

SECTION B – EMPLOYMENT / WORK EXPERIENCE (PAID OR VOLUNTEER)

Refer to the Notice of Examination to see whether this section applies to you. If it does, describe your **THREE** most recent relevant jobs using the format below. **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. **IF YOU HAD A SUBSTANTIAL CHANGE OF DUTIES OR A RETURN TO WORK AFTER A BREAK IN SERVICE WITH THE SAME EMPLOYER, TREAT THESE AS SEPARATE JOBS.** List the percentage of time spent on each duty, task, or function. The total of these percents should equal 100 percent for each job reported.

Include relevant part-time and volunteer experience. Describe relevant armed forces experience. If you are or have been in business for yourself, enter "self employed" on the line labeled "Name and Address of Employer." **You should not reveal your name anywhere on this test paper.**

A maximum of one year of experience will be credited for each 12-month period. Part-time experience will be pro-rated.

You are not limited to the space provided in each box. You can report the information for each additional employment on a separate sheet of paper using the same format.

BOX 1	<p>Most Recent Employment: From: _____ / _____ To: _____ / _____ Total Time: _____ / _____ Month Year Month Year Year(s) Month(s)</p> <p>Job Title: _____ Other name of your Job Title, if any: _____</p> <p>No. of Hrs. Worked per Week _____ Starting Salary \$ _____ per _____ Last Salary \$ _____ per _____</p> <p>If employed with New York City or State, was this appointment: (circle <u>only one</u>) Permanent / Provisional / Other _____ (specify)</p> <p>Name and Address of Employer: _____</p> <p>Title of Immediate Supervisor _____ Nature of Employer's Business _____</p> <p>If you <i>directly</i> supervised staff, enter title(s) and number of people: _____</p> <p>If you <i>indirectly</i> supervised staff, enter title(s) and number of people: _____</p>	FOR DCAS USE ONLY																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 85%;">Describe your duties/ tasks/ functions</th> <th style="width: 15%;">% Time</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td style="text-align: right;">Total Time Spent Performing These Duties =</td> <td style="text-align: center;">100%</td> </tr> </tbody> </table>		Describe your duties/ tasks/ functions	% Time																			Total Time Spent Performing These Duties =	100%	
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BOX 2	<p>Employment: From: _____ / _____ To: _____ / _____ Total Time: _____ / _____ Month Year Month Year Year(s) Month(s)</p> <p>Job Title: _____ Other name of your Job Title, if any: _____</p> <p>No. of Hrs. Worked per Week _____ Starting Salary \$ _____ per _____ Last Salary \$ _____ per _____</p> <p>If employed with New York City or State, was this appointment: (circle <u>only one</u>) Permanent / Provisional / Other _____ (specify)</p> <p>Name and Address of Employer: _____</p> <p>Title of Immediate Supervisor _____ Nature of Employer's Business _____</p> <p>If you <i>directly</i> supervised staff, enter title(s) and number of people: _____</p> <p>If you <i>indirectly</i> supervised staff, enter title(s) and number of people: _____</p> <p style="text-align: center;">(Describe your duties/tasks/functions for BOX 2 on Page Four)</p>	FOR DCAS USE ONLY
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BOX 2 (Continued) Describe your duties/ tasks/ functions	% Time	FOR DCAS USE ONLY	
Total Time Spent Performing These Duties =	100%		

BOX 3		FOR DCAS USE ONLY																		
	<p>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 _____ Starting Salary \$ _____ per _____ Last Salary \$ _____ per _____</p> <p>If employed with New York City or State, was this appointment: (circle <u>only one</u>) Permanent / Provisional / Other _____ <small>(specify)</small></p> <p>Name and Address of Employer: _____</p> <p>Title of Immediate Supervisor _____ Nature of Employer's Business _____</p> <p>If you <i>directly</i> supervised staff, enter title(s) and number of people: _____</p> <p>If you <i>indirectly</i> supervised staff, enter title(s) and number of people: _____</p>																			
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SECTION C – LICENSES AND CERTIFICATES	FOR DCAS USE ONLY
<p>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> <p>Title of License or Certificate: _____</p> <p>Issued by: _____</p> <p>Date Issued: _____ License Number: _____ Expiration Date: _____</p> <p>(When listing a driver license, be sure to indicate class and relevant endorsements and restrictions.)</p>	

SECTION D – SELECTIVE CERTIFICATION(S)	FOR DCAS USE ONLY
<p>If you want to apply for Selective Certification as described in the Notice of Examination, complete this section.</p> <p>I am requesting selective certification(s) for: _____</p> <p>(If selective certification is for foreign language, specify the language(s) for which you are requesting selective certification.)</p>	