Notice of Examination

Promotion to Stock Worker, Exam No. 4201

Application Deadline:

October 15, 2023

Type of Test:

Multiple-Choice Test

Application Fee:

\$82.00

Multiple-Choice Test Date:

(subject to change)

Saturday, March 2, 2024 or Sunday, March 3, 2024

Note: Unless otherwise specified, you will be randomly scheduled to test on one of the dates indicated above.

This is **NOT** a New York City Transit position. This is **NOT** a Civil Service position.

JOB DESCRIPTION

Stock Workers, under supervision, receive, check, classify, store and distribute materials and supplies at the storerooms and facilities of the NYC Transit system. This includes: the operation of all material handling equipment; inventory systems updating and verification; and loading and unloading of trucks. If assigned, perform inspection work on new equipment and material at manufacturing plants. Keep records, utilize computerized inventory systems, take inventory, handle obsolete and scrap materials. Drive small and large vehicles to distribute materials throughout the system and perform related work.

Some of the physical activities performed by Stock Workers and the environmental conditions they experience are: moving materials in and around the warehouses and storerooms; loading and unloading vehicles; operating automated lifting equipment such as forklifts and hi-los, and other material handling equipment such as carousels, retrievals, conveyors and wrapping machinery; ascending and descending ladders; lifting heavy material and packages; and working outdoors in all weather conditions.

Special Working Conditions: Stock Workers may be required to work various shifts, including nights, Saturdays, Sundays and holidays.

(This brief description does not include all of the duties of this position.)

Application Period Opened: September 1, 2023

SALARY

The current minimum salary for Stock Worker is \$33.37 per hour for a 40-hour work week increasing to \$39.26 per hour in the sixth year of service. These rates are subject to change.

ELIGIBILITY TO TAKE EXAMINATION

This examination is open to each employee of MaBSTOA who on the first date of the multiplechoice test

- Is employed in the title of Cleaner Helper, Cleaner/Maintainer's Helper, Associate Cashier (Vault Handler), Cleaner, Senior Clerk, Supervising Clerk, Supervising Stenographer, Word Processor, Senior Key Punch Operator, Technical Support Aide or Administrative Assistant; and
- 2. Is not otherwise ineligible.

You are responsible for determining whether you meet the eligibility requirements for this examination prior to submitting the application. If you do not know if you are eligible, check with **your department's Human Resources representative**. You may be given the test before we verify your eligibility. If you are marked "Not Eligible," your application fee will **not** be refunded, and you will **not** receive a score.

This examination is **not** open to employees of New York City Transit or MTA Bus Company, or to employees of MTA agencies other than MaBSTOA.

THE TEST

You will be given a multiple-choice test. A score of at least 70% is required on the multiple-choice test.

You will be scheduled to take the test on one of the dates listed in the above "Test Date" box. You will be assigned to a test date and location, and you cannot request that your scheduled test date or location be changed, unless you meet the conditions in the "Special Test Accommodations" subsection below.

Your score on the multiple-choice test will determine 90% of your final score. Your seniority will determine the remaining 10%. You must pass the multiple-choice test to have your seniority credited. Your seniority score will be 70 plus 3 points for each year of service in MaBSTOA up to a maximum total of 100 for 10 years of service. Your service will be credited through the first date of the multiple-choice test, up to a maximum of 10 years. Partial seniority will be given for each day served as a MaBSTOA employee.

The multiple-choice test may measure your knowledge, skills and abilities in the following and other related areas:

- General Warehousing Practices and Procedures: Knowledge of receiving, checking, classifying, storing and distributing materials and supplies; shipping, loading and unloading; operating material-handling equipment and utilizing safe work practices
 - Example: Keeping storage areas and materials neat and orderly, ensuring a safe work environment
- General Warehousing Documents: Knowledge of processing paperwork and reports, and keeping records
 - Example: Entering data into an inventory log and into the stock-tracking computerized inventory management systems
- **Tool Usage**: Knowledge of hand tools, power tools and/or multi-purpose tools and their proper and safe usage in general storeroom practices
 - o Example: Using a saw to cut open a crate
- Number Facility: Ability to make job-related arithmetic calculations
 - o Example: Calculating number of supplies distributed

HOW TO SUBMIT AN APPLICATION

If you believe you meet the requirements in the "Eligibility to Take Examination" section, you may submit an application during the application period. The MTA Exam Information Center, located in the lobby of 180 Livingston Street, Brooklyn, NY 11201, is <u>currently closed</u>. If you believe you have a special circumstance (e.g., a disability, military duty) that prevents you from applying as instructed below, please refer to the Special Circumstances Guide referenced in the "Special Arrangements" section below. Applications will **not** be accepted in person.

