

Exam Number **9 5 4 1**

Your Social Security Number **0 2 2 / 0 2 / 2 0 1 2**



New York City Transit

P.O. Box 24463
Brooklyn NY 11202-4463

FOR OFFICE USE ONLY

RATING _____

NQ CODE _____

EDUCATION AND EXPERIENCE TEST PAPER (EETP)

Do Not Write Your Name Anywhere On This EETP.

Print All Required Information In **Black Or Blue Ink** or fill in and print this file.

RATER(S) _____

CME _____

Exam Type: (Check only one) Open Competitive Promotion

Exam Title: Tree Maintainer

READ THIS SECTION CAREFULLY BEFORE COMPLETING THIS FORM

This test is based upon your education and experience. To obtain appropriate credit, you must complete this form accurately. **If you need more space, attach additional sheets, using the format specified here.** Be sure to include your social security number and the exam number on each attached sheet.

If information is missing, illegible, unclear, or lacks necessary detail, you may be found "Not Qualified" or receive a lower score on the test. The information you enter on this form must be verifiable. You may be disqualified if your statements are found to be false, exaggerated, or misleading.

Refer to the Notice of Examination (NOE) to find out which sections of this form you must fill out. If you are applying for Selective Certification, be sure to complete Section D on page 7 of this form.

DO NOT attach your resume. Resumes will not be rated.

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SECTION A - EDUCATION

Section A.1 - FOREIGN EDUCATION EVALUATION

In order for foreign education to be rated, it must be evaluated by an evaluation service approved by MTA New York City Transit. Follow the instructions on the Foreign Education Fact Sheet, and refer to the Notice of Examination to see which kind of evaluation is required for this test. If you are claiming credit for foreign education, check only one of the following:

For this examination:

SAMPLE

- I am having an evaluation of my foreign education submitted directly to MTA New York City Transit by an approved evaluation service.
- I wish to use an evaluation of my foreign education which was previously submitted directly to MTA New York City Transit by an approved evaluation service.

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Section A.2 - HIGH SCHOOL OR HIGH SCHOOL EQUIVALENCY

CHECK THE HIGHEST GRADE OR YEAR OF HIGH SCHOOL (HS) COMPLETED: 8 9 10 11 12

Did you graduate HS? Yes 6 / 99 No - Dates of HS attendance: From 9 / 95 To 6 / 99
Month Year Month Year Month Year

Name of High School: Washington Irving High School USA Foreign

High School located in the State of: New York Country of: USA

Do you have a GED? Yes / No - Name of Agency issuing GED: _____
Month Year

(If you attended other high schools, report this information for each additional school on a separate sheet of paper using the same format.)

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Section A.3 - TRADE SCHOOL OR VOCATIONAL HIGH SCHOOL

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If you attended a trade/vocational school, please complete the following:

Did you graduate? Yes 05 / 06 No Dates of Attendance: From 09 / 05 To 05 / 06
Month Year Month Year Month Year

Name of Trade/Vocational School: New York Botanical Garden USA Foreign

Trade/Vocational School located in the State of: New York Country of: United States

Specialty Gardening Number of hours you completed in specialty: 168

(If you attended other trade or vocational schools, report this information for each additional school on a separate sheet of paper using the same format.)

Section A.4 – UNDERGRADUATE EDUCATION

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Name of Undergraduate College/University: Bronx Community College USA Foreign

Address: 2155 University Avenue, Bronx, New York 10453

State: New York Country: United States

Major: General Horticulture

Number of Credits You Have Completed in Major: 37 Total Number of Credits You Have Completed: 65

Do you have a Degree? Yes No Dates of Attendance: From 09 / 06 To 05 / 08
Month Year Month Year

Date Degree Received: 05/08 Type of Degree: (**check only one**) Associate Baccalaureate

Exact Title of Degree: A.A.S. General Horticulture

(If you attended other undergraduate institutions and/or obtained more than one degree, report this information for each additional institution on a separate sheet of paper using the same format.)

Section A.5 – GRADUATE EDUCATION

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Name of Graduate College/University: _____ USA Foreign

Address: _____

State: _____ Country: _____

Major: _____

Number of Credits You Have Completed in Major: _____ Total Number of Credits You Have Completed: _____

Do you have a Graduate Degree? Yes No Dates of Attendance: From _____/_____/_____ To _____/_____/_____
Month Year Month Year

Date Degree Received: _____ Type of Degree: (**check only one**) Masters Other

Exact Title of Degree: _____

(If you attended other graduate institutions and/or obtained more than one degree, report this information for each additional institution on a separate sheet of paper using the same format.)

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

READ THIS SECTION CAREFULLY BEFORE COMPLETING THIS FORM.

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. It is essential that you complete all sections concerning past and present employment and you describe your duties in detail. **Failure to do so may result in your disqualification.**

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. 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.

