


Applicant ID (If Known) \_\_\_\_\_ Social Security Number \_\_\_\_\_

 <input type="checkbox"/> New York City Transit <input type="checkbox"/> MaBSTOA <input type="checkbox"/> MTA Bus Company <input type="checkbox"/> Bridges and Tunnels <input type="checkbox"/> Staten Island Railway  <b>Title of Exam:</b> _____  <b>Exam No.</b> _____  <b>Exam Type:</b> <input type="checkbox"/> Open Competitive <input type="checkbox"/> Promotion <input type="checkbox"/> Assignment	<b>For Official Use Only</b>		
	<b>Q</b>	<b>NQ</b>	<b>FINAL RATING:</b>
	1 <sup>ST</sup> _____ 2 <sup>ND</sup> _____ 3 <sup>RD</sup> _____	1 <sup>ST</sup> _____ CODE _____ 2 <sup>ND</sup> _____ CODE _____ 3 <sup>RD</sup> _____ CODE _____	Entered By: _____

**EDUCATION AND EXPERIENCE TEST PAPER (EETP)**

This **test** will evaluate your education and experience. To obtain appropriate credit, you must complete this form accurately. Be sure to include your SOCIAL SECURITY NUMBER on each sheet.

If any information is missing, cannot be read or lacks necessary detail, you will be found **NOT QUALIFIED** or receive a lower score on the test. The information on this form must be verifiable. You will be disqualified if your statements are found to be false, exaggerated, or misleading.

Do not write your name anywhere on this EETP or attach your resume. Resumes will not be rated. Print using only Black or Blue Ink.

**SECTION A - EDUCATION**

<b>Section A.1 - FOREIGN EDUCATION EVALUATION</b>	<b>FOR OFFICE USE ONLY:</b>
<p>In order for foreign education to be rated, it must be evaluated by an evaluation service approved by MTA New York City Transit's Examinations Unit. Follow the instructions on the Foreign Education Fact Sheet, which is accessible online at <a href="http://web.mta.info/nyct/hr/forms_instructions.htm">http://web.mta.info/nyct/hr/forms_instructions.htm</a>, and refer to the Notice of Examination to see which kind of evaluation is required for this exam. If you are claiming credit for foreign education, check only one of the following:</p> <p>For this examination:</p> <input type="checkbox"/> I am having an evaluation of my foreign education submitted directly to MTA New York City Transit's Examinations Unit using an approved evaluation service. <input type="checkbox"/> I wish to use an evaluation of my foreign education which was previously submitted directly to MTA New York City Transit's Examinations Unit by an approved evaluation service.	
<b>Section A.2 - HIGH SCHOOL, VOCATIONAL HIGH SCHOOL, OR HIGH SCHOOL EQUIVALENCY</b>	<b>FOR OFFICE USE ONLY:</b>
<p>Did you graduate HS?    <input type="checkbox"/> Yes ____/____    <input type="checkbox"/> No  <small style="margin-left: 100px;">Month    Year</small></p> <p style="margin-left: 400px;">Was it a Vocational High School?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Name of High School: _____    <input type="checkbox"/> USA    <input type="checkbox"/> Foreign</p> <p>High School located in the State of: _____ Country of: _____</p> <p>Specialty (only if you attended Vocational High School) _____</p> <p>Do you have a GED?    <input type="checkbox"/> Yes ____/____    <input type="checkbox"/> No    Name of Agency issuing GED: _____  <small style="margin-left: 100px;">Month    Year</small></p>	

You can find a sample EETP at "<http://www.mta.info/nyct/hr/appexam.htm>"  
 Use the sample EETP as guide for completing this EETP correctly.



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### SECTION B – MILITARY EXPERIENCE

#### INSTRUCTIONS

Use this sheet to document military experience if any. Use more than one sheet to describe different assignments. Use more than one sheet to describe active and reserve duty.

You must complete all sections concerning your enlistment and you must describe your duties in detail. Failure to do so will result in your disqualification. **DO NOT ATTACH A RESUME. RESUMES WILL NOT BE RATED.** Print using only black ink or blue ink. You must not reveal your name anywhere on this test paper.

