or under honorable circumstances.)

**AND**

- have served anywhere in the U. S. Armed Forces during one of the following dates:

World War II . . . . .	December 7, 1941	to	December 31, 1946
Korean Conflict . . . . .	June 27, 1950	to	January 31, 1955
Viet Nam Conflict . . . . .	December 22, 1961	to	May 7, 1975
Persian Gulf Conflict . . . . .	August 2, 1990	to	the date upon which such hostilities end

**OR**

- have received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal, or the Marine Corps Expeditionary Medal for the:

Hostilities in Lebanon . . . . .	June 1, 1983	to	December 1, 1987
Hostilities in Grenada . . . . .	October 23, 1983	to	November 21, 1983
Hostilities in Panama . . . . .	December 20, 1989	to	January 31, 1990
- In addition, the following nonmilitary service is also recognized for veterans credit:
  - service in the Commissioned Corps of the U. S. Public Health Services during July 29, 1945 to September 2, 1945 or June 26, 1950 to July 3, 1952 or
  - satisfactory service as a crew member aboard merchant vessels in ocean going service during December 7, 1941 to December 31, 1946.

To claim additional credits as a **Disabled Veteran**, an individual must, in addition to meeting all of the above requirements, be certified by the Veterans Administration as entitled to receive payments for a service-connected disability rated at ten (10) percent or more.

(‘Attached Sheet’ for additional Information or Explanations)

LAST NAME	FIRST NAME	MIDDLE INITIAL
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**If you answer “yes” to any of the questions in item 8, please provide details below:**

**Return to form UCS-19**