Online Applications:

- 1. If you are an active MTA employee, apply using the MTA Business Service Center (BSC) employee portal at www.mymta.info by the last day of the application period (non-active MTA employees and applicants requesting a fee waiver must email us by the last day of the application period at examsunit@nyct.com for application instructions). Note: The application system may not function properly with mobile devices or tablets. For best results when applying, please use the latest version of Microsoft Edge, open a new window, and avoid having multiple tabs open in the same window.
- 2. Once you have logged in, click on the My Job Search ribbon and then click on Exams (non-Railroad).
- 3. Follow the steps to submit an application.
- 4. Active MTA employees must pay the application fee via payroll deduction.
- 5. A confirmation number will appear on the same page after submitting your application and authorizing a payroll deduction (Save this number for future reference).

IMPORTANT: Your application submission confirms that you have read this Notice of Examination, including any dates and the requirements.

Application Fee: This fee is generally not refundable. Under special circumstances, you may be entitled to a refund. Please refer to the Department of Citywide Administrative Services ("DCAS") General Exam Regulation E.3.4 to determine if you are entitled to a refund. Please visit http://web.mta.info/nyct/hr/forms_instructions.htm to access the DCAS General Exam Regulations online. Application fee refund requests, along with any relevant supporting documentation, should be emailed to examsmakeups@nyct.com or mailed to the address in the "Correspondence" section below.

If you submit an application for this promotion examination and you also submit an application for the open competitive examination for Stock Worker, Exam No. 4102, you will only be permitted to take the test(s) for this title one time.

Late Applications: Refer to the "Correspondence" section below to contact the Examinations Unit to determine the procedure for submitting a late application if you meet one of the following conditions:

- 1. You are absent from work for at least one-half of the application period and are unable to apply for reasons such as vacation, sick leave or military duty; or
- 2. You become eligible after the above application period, but before the first test date.

Special Test Accommodations: If you plan to request an alternate test date due to your religious observance or special testing accommodations due to disability, please follow the instructions included in the Special Circumstances Guide, which is accessible online at http://web.mta.info/nyct/hr/forms_instructions.htm and will be attached to this Notice of Examination during the application period. An alternate test date due to religious observance must be requested no later than 15 days prior to the date on which multiple-choice testing is expected to begin. Special testing accommodations due to disability must be requested no later than 30 days prior to the date on which multiple-choice testing is expected to begin.

Make-Up Tests: You may apply for a make-up test if you cannot take the multiple-choice test as scheduled for any of the following reasons:

- 1. Compulsory attendance before a public body; or
- 2. On-the-job injury or illness caused by municipal employment where you are an officer or employee of the City; or
- 3. Absence from the test within one week after the death of a spouse, domestic partner, parent, sibling, child, or child of a domestic partner where you are an officer or employee of the City; or
- 4. Absence due to ordered military duty; or
- 5. A clear error for which MTA New York City Transit is responsible; or
- 6. A temporary disability; or
- 7. Pregnancy, childbirth or a related medical condition.

To request a make-up test, submit your request with documentation of the special circumstances that caused you to miss your test (as attachments) by email to examsmakeups@nyct.com or by mail to the address in the "Correspondence" section below as soon as possible.

CORRESPONDENCE

Change of Contact Information: It is critical that you keep your contact information (i.e., telephone number, mailing address and/or email address) current with MTA New York City Transit. You may miss important information about your exam(s) or consideration for appointment or promotion, including important information that may require a response from you by a specified deadline, if we do not have your correct contact information. To update your contact information, you may:

- 1. Email us at examsunit@nyct.com with the subject "Contact Info Update;" or
- 2. Mail your request to the address at the end of this section.

Your request must include your full name, exam title(s), exam number(s) and your old and new telephone numbers, mailing and/or email address. MTA MaBSTOA employees <u>must</u> also visit the employee portal at <u>www.mymta.info</u> to update their contact information through the "BSC."

