You MUST use Adobe Acrobat (Reader or Professional) to complete this *Examination Application*.

To download Adobe Acrobat Reader, go to: https://www.adobe.com/acrobat/pdf-reader.html

DO NOT use a browser (e.g., Edge, Chrome, Firefox, Internet Explorer, etc.) to complete this *Examination Application*.

You are responsible for completing this *Examination Application* completely and accurately.

Only the information you submit on this *Examination Application* by the deadline in the Notice of Examination will be rated.

If you appeal your test result, your original Examination Application will be re-scored. New or additional information will not be considered.

Failure to follow the above instructions will affect your test result!

THE CITY UNIVERSITY OF NEW YORK

EXAMINATION APPLICATION

University Human Resources
Civil Service Support
395 Hudson Street
New York, NY 10014
T.646.664.3311
Classified.Centex@cuny.edu

PROJECT MANAGER, EXAM #2089

DIRECTIONS TO COMPLETE THIS *EXAMINATION APPLICATION*

This ***Examination Application*** is part of your examination. Fill in all requested information clearly, accurately, and completely. CUNY will only process forms with complete, correct, and legible information accompanied by correct payment of Filing Fee or completed Fee Waiver Form. Follow the instructions in the Notice of Examination (NOE) on how to submit your completed Exam Application, Attestation Form and any other required items. **Failure** to follow the directions contained within this Examination Application and/or the NOE **will** result in your application/examination being rejected.

The NOE is the legal document that informs you of all the relevant information about the examination, including the Minimum Qualifications that you must possess in order to be found Qualified on the examination. Be sure to read the NOE carefully to determine that you meet the Minimum Qualifications before you apply for the exam and pay the filing fee. The filing fee is non-refundable. It is important that you read the entire document. You should *print* or *save* a copy of the NOE for your records.

_____ _____ _____ XXX - X__ - __ __ __ __
First Name ***M.I.*** ***Last Name*** ***Last 5 of Social Security***

_____ _____
Mailing Address ***Apartment/Suite/Floor***

_____ _____ _____
City ***State*** ***Zip***

_____ _____ _____
Email Address ***Primary Telephone Number*** ***Secondary Telephone Number***

Filing Fee: You **must** select one (1) of the following:

☐ I have paid the NON-REFUNDABLE Filing Fee of **$82.00**. My confirmation # is: _____

☐ I am requesting a waiver of the filing fee and am submitting a completed ***Application for Fee Waiver*** form.

Note: Payment of the filing fee or completed *Application for Fee Waiver* form with all required documentation must be received or postmarked by 11:59 PM Eastern Standard Time on 10/31/2025. If your request for a Fee Waiver is denied, you will be notified to pay the filing fee. If you do not pay the filing fee by 10/31/2025 or the deadline for denied fee waivers, your application will be rejected.

Veteran's Credits: You **must** select one (1) of the following:

☐ I am **not** a veteran or I do **not** wish to apply for veteran's credit at this time.

☐ I am a veteran **and** wish to apply for credit. I will submit a ***Claiming Veteran's Credit*** form, including documentation.

Note: The Application has the terms to qualify for Veteran's Credit. A completed *Claiming Veteran's Credit* form must be returned with all required documentation in order for Veteran Credit to be granted. You may request credit now or any time before the establishment of the eligible list.

Candidate Demographics: Your answers to the Candidate Demographics questions are voluntary, confidential and for EEO purposes ONLY.

A. Are you a current CUNY employee? ☐ Yes ☐ No

Only if you answered ***Yes*** to being a current CUNY employee, please answer the following 3 questions:

1. Title you are currently working in: _____
2. Your current Civil Service status: ☐ Permanent ☐ Provisional ☐ Temporary ☐ Other
3. Campus where you currently work: _____

B. Are you of Hispanic or Latino ethnicity? ☐ Yes ☐ No

C. What is your Race?

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ Italian American ☐ Puerto Rican
☐ White ☐ Two or more races ☐ Unknown/I choose not to disclose

D. What is your Gender?

☐ Female or woman ☐ Male or man
☐ Non-binary (not female/woman or male/man) ☐ Other – a gender not listed
☐ Unknown/I choose not to disclose

Location Preference: You may select up to 5 boroughs. [Your preference(s) cannot be guaranteed.]

☐ Bronx ☐ Brooklyn ☐ Manhattan ☐ Staten Island ☐ Queens

Note: For more information, see "**6. Location Preference**" in the ***Application Process*** section of the Notice of Examination.

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information that you are providing on this Examination Application is being requested pursuant to section 50.3 of the New York State Civil Service Law for the principal purpose of determining eligibility of applicants to participate in the examination 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 Examination Application. This information will be maintained by Civil Service Support at The City University of New York.

I. DIPLOMA / DEGREE

Complete the education that you have gained or will gain by **10/31/2026**.

Note: A higher degree (e.g., associate, baccalaureate and/or master's degree) can be used in place of a lower diploma (high school/GED) or degree.

Education gained in a foreign country: A foreign education evaluation **must** be submitted to CUNY for education gained in a foreign country to be accepted. See "G. Verification of Education and Work History / Foreign Education" in the ***Additional Information*** section of the Notice of Examination.

