

APPLICATION FOR NEW YORK STATE EXAMINATIONS OPEN TO THE PUBLIC

☒ **20-484 Food Service Worker 1**
OPWDD, DOH, agencies
other than OMH

Please read the announcement carefully
 before completing this application.

OC-APP-84 20-484 (1/12L)

SIDE/PAGE 1

XD-72

Send your completed and signed application to
 the facility Personnel Office where you would like to take the Food
 Service Worker 1 examination.
 See list of locations available on the examination announcement at:
[http://www.cs.ny.gov/examannouncements/announcements/oc-
 cridecentralized/20-484.cfm](http://www.cs.ny.gov/examannouncements/announcements/oc-

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PLEASE PRINT	Your Last Name	First Name	MI	Social Security Number
				/ /
	Street Number, Apt. or P.O. Box			Home Phone () -
	City or Post Office	State	Zip Code	Business Phone () -

- Please note:
- 1 - An examination for Food Service Worker 1 is also offered for the Office of Mental Health. For information on the locations of these positions, refer to the announcement for Exam No. 20-483 Food Service Worker 1 – Office of Mental Health.
 - 2 - The same Food Service Worker 1 written test is used for both exam numbers 20-483 and 20-484. You may take the FOOD SERVICE WORKER 1 written test only ONCE every testform period. (See details on the announcement.)

REASONABLE ACCOMMODATIONS IN TESTING

☐ I require reasonable accommodations to take this test. (See the announcement for details.)

STUDENT LOANS

- YES ☐ NO ☐ Have you any student loans made or guaranteed by the NYS Higher Education Services Corporation which are currently outstanding?
- YES ☐ NO ☐ If so, are you currently in default of any such loan?

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 2. 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.

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.

MEDICAL EXAMINATION, FINGER PRINTING AND BACKGROUND INVESTIGATION

A medical examination will be required for appointment.

Fingerprinting and criminal background check will be conducted if you are selected for appointment.

NOTE: Have you provided all requested information? An incomplete application may be disapproved.

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.

Please continue application on Side/Page 2

Food Service Worker 1 Test

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