All other correspondence should be sent to examsunit@nyct.com and must include "Promotion to Stock Worker, Exam No. 4201" in the Subject. Alternatively, you can mail your correspondence to the following address:

Promotion to Stock Worker, Exam No. 4201 MTA New York City Transit 180 Livingston Street, Room 4070 Brooklyn, NY 11201

TEST SITE REQUIREMENTS

An Admission Letter will be mailed to you about 10 days before the first date of the multiple-choice test. If you do not receive an Admission Letter at least 4 days before this date, you must email a request for a duplicate Admission Letter to examsunit@nyct.com. A paper copy of the Admission Letter is your ticket for admission to the test.

Applicants **must** keep their mailing address **up to date**. Please refer to the "Correspondence" section above for instructions on how to update your address and other contact information.

Warning: You are not permitted to enter the test site with cellular phones, smart watches, beepers, pagers, cameras, portable media players, or other electronic devices. Calculators are permitted; however, they must be hand-held, battery or solar powered, numeric only. Calculators with functions **other than** addition, subtraction, multiplication and division **are prohibited**.

Electronic devices with an alphabetic keyboard or with word processing or data recording capabilities such as planners, organizers, etc. are prohibited. If you use any of these devices in the building at any time before, during or after the test, you may not receive your test results, your test score may be nullified, and your application fee will **not** be refunded.

You may not have any other person, including children, present with you while you are being processed for or taking the test and no one may wait for you inside of the test site while you are taking the test.

Leaving: You must leave the test site once you finish the test. If you leave the test site after being fingerprinted but before finishing the test, you will not be permitted to re-enter. If you disregard this instruction and re-enter the test site, you may not receive your test results, your test score may be nullified, and your application fee will not be refunded.

Proof of Identity: You must present your MTA MaBSTOA employee ID when you arrive to take the test.

THE TEST RESULTS

If you pass the multiple-choice test and are marked eligible, your name will be placed in final score order on an eligible list and you will be given a list number. You will be notified by mail of your test results. If you meet all requirements and conditions, you will be considered for promotion when your name is reached on the eligible list.

REQUIREMENTS TO BE PROMOTED

Probation Completed: At the time of promotion, you must have completed your probationary period in one of the eligible titles indicated in the above "Eligibility to Take Examination" section.

Driver License Requirement: At the time of promotion, you must have a Motor Vehicle Driver License valid in the State of New York with no disqualifying restrictions that would preclude the performance of the duties of this title. If you have serious moving violations, a license suspension or an accident record you may be disqualified. This license must be maintained for the duration of your employment in the title.

Drug Screening Requirement: You must pass a drug screening in order to be promoted.

Pre-Promotional Evaluation: All promotions are subject to pre-promotional evaluations.

English Requirement: You must be able to understand and be understood in English to perform the duties and responsibilities of the position.

ADDITIONAL INFORMATION

Training: You may be required to undergo a formalized training course during your probationary period. Failure to successfully complete the training course may result in termination or being returned to your previously held permanent title.

Probationary Period: You will be required to complete a probationary period. If you do not successfully complete the probationary period, you may be terminated or returned to your previously held title.

PENALTY FOR MISREPRESENTATION

Any intentional misrepresentation on the application or examination may result in disqualification, even after promotion, and may result in criminal prosecution.

MaBSTOA is an Equal Opportunity Employer and welcomes applications from all qualified persons. The General Examination Regulations of the Department of Citywide Administrative Services are accessible through our website at http://web.mta.info/nyct/hr/forms_instructions.htm

The list resulting from this examination will be based strictly on examination ratings attained by candidates through their test scores and seniority ratings, as described above.

180 Livingston Street, Room 4070 Brooklyn NY 11201

MTA NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER REQUEST GUIDE

NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER REQUEST FORM

B) Receiving Supplemental Security Income (SSI) payments.

D) Receiving Public Assistance in the form of Temporary

TO ALL APPLICANTS:

A) Unemployed.

In accordance with Civil Service Law Section 50.5(b), the application fee shall be waived for any person who meets at least one of the following criteria during the month you wish to apply for an examination:

	Assistance for Needy Families (TANF)/Family Assistance or Safety Net Assistance.
E) Certified eligible for a Workforce Investment Act program through New York City's Workforce1 Career Centers.	F) Veterans Fee Waiver for U.S. Armed Forces service members who have served on full-time active duty, other than reserves and/or training.
You <u>must</u> complete a separate "EXAMINATION examination for which you are	
PRINT CLEARLY OR TYPE	PE INFORMATION
Name:	ss#: -
Exam Title:	Exam Number:
I request that my application fee for the examination listed about the State Civil Se	
my current aligibility in order to obtain the application toe waiver I may	
of New York, and may be subject to criminal prosecution. (All such	·
of New York, and may be subject to criminal prosecution. (All such	Date:nd for which you have acceptable documentation as described
of New York, and may be subject to criminal prosecution. (All such Signature: Fee Waiver Criteria Selection: Check only the box that applies to you a on pages 2 and 3. Complete, sign, and date this form and return it along	Date:nd for which you have acceptable documentation as described
of New York, and may be subject to criminal prosecution. (All such Signature: Fee Waiver Criteria Selection: Check only the box that applies to you a on pages 2 and 3. Complete, sign, and date this form and return it along indicated examination, I am currently	Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Date: Date: Date: Da
of New York, and may be subject to criminal prosecution. (All such Signature: Fee Waiver Criteria Selection: Check only the box that applies to you a on pages 2 and 3. Complete, sign, and date this form and return it along indicated examination, I am currently O A) an individual who is unemployed.	Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Indications will be referred to the Department of Investigation Date: Date: Date: Date: Da
of New York, and may be subject to criminal prosecution. (All such Signature: Fee Waiver Criteria Selection: Check only the box that applies to you a on pages 2 and 3. Complete, sign, and date this form and return it along indicated examination, I am currently O A) an individual who is unemployed. O B) an individual who is receiving Supplemental Security Income (SS	Date:
of New York, and may be subject to criminal prosecution. (All such Signature: Fee Waiver Criteria Selection: Check only the box that applies to you a on pages 2 and 3. Complete, sign, and date this form and return it along indicated examination, I am currently O A) an individual who is unemployed. O B) an individual who is receiving Supplemental Security Income (SSOC) an individual who is receiving Medicaid benefits. O D) an individual who is receiving Public Assistance in the form of Te	Date:

FOLLOW THE INSTRUCTIONS ON PAGES 2 & 3, AND SUBMIT AND SIGN THIS PAGE WITH THE CORRECT DOCUMENTATION.



MTA NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER REQUEST GUIDE

EXAMINATION FEE WAIVER SUPPORTING DOCUMENTATION REQUIREMENTS

- A) For an individual who is unemployed: Submit an "Unemployment Insurance Benefit Payment History" inquiry printout. This printout must include Week Ending dates that correspond with the month that you are applying for an exam. You may obtain this printout from the New York State Department of Labor by calling 1 (877) 221-1634 or online at www.labor.state.ny.us. For the Department of Labor outside of New York State, you may access their website at www.dol.gov for assistance in locating this type of documentation online for the state in which you reside. If you are unemployed, but not currently receiving Unemployment Insurance Benefits, you may submit an affidavit signed by you stating that you are unemployed, and notarized by a Notary Public. Your affidavit must be dated within the application period for the exam you are applying for. For unemployment benefits received outside of New York State, you may include a copy of your unemployment check that bears your Name and SS# dated and issued for the month in which you are applying for an exam.
- B) For an individual who is receiving Supplementary Security Income (SSI) payments: Submit a "Benefit Verification Break Down Letter". This printout shows the break down of your monthly payments on letterhead from a Social Security Administration Office in your state that is dated during the month for which you are applying for an exam and specifically indicates that you received SSI benefits that month. Award Letter Notifications re-issued during the month you are applying for an exam that does not include the added information in the OTHER IMPORTANT INFORMATION field that specifically states you are receiving SSI benefits that month will not be accepted. Parents who receive SSI benefits for their minor children are not eligible for a fee waiver.
- C) For an individual who is receiving Medicaid benefits or partial benefits that include Medicaid: Submit the "MA Case/Suffix/ Individual/Summary" printout. This printout must verify that either your eligibility for Medicaid is coded "AC" for Active, or your authorization period is currently active, or if your case has been closed, the date your case was closed. These dates must include the month for which you are applying for an exam. You may obtain this printout from your assigned worker, or from a New York City Human Resources Administration Medicaid Office or call 1 (877) HRA-8411. If you applied for Medicaid benefits through a hospital or managed care program/organization, you will need to submit documentation on letterhead from that program/organization that is dated during the month you are applying for an exam that specifically verifies your eligibility of receiving Medicaid benefits that month. For Medicaid benefits received outside New York City, you will need to submit documentation on letterhead from a social service agency in your state that is dated during the month you are applying for an exam that specifically verifies your eligibility of receiving Medicaid benefits, or indicates your case is active that month.