High School

High School Name _____ High School Address _____

Diploma Awarded: ☐ Yes ☐ No If **No** Diploma: ☐ 9th ☐ 10th ☐ 11th ☐ 12th Highest Grade Completed

Date Awarded: _____ Month/Year Dates of Attendance: _____ From (Month/Year) _____ To (Month/Year)

General Equivalency Diploma (GED)

Issuer's Name _____ Issuer's Address _____

Date of Issue: _____ Month/Year GED #: _____ GED Number

College/University #1

College/University Name _____ College/University Address _____

Dates of Attendance: _____ From (Month/Year) _____ To (Month/Year) _____ Major _____ Total # of Credits Earned

Degree Awarded: ☐ Yes ☐ No _____ Degree Received (Month/Year) _____ Type of Degree

College/University #2

College/University Name _____ College/University Address _____

Dates of Attendance: _____ From (Month/Year) _____ To (Month/Year) _____ Major _____ Total # of Credits Earned

Degree Awarded: ☐ Yes ☐ No _____ Degree Received (Month/Year) _____ Type of Degree

College/University #3

College/University Name _____ College/University Address _____

Dates of Attendance: _____ From (Month/Year) _____ To (Month/Year) _____ Major _____ Total # of Credits Earned

Degree Awarded: ☐ Yes ☐ No _____ Degree Received (Month/Year) _____ Type of Degree

College/University #4

College/University Name _____ College/University Address _____

Dates of Attendance: _____ From (Month/Year) _____ To (Month/Year) _____ Major _____ Total # of Credits Earned

Degree Awarded: ☐ Yes ☐ No _____ Degree Received (Month/Year) _____ Type of Degree

II. WORK EXPERIENCE

Complete all information for each job (work experience) you wish to have evaluated towards the examination. Refer to the Notice of Examination (NOE) for a description of the experience required. Do **not** include jobs which are not relevant to the work experience detailed in the NOE. You do not have to account for gaps between jobs (work experiences). Only provide work experience which you wish to have rated toward the experience requirements of the examination.

For the **End (Month/Year)** field for a job you are currently working, you **must** use **10/2025**. This is the month and year of the end of the filing period.

You may list up to twelve (12) work experiences (jobs) in this document. For each job claimed, be sure to complete all entries and describe the duties you performed.

If you held more than 1 job title at the same employer, you must list the experience for each job title as a separate job (e.g., Job1, Job2). Do NOT list the 2 job titles in 1 Job entry. Your rating may be affected if you do.

Important Notes: When describing your major duties/tasks/functions of your job(s), **do not** begin sentences/statements with a dash (-) or any other symbols (e.g., round bullets, diamond bullets, etc).

Only work experience claimed on this *Examination Application* will be rated.

For each work experience listed, make sure to complete all fields. For example, if you leave the end date, hours worked per week o

No additional information will be accepted after the close of the application period (10/31/2025).

All work experience claimed must be verifiable.

DO **NOT** SUBSTITUTE A RESUME FOR THIS SECTION. A RESUME WILL NOT BE RATED.

You must complete all fields. If you leave any information blank or submit incorrect information, your score may be affected. You will not be permitted to supply any missing or correcting information on appeal.

Your exam rating will be based *only* on the information you supply during the filing period. You cannot add or change information after the filing period closes. Any Stage I appeal will result in a re-scoring of the information you supplied in your application. No new or correcting information will be accepted.

Job #1

Job Title

Start (Month/Year)

Employer's Name

End (Month/Year)

Employer's Complete Address

Number of Hours Worked per Week

Supervisor's Name

Supervisor's Title

Supervisor's Phone #

Setting of Employer:

Describe the major duties/tasks/functions you performed at this job:

Job #2

Job Title

Start (Month/Year)

Employer's Name

End (Month/Year)

Employer's Complete Address

Number of Hours Worked per Week

Supervisor's Name

Supervisor's Title

Supervisor's Phone #

Setting of Employer:

Describe the major duties/tasks/functions you performed at this job:

Job #3

Job Title

Start (Month/Year)

Employer's Name

End (Month/Year)

Employer's Complete Address

Number of Hours Worked per Week

Supervisor's Name

Supervisor's Title

Supervisor's Phone #

Setting of Employer:

Describe the major duties/tasks/functions you performed at this job:

Job #4

Job Title

Start (Month/Year)

Employer's Name

End (Month/Year)

Employer's Complete Address

Number of Hours Worked per Week

Supervisor's Name

Supervisor's Title

Supervisor's Phone #

Setting of Employer:

Describe the major duties/tasks/functions you performed at this job:

Job #5

Job Title

Start (Month/Year)

Employer's Name

End (Month/Year)

Employer's Complete Address

Number of Hours Worked per Week

Supervisor's Name

Supervisor's Title

Supervisor's Phone #

Setting of Employer:

Describe the major duties/tasks/functions you performed at this job:

Job #6

Job Title

Start (Month/Year)

Employer's Name

End (Month/Year)

Employer's Complete Address

Number of Hours Worked per Week

Supