



New York City Transit

MaBSTOA

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

FOLLOW DIRECTIONS ON
NEXT PAGE

*Fill in all requested
information clearly,
accurately, and completely.
MaBSTOA will only process
applications with complete,
correct, and legible
information, which are
accompanied by correct
payment.*

APPLICATION for EXAMINATION

(Directions for completing this application are on the back of this form)

Download this form on-line at www.mta.info

1. SOCIAL SECURITY #:

2. EXAM #:

3. EXAM TITLE:

4. EXAM TYPE (Check One): ASSIGNMENT OPEN COMPETITIVE PROMOTION

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 is an equal opportunity employer. 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 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.

18. E-MAIL ADDRESS (OPTIONAL) _____

19. YOUR SIGNATURE _____ DATE _____



These instructions are for MaBSTOA examinations only.

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 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 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:

New York City Transit Authority
c/o (please state the specific
Exam Title and Exam Number)
P. O. Box 24463
Brooklyn, NY 11202-4463

INSTRUCTIONS FOR COMPLETING APPLICATION FORM PROPERLY

To ensure proper processing of 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 email applications at this time. **Failure to do so will delay or disqualify your application.**

**1-3 EXAM TITLE/
EXAM NO.**

See the Notice of Examination, prior to filling in the exact exam number and exam title. Check either the Assignment, Open Competitive or Promotion box to indicate the type of examination you are applying for.

**4-13
GENERAL
INFORMATION**

All Candidates: Fill in information requested. If you change your address after applying for an exam, send a change of address request to:

**New York City Transit Authority
Attn: Exam Title - Address Change
P.O. Box 24463
Brooklyn, NY 11202-4463**

MaBSTOA 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.

**14-15
ETHNICITY/SEX**

Completing this information is voluntary. This information will **not** be made available to individuals making hiring decisions.

16 EMAIL ADDRESS

Enter your email address.

17 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, 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.