MTA NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER REQUEST GUIDE

- D) For an individual who is receiving Public Assistance in the form of Temporary Assistance for Needy Families (TANF)/Family Assistance or Safety Net Assistance benefits: Submit the "PA Case Composition-Suffix/Individual Summary" printout. This printout must verify that either your eligibility for Public/Cash Assistance is coded "AC" for Active, or if your case has been closed, the date your case was closed. These dates must include the month for which you are applying for an exam. If your case has been coded "SN" for Sanctioned, or if you recently applied for benefits and your case is coded "AP" for Application, you are not eligible to receive a fee waiver. You may obtain this printout from your assigned worker, or from a New York City Human Resources Administration Office or call 1 (877) HRA-8411. For TANF/Family Assistance or Safety Net Assistance benefits received outside New York City, you will need to submit documentation on letterhead from a social service agency in your state that is dated during the month you are applying for an exam that specifically verifies your eligibility of receiving TANF/Family Assistance or Safety Net Assistance benefits, or indicates your case is Active that month.
- E) For a participant certified eligible for a Workforce Investment Act program through New York City's Workforce1 Career Centers: Submit documentation on letterhead from the Department of Small Business Services that is dated during the month for which you are applying for an exam and specifically indicates that you are a participant registered with the City's Workforce1 Career Centers for that month. You may obtain this letter only by calling the New York City Department of Small Business Services at (212) 513-6406.
- F) For an individual who has served in the U.S. Armed Forces on full-time active duty, other than reserves and/or training: Participants must have been discharged under honorable conditions from the Armed Forces of the United States (Army, Navy, Marine Corps, Air Force, Coast Guard or the National Guard only). The Veterans Exam Fee Waiver cannot be used retroactively for any exam for which you have already applied. Proper documentation must accompany your application. Mail a clear copy of your separation papers (Form DD214, long form) or a Statement of Service letter along with your application package. The Veterans Exam Fee Waiver is available for Promotion and Open Competitive exams. Please note that Veterans Preference Credits and the Veterans Exam Fee Waiver are two separate programs that have different purposes and criteria.

SUBMISSION INSTRUCTIONS

By the deadline stated in the Notice of Examination, you must submit documentation supporting your fee waiver request by mail to MTA New York City Transit, ATTN: Fee Waiver Request for (*Insert Exam Title and Number*), 180 Livingston Street, Room 4070, Brooklyn, NY 11201.



SPECIAL CIRCUMSTANCES Directions for submission of requests

Note:

These directions are designed to inform you how to notify us of a CHANGE OF ADDRESS. You may include your religious observance or disability requests with your completed application form(s) if you provide the correct supporting documentation when you submit your application.

(A) RELIGIOUS OBSERVANCE:

If, because of religious belief, you cannot take the test on a Saturday or on the scheduled test date, you must request an alternate date no later than 30 days prior to the scheduled test date.

The request must include:

your full name	the exam number
 your social security number 	the exam title
a signed statement on letterhead from your religious leader certifying that your religious observance prohibits you from taking the test on the scheduled date.	

If you are submitting your request after you applied, please email it to Examsmakeups@nyct.com, Attn: (Insert Exam Title and Exam Number) - SABBATH REQUEST

(B) DISABILITY:

If you have a disability which will interfere with your ability to take this test without special accommodation(s) or other assistance, you must submit a written request for specific special accommodation(s) postmarked no later than 30 days prior to the test date.

The request must include:

The request mast molade.	
your full name	the exam title
 your social security number 	the specific nature of your disability
the exam number	a justification for the special accommodations
 a statement corroborating your disability by a doctor or agency authorized for this purpose. 	

If you are submitting your request after you applied, please email it to Examsmakeups@nyct.com, Subject: (Insert Exam Title and Exam Number) – SPECIAL ACCOM REQUEST

(C) CHANGE OF ADDRESS:

If your mailing address changes after you file for an exam, you should EMAIL US stating your name, social security number, exam title, exam number, old address and new address to: **EXAMSMAKEUPS@NYCT.COM** OR **EXAMSUNIT@NYCT.COM**