



NEW YORK STATE DEPARTMENT OF CIVIL SERVICE ANNOUNCES
Examination Open To The Public

APPLICATIONS ACCEPTED CONTINUOUSLY
TESTS HELD PERIODICALLY

Examination No. & Title	Salary Grade	Beginning Salary	Job Rate
20-483 Food Service Worker 1	5	\$26,274	\$32,602

NO APPLICATION PROCESSING FEE REQUIRED

Appointees who work in the five boroughs of New York City or in Nassau, Suffolk, Rockland, or Westchester Counties will receive an additional \$3,026 annual downstate adjustment. Appointees who work in Dutchess, Orange, or Putnam Counties will receive an additional \$1,513 annual mid-Hudson adjustment.

THE POSITIONS: These positions are located throughout the State, in the facilities of the New York State Office of Mental Health (OMH). Vacancies occur frequently, often on a part-time basis.

DUTIES: As a **Food Service Worker 1**, you would be responsible for serving food and for keeping the places where food is served both clean and in good order. This may require medium to heavy physical effort. You would help to prepare trays for serving, transport food carts to serving areas, and return used dishes and equipment to pot and dishwashing areas. Some food preparation may be required.

You would clean serving or trayline areas as appropriate and make sure that all equipment is ready for the next meal. Some operation of a dishwasher may be required. You would participate in sanitation activities in dining areas and in other food service and preparation areas, order and store supplies, and generally help to ensure that individuals in the care of the facility are fed properly.

HOW TO QUALIFY: There will be a **written test**, in English only, which you must pass in order to be considered for appointment.

SUBJECT OF EXAMINATION: The **written test** will be designed to test for knowledge of food service and storage procedures; the ability to read gauges, dials, and other similar instruments; the ability to read and understand schedules and other kinds of written material; and the ability to perform simple arithmetic functions related to food service.

NOTES:

1. If you receive a passing score on the written test, your name will be placed on the eligible list for the geographic area where you took the examination. You may request to have your score placed on the list used by OMH facilities in other geographic areas. Instructions on how to do this will be included on your written test score notice.
2. Food Service Worker 1 positions also exist in other state agencies. For information on the locations of those positions, refer to the announcement for Examination No. 20-484. If you are interested, you may request to have your score on Exam No. 20-483 placed on Food Service Worker 1 lists for other agencies. Instructions on how to do this will be included on your written test score notice.
3. A candidate cannot be tested more than once during the same testform period which runs from May 15 through April 30 of the following year. Therefore, you may only apply to take either No. 20-483 or No. 20-484 during that time. If you take the test more than once during the same testform period, you will not receive a score for the second test.
4. Fingerprinting and a criminal background check will be conducted if you are selected for appointment. You may be required to pay the processing fees.

HOW AND WHERE TO APPLY: Complete the attached application form, XD-70. All statements made on the application are subject to investigation. You may be asked to provide additional information and/or documentation to support statements made on the application. **MAIL THE COMPLETED AND SIGNED APPLICATION TO: DECENTRALIZED EXAMINATION UNIT, OFFICE OF MENTAL HEALTH, 44 HOLLAND AVENUE, ALBANY, NY 12229.** For additional information contact the Decentralized Examination Unit at 1-800-568-2149.

The attached form is an examination application, it is not a job application. You will not receive any notice of the receipt of your application. When a test has been scheduled in your area of geographic preference, an admission notice, detailing where and when the exam will be held, will be mailed to you approximately two weeks prior to the exam date.

GEOGRAPHIC AREA LISTINGS FOR THE NEW YORK STATE OFFICE OF MENTAL HEALTH

AREA	COUNTIES	AREA	COUNTIES
AREA 1	Cayuga, Cortland, Madison, Onondaga, Oswego	AREA 9	Bronx, New York (Manhattan, Ward's Island), Queens, Kings (Brooklyn), Richmond (Staten Island)
AREA 2	Broome, Chenango, Delaware, Otsego, Tioga, Tompkins	AREA 10	Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington
AREA 3	Allegany, Chemung, Schuyler, Seneca, Steuben, Yates	AREA 11	Fulton, Hamilton, Herkimer, Montgomery, Oneida
AREA 4	Genesee, Livingston, Monroe, Ontario, Orleans, Wayne, Wyoming	AREA 12	Clinton, Essex, Franklin, Jefferson, Lewis, St. Lawrence
AREA 5	Cattaraugus, Chautauqua, Erie, Niagara	AREA 13	Orange, Sullivan
AREA 6	Dutchess, Ulster, Putnam		
AREA 7	Rockland, Westchester		
AREA 8	Nassau, Suffolk		

INFORMATION FOR CANDIDATES

NEW YORK STATE IS AN EQUAL OPPORTUNITY EMPLOYER: It is the policy of the state of New York to provide for and promote equal opportunity in employment, compensation, and other terms and conditions of employment without discrimination on the basis of age, race, color, religion, disability, national origin, gender, sexual orientation, marital status, domestic violence victim status, genetic predisposition or carrier status, or arrest and/or criminal conviction record unless based upon a bona fide occupational qualification or other exception.

Appointment to many positions in State government require candidates to undergo an investigative screening. This may include a thorough character investigation, a Federal Bureau of Investigation Criminal Record History Check, a Child Abuse Registry clearance, or other similar procedures. Candidates may be fingerprinted and may be required to pay any necessary fees for that procedure. Depending on the nature of the job, the criminal convictions discovered, or any falsified or omitted information revealed, the investigative findings may bar appointment or result in removal after appointment.

ELIGIBILITY FOR EMPLOYMENT: You must be legally 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.

REASONABLE ACCOMMODATIONS IN TESTING: It is the policy of the Department of Civil Service, in accordance with the New York State Human Rights Law and the Americans with Disabilities Act, to provide qualified persons with disabilities equal employment opportunity and equal opportunity to participate in and receive the benefits, services, programs, and activities of the Department. It is the policy of the Department to provide such persons reasonable accommodations and reasonable modifications as are necessary to provide equal opportunity. Persons with disabilities who require an accommodation to participate in an examination must note this on their application. Further information is available from the Test Administration Unit of the Department of Civil Service. In the Albany area, call 518-457-2487 [press 2, then press 2]. Outside of the Albany area, call toll free at 1-877-697-5627 [press 2, then press 2]. For TDD services, call NY Relay at 711 (requires a fee) or 1-800-662-1220.

NEW YORK STATE RESIDENCE IS NOT REQUIRED FOR MOST POSITIONS: However, you must be eligible for employment in the United States.

CONTINUOUS RECRUITMENT/ELIGIBLE LISTS: Candidates who meet the qualifications and pass this examination will have their names placed on the eligible list in the order of final scores, regardless of the date on which they filed or took the test. Generally, the names of qualified candidates will remain on the eligible list for two years. Appeal of ratings will not be allowed as the opportunity for retest exists. The Department of Civil Service reserves the right to terminate this special recruitment program.

APPLICATION FOR NEW YORK STATE EXAMINATIONS OPEN TO THE PUBLIC

OC-APP #4 20-483 (7/15 L)

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XD-70

20-483 Food Service Worker 1
Office of Mental Health

Please read the announcement carefully before completing this application.

Send your completed and signed application to:
Decentralized Examination Unit
NYS Office of Mental Health
44 Holland Avenue
Albany, NY 12229

PLEASE PRINT

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

- Please note:**
- 1 - An examination for Food Service Worker 1 is also offered at other state agencies. For information on the locations of these positions, refer to the announcement for Exam No. 20-484 Food Service Worker 1 – Decentralized.
 - 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.)

ADDITIONAL QUESTIONS

If you answer YES to any of these questions, please provide an explanation in the REMARKS section provided below:

- 1. YES NO Were you ever discharged from any employment except for lack of work, funds, disability or medical condition?
- 2. YES NO Did you ever resign from any employment rather than face a dismissal?
- 3. YES NO Did you ever receive a discharge from the Armed Forces of the United States which was not an "Honorable Discharge" or a "General Discharge under Honorable Conditions?"

FOR GEOGRAPHIC PREFERENCES

Indicate the geographic area(s) where you would like to take the Food Service Worker 1 exam. (See the announcement at <http://www.cs.ny.gov/examannouncements/announcements/oc-cr/decentralized/20-483.cfm> for a detailed listing of the counties in each geographic area.)

- | | | | | | | |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Area 1 | <input type="checkbox"/> Area 3 | <input type="checkbox"/> Area 5 | <input type="checkbox"/> Area 7 | <input type="checkbox"/> Area 9 | <input type="checkbox"/> Area 11 | <input type="checkbox"/> Area 13 |
| <input type="checkbox"/> Area 2 | <input type="checkbox"/> Area 4 | <input type="checkbox"/> Area 6 | <input type="checkbox"/> Area 8 | <input type="checkbox"/> Area 10 | <input type="checkbox"/> Area 12 | |

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.

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

APPLICATION FOR NEW YORK STATE EXAMINATIONS OPEN TO THE PUBLIC

20-483

**Food Service Worker 1
Office of Mental Health**

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XD-70

EXTRA CREDITS FOR WAR TIME VETERANS

DO NOT COMPLETE THIS SECTION UNLESS YOU: Wish to claim War Time Veterans Credits, **AND** have not used **DISABLED** veterans credits for a permanent appointment to a position in New York State or Local Government.

1. YES NO Do you expect to receive or have you already received a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States? The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by Law, on a full-time active duty basis other than active duty for training purposes.

2. YES NO Are you now serving, or have you served, on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods?

In the Armed Forces:

- Aug. 2, 1990 until the Persian Gulf hostilities end
- Feb. 28, 1961 to May 7, 1975
- June 27, 1950 to Jan 31, 1955
- Dec. 7, 1941 to Dec. 31, 1946

Or earned the armed forces, navy, or marine corps expeditionary medal for service in:

- (Panama) Dec. 20, 1989 to Jan. 31, 1990;
- (Lebanon) June 1, 1983 to Dec. 1, 1987;
- (Grenada) Oct. 23, 1983 to Nov. 21, 1983;

Or in the U.S. Public Health Service:

- June 26, 1950 to July 3, 1952;
- July 29, 1945 to Sept. 2, 1945.

3. YES NO Are you a United States citizen or an alien lawfully admitted for permanent residence?

4. YES NO Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above.

5a. YES NO Have you USED NON-DISABLED veteran credits for a permanent appointment to a position in New York State or Local Government? If you answered "Yes" to "5a" above, you must answer "5b":

5b. YES NO After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs?

New York State Residency Requirement for Extra Credits as a War Time Veteran or Disabled Veteran: You will be required to provide proof of current New York State residency at time of appointment.

REMARKS:

MEDICAL EXAMINATION, FINGERPRINTING 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.

ADDITIONAL EXAMINATION CREDITS PURSUANT TO CIVIL SERVICE LAW SECTION 85-a

If you are a child of a police officer or firefighter who was killed in the line of duty in the service of New York State, you may be entitled for additional examination credits pursuant to Civil Service Law Section 85-a. For further information, please contact the Department of Civil Service at (518) 473-6077.

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information which you are providing on this application is being requested pursuant to Section 50(3) of the New York State Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination(s) for which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disapproval of the application. This information will be maintained by the Office of the Mental Health. For further information, relating *only* to the Personal Privacy Protection Law, call (518) 457-9375. For exam information, call (518)457-2487 or toll free at 1-877-697-5627.

It is the policy of the State of New York to provide for and promote equal opportunity employment, compensation, and other terms and conditions of employment without unlawful discrimination on the basis of age, race, color, religion, disability, national origin, gender, sexual orientation, veteran or military service member status, marital status, domestic violence victim status, genetic predisposition or carrier status, or arrest and/or criminal conviction record unless based upon a bona fide occupational qualification or other exception.

It is the policy of New York State Department of Civil Service to provide qualified persons with disabilities equal opportunity to participate in and receive the benefits, services, programs and activities of the Department, and to provide such persons reasonable accommodations and reasonable modifications as are necessary to provide such equal opportunity, including accommodations in the examination process. Further, it is the policy of the Department to provide reasonable accommodations for religious observance.