Describe relevant armed forces experience including active and reserve duties. List the percentage of time you spent on each duty, task or function.

<b>BOX 0</b>	<b>Dates of Active Enlistment:</b> From: _____ / _____ To: _____ / _____ <b>Total Time:</b> _____ / _____ <div style="text-align: center; font-size: small;">             Month Year                      Month Year                      Year(s) Month(s)           </div>
Rank: _____ M.O.S. (Military Occupational Specialty title): _____	
Was Your Military Service: <input type="checkbox"/> Active (full time) <input type="checkbox"/> Reserve (part time)    Number of days per month: _____	
Branch of Military: _____	
Last/Current Duty Station: _____	

FOR  
OFFICE  
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ONLY:

Describe each of your duties separately with percentages. (Required for rating)	% Time
<b>Total Time Spent Performing These Duties =</b>	<b>100%</b>

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

**INSTRUCTIONS**

You must complete all sections concerning your employment and you must describe your job duties in detail. Failure to do so will result in your disqualification. DO NOT ATTACH A RESUME. RESUMES WILL NOT BE RATED. Print using only black ink or blue ink. You must not reveal your name anywhere on this test paper.

Include relevant part-time and volunteer experience. If you are or have been in business for yourself, enter "self-employed" on the line labeled "Name of Employer". If you had a substantial change in duties or a return to work after a break in service with the same employer, enter this information in separate boxes. List the percentage of time spent on each duty. The total of these percentages must equal 100 percent.

<b>BOX 1</b>	<p><b>Most Recent Employment:</b> From: _____ / _____ To: _____ / _____ <b>Total Time:</b> _____ / _____  <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: _____</p> <p>Name of Employer: _____</p> <p>Address of Employer: _____</p> <p>Nature of Employer's Business: _____</p>
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**FOR OFFICE USE ONLY:**

Describe each of your duties separately with percentages. (Required for rating)	% Time
<b>Total Time Spent Performing These Duties =</b>	<b>100%</b>

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.



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

<b>BOX 3</b>	<b>Employment:</b> From: _____/_____/_____ To: _____/_____/_____ <b>Total Time:</b> _____/_____/_____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month Year</span> <span>Month Year</span> <span>Year(s) Month(s)</span> </div>	<b>FOR OFFICE USE ONLY:</b>
Job Title: _____ Other name of your Job Title, if any: _____		
No. of Hrs. Worked per Week: _____		
Name of Employer: _____		
Address of Employer: _____		
Nature of Employer's Business: _____		
Describe each of your duties separately with percentages. (Required for rating)		% Time
<b>Total Time Spent Performing These Duties =</b>		<b>100%</b>

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### SECTION C – LICENSES AND CERTIFICATES

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><b>Drivers License:</b></p> <p>Class: _____ Check all endorsements currently on your license: <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Air Brake <input type="checkbox"/> Passenger</p> <p>State Where License was issued: _____ License Number: _____</p> <p>Date Issued: _____ Expiration Date: _____</p> <p><b>Other Licenses/Certificates:</b></p> <p>Title of License or Certificate: _____</p> <p>Issued by: _____</p> <p>License Number: _____</p> <p>Date Issued: _____ Expiration Date: _____</p>	<b>FOR OFFICE USE ONLY:</b>
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### SECTION D – SELECTIVE CERTIFICATION(S)

<p>If you want to apply for Selective Certification as described in the Notice of Examination, complete this section. I am requesting selective certification(s)</p> <p>for: _____</p>	<b>FOR OFFICE USE ONLY:</b>
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### SECTION E – SUBMISSION CHECKLIST

(Optional)

- Yes, my 9 digit social security number and exam number is included on every page of this document.
- No, I did not include my name anywhere in this document.
- Yes, I have read the Notice of Examination and filled out only the sections that are required for the position I am applying for.
- No, I have not included my resume because only this form will be evaluated.
- Yes, I have used extra sheets of paper to list schools and previous employment that did not fit on this form.
- Yes, I have listed more than 1 duty for each place of employment included and those duties add up to 100%.
- Yes, I have listed the class, endorsements and restrictions for my drivers license. (If the position requires a drivers license)