





**Department of  
Citywide  
Administrative  
Services**

Michael R. Bloomberg  
Mayor

Martha K. Hirst  
Commissioner

**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. **The City will only process applications with complete, correct, legible information. All unprocessed applications will be returned to the applicant.**

Included in this material is a voter registration form. If you take this opportunity to register to vote, please mail the postage-paid form directly to the Board of Elections. The provision of government services is not conditioned on being registered to vote.

**DIRECTIONS FOR SUBMITTING APPLICATION FOR OPEN COMPETITIVE POLICE OFFICER EXAMINATION**

**FORM**

You are required to complete an "Application for Examination" form.

**FEE / FEE WAIVER**

The filing fee has been waived for this examination.

**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 properly completed application to: DCAS Application Section, 1 Centre Street, 14th Floor, New York, New York 10007. Include: Exam Number and Exam Title.

**INSTRUCTIONS FOR COMPLETING APPLICATION FORM PROPERLY**

To ensure proper processing of Application print all information **CLEARLY**. Failure to do so will delay or disqualify your application.

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

See the Notice of Examination prior to filling in the exact exam number. The exam title box has already been filed in for you.

**3. - 12. GENERAL INFORMATION**

- The address you give will be used as your mailing address for all official correspondence.
- Only one (1) address for each person is maintained in the files of this Department.
- If you change your mailing address after applying, see the Change Of Address section on Special Circumstances Sheet.

**13. OTHER NAMES USED**

If you have worked for a New York City agency under another name, write the other name in this section. If you have not used other names, skip this section.

**14. - 15. RACE / ETHNICITY / SEX**

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

**16. TEST DATE PREFERENCE**

You must check the appropriate box which indicates your test date preference.

**17. ACTIVE MILITARY DUTY**

If you are currently on active military duty or have been separated from the military in the last 12 months, check the YES box in this section. Otherwise, check the NO box in this section.

**18. SPECIAL CIRCUMSTANCES** (*Religious Observerance, Special Accommodations because of a Disability, Veterans' or Disabled Veterans' Credit, or Parent or Sibling Legacy Credit*)

Please see the "Special Circumstances" direction sheet for qualifications and definitions associated with this section.

**19. SIGNATURE**

Signing the application indicates that all statements you provided on this form and all other forms required for this examination are true and subject to the penalties of perjury.

Applicants who do not receive an admission card at least 4 days prior to the tentative test date must obtain an admission card by coming to the Examining Service Section, NYC Department of Citywide Administrative Services, 1 Centre Street, 14th Floor, New York, New York 10007