



New York City Transit

**MaBSTOA**

Manhattan and Bronx Surface Transit Operating Authority  
P.O. Box 24463  
Brooklyn, NY 11202-4463



Bus Company

FOLLOW DIRECTIONS ON  
NEXT PAGE

*Fill in all requested information clearly, accurately, and completely. MaBSTOA and MTA Bus Company will only process applications with complete, correct, and legible information, which are accompanied by correct payment. All unprocessed applications will be returned to the applicant.*

**APPLICATION FOR EXAMINATION**

To qualify for this exam, you must have either graduated from a vocational high school with a specialty in automotive maintenance or have two years work experience in automotive maintenance. If you file an application and are found not qualified, your fee will not be refunded.

1. SOCIAL SECURITY #:

2. EXAM #:

3. EXAM TITLE:

4. EXAM TYPE **OPEN COMPETITIVE**

5. LAST NAME:

6. FIRST NAME:

7. MIDDLE INITIAL:

8. MAILING ADDRESS:

9. APT. #:

10. CITY OR TOWN:

11. STATE:

12. ZIP CODE:

13. PHONE:

13a. CELL PHONE:

14. OTHER NAMES USED IN CITY SERVICE:

15. RACE/ETHNICITY (CHECK ONE):

White

Black

Hispanic

American Indian/Alaskan Native

Asian/Pacific Islander

16. SEX (CHECK ONE):

Male

Female

**Questions 15 & 16**

Discrimination on the basis of sex, sexual orientation, race, creed, color, age, disability, status or religious observance is prohibited by law. NYCT, MaBSTOA and MTA Bus Company are equal opportunity employers. The identifying information requested on this form is to be used to determine the representation of protected groups among applicants. This information is voluntary and will not be made available to individuals making hiring decisions.

**Character and Background:** Proof of good character and satisfactory background will be absolute prerequisites to appointment. The following are among the factors considered for disqualification: (a) conviction of an offense, the nature of which indicates lack of good moral character or disposition toward violence or disorder; (b) repeated convictions, where such convictions indicate a disrespect for the law; (c) discharge from employment, where such discharge indicates poor behavior or an inability to follow rules and disciplinary guidelines; (d) previous unsatisfactory employment history with New York City Transit, Manhattan and Bronx Surface Transit Operating Authority, MTA Bus Company or other public employment; (e) dishonorable discharge from the Armed Forces; (f) previous misrepresentation of identity; (g) previous misrepresentation of authority to work in the United States.

17. E-MAIL ADDRESS (OPTIONAL):

18. YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

These exam application instructions are for MTA Bus Company and Manhattan and Bronx Surface Transit Operating Authority (MaBSTOA), a subsidiary of MTA New York City Transit.

**Note:** You should apply for an examination **only** if you meet the qualification requirements set forth in the Notice of Examination. Read the Notice of Examination carefully before completing the application form. Fill in all requested information clearly, accurately, and completely. MaBSTOA and MTA Bus Company will only process applications with complete, correct, legible information which are accompanied by correct payment. All unprocessed applications will be returned to the applicant.

- FORMS** All required forms which are listed in the upper-right-hand corner of the Notice of Examination must accompany your application. Failure to include these forms may result in your disqualification and you **will not** receive test scores.
- FEE** The amount of the fee is stated in the Notice of Examination. Only a **money order** made payable to **MaBSTOA** is acceptable payment (check or cash **are not** accepted). On the front of the money order you must clearly write **your full name, your home address, the last four digits of your social security number, the exam title and the exam number**. Keep your money order receipt as proof of filing. The fee is not refundable.
- FEE WAIVER** The application filing fee will be waived for New York City residents receiving public/cash assistance (full benefits) from the New York City Department of Social Services. Those receiving partial benefits are not eligible for the fee waiver. To apply for a fee waiver, you must enclose a legible photocopy of your current Benefit Card (**formerly known as the Medicaid Card**) with your application. **The Food Coupon Photo Identification Card is unacceptable**. You must write your *social security number* and the *exam number* on the front of the photocopy of the Benefit Card. The name on your application must exactly match the name printed on your Benefit Card. **Fee Waivers are limited to persons who are recipients of Public Assistance at the time of submission of the application**. Any person who falsifies information concerning current receipt of Public Assistance in order to obtain a fee waiver may be banned from appointment to any position within MaBSTOA and MTA Bus Company, and may be subject to criminal prosecution. All such violations will be referred to the Department of Investigation.
- APPLICATION SUBMISSION** Your application must be postmarked no later than the last day of the application period indicated on the Notice of Examination. Mail the completed application, supporting documents and required filing fee to:

MTA New York City Transit  
c/o Cleaner/Maintainer's Helper, Exam No. 3001  
P. O. Box 24463  
Brooklyn, NY 11202-4463

**INSTRUCTIONS FOR COMPLETING APPLICATION FORM PROPERLY**

To ensure proper processing of this application print all information **CLEARLY** in blue or black ink. If you fill out this form on your computer, mail the printout to the above address. We do not accept e-mail applications at this time. **Failure to do so will delay or disqualify your application.**

- 1-4 SSN, EXAM TITLE, NUMBER AND TYPE** A 9 digit Social Security Number is required. The Exam Number, Exam Title and Exam Type have been filled in for you.
- 5-14 GENERAL INFORMATION** **All Candidates:** Fill in information requested. If you change your address after applying for this exam, send a change of address request to:
- MTA New York City Transit**  
**Attn: Cleaner/Maintainer's Helper - Address Change**  
**P.O. Box 24463**  
**Brooklyn, NY 11202-4463**
- MaBSTOA and MTA Bus Company Employees:** The address already in existence on your Transit records will be used to respond to all new applications you submit. An application with a new address on it will NOT update the records. Please keep your address on Transit records updated. Please note: only one address for each person is maintained on file.
- 15-16 ETHNICITY/SEX** Completing this information is voluntary. This information will **not** be made available to individuals making hiring decisions.
- 17 E-MAIL ADDRESS** Enter your e-mail address.
- 18 SIGNATURE** Signing the application indicates that all statements you have made in this application are true to the best of your knowledge. Please be aware that if any statements are found to be false you will not be hired. Please be aware that if any willful false statements on your part are discovered after you have been hired by MaBSTOA or MTA Bus Company, your services will be terminated.

**Applicants who do not receive an admission letter at least 4 days prior to the tentative test date must call (347) 643-8084 or (347) 643-8088.**