BOX 1	Most Recent Employment: From: <u>04</u> / <u>10</u> To: <u>02</u> / <u>12</u> Total Time: <u>1</u> / <u>10</u> <small>Month Year Month Year Year(s) Month(s)</small>
Job Title: <u>Tree Trimmer</u> Other name of your Job Title, if any: _____	
No. of Hrs. Worked per Week: <u>35</u> Starting Salary \$ <u>47,053.00</u> per <u>year</u> Last Salary \$ <u>47,053.00</u> per <u>year</u>	
If employed with New York City or State, was this appointment: (check or fill in only one) <input checked="" type="radio"/> Permanent <input type="radio"/> Provisional Other _____ <small>(please specify)</small>	
Name of Employer: <u>Tom's Tree Service</u>	
Address of Employer: <u>100 Tiffany Street, Bronx NY 12212</u>	
Title of Immediate Supervisor: <u>Owner</u> Nature of Employer's Business: <u>Tree removal</u>	
If you directly supervised staff, enter job title(s) and number of people: _____	
If you indirectly supervised staff, enter job title(s) and number of people: _____	

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Describe each of your duties separately with percentages. (Required for rating)	% Time
Remove tree stumps and large shrubs using a stump grinder, bucket truck chipper, rope and harness, and loader	25
Climb, prune, brace, cut and fell trees and large shrubs using saws	25
Spray trees and large shrubs with insecticide	25
Perform tree inspection work	15
Drive cars and trucks	10
Total Time Spent Performing These Duties =	100%

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BOX 2	<p style="text-align: center;">Employment: From: <u>04</u> / <u>09</u> To: <u>10</u> / <u>09</u> Total Time: <u>0</u> / <u>6</u> <small>Month Year Month Year Year(s) Month(s)</small></p> <p>Job Title: <u>Landscaper</u> Other name of your Job Title, if any: _____</p> <p>No. of Hrs. Worked per Week: <u>40</u> Starting Salary \$ <u>7.50</u> per <u>hour</u> Last Salary \$ <u>7.50</u> per <u>hour</u></p> <p>If employed with New York City or State, was this appointment: (check or fill in <u>only one</u>) <input type="radio"/> Permanent <input type="radio"/> Provisional Other <u>Temporary</u> <small>(please specify)</small></p> <p>Name of Employer: <u>Larry's Landscaping Service</u></p> <p>Address of Employer: <u>253 Peninsula Boulevard Avenue, Lawrence NY 11225</u></p> <p>Title of Immediate Supervisor: <u>Owner</u> Nature of Employer's Business: <u>Landscaping</u></p> <p>If you <u>directly</u> supervised staff, enter job title(s) and number of people: _____</p> <p>If you <u>indirectly</u> supervised staff, enter job title(s) and number of people: _____</p>
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Describe each of your duties separately with percentages. (Required for rating)	% Time
Perform weeding and clean-up of flower beds and around trees	35
Operate riding lawn mower to cut grass	25
Spread grass seed and fertilizer	15
Prune shrubbery and trees	15
Remove and replace dead or damaged plants and sod	10
Total Time Spent Performing These Duties =	100%

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BOX 3	Employment: From: <u>06</u> / <u>08</u> To: <u>10</u> / <u>08</u> Total Time: <u>0</u> / <u>4</u> <small>Month Year Month Year Year(s) Month(s)</small>	FOR MTA NEW YORK CITY TRANSIT USE ONLY
Job Title: <u>Helper</u> Other name of your Job Title, if any: _____		
No. of Hrs. Worked per Week: <u>40</u> Starting Salary \$ <u>6.50</u> per <u>Hour</u> Last Salary \$ <u>6.50</u> per <u>Hour</u>		
If employed with New York City or State, was this appointment: (check or fill in only one) <input type="radio"/> Permanent <input type="radio"/> Provisional Other <u>Temporary</u> <small>(please specify)</small>		
Name of Employer: <u>Montclair Botanic Garden</u>		
Address of Employer: <u>99 Washington Street, Montclair NJ 10534</u>		
Title of Immediate Supervisor: <u>Maint. Supervisor</u> Nature of Employer's Business: <u>Public gardens</u>		
If you directly supervised staff, enter job title(s) and number of people: _____		
If you indirectly supervised staff, enter job title(s) and number of people: _____		
Describe each of your duties separately with percentages. (Required for rating)		
Sweep walkways and paths and pick-up loose trash		35
Empty garbage pails and put clean bags in garbage pails		25
Scrape gum from walkways after gardens have closed		25
Wash windows and glass doors		15
Total Time Spent Performing These Duties =		100%

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 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>Drivers License:</p> <p>Class: <u>B</u> Check all endorsements currently on your license: <input type="checkbox"/> Hazardous Waste <input checked="" type="checkbox"/> Air Brake <input type="checkbox"/> Passenger</p> <p>State where License was issued: <u>NY</u> License Number: <u>232-323-7556</u></p> <p>Date Issued: <u>4/5/11</u> Expiration Date: <u>4/5/19</u></p> <p>Other Licenses/Certificates:</p> <p>Title of License or Certificate: _____</p> <p>Issued by: _____</p> <p>License Number: _____</p> <p>Date Issued: _____ Expiration Date: _____</p>	FOR MTA NEW YORK CITY TRANSIT USE ONLY
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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) for: <u>Commercial Driver License</u></p> <p style="text-align: center;">(If selective certification is for foreign language, specify the language(s) for which you are requesting selective certification.)</p>	FOR MTA NEW YORK CITY TRANSIT USE ONLY
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SECTION E – SUBMISSION CHECKLIST

(optional)

- Yes, my nine-digit social security number and exam number are 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 only listed courses that I have successfully completed and that are necessary to meet the requirements or qualify for extra credit.
- Yes, I have listed more than one 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 driver license (if the position requires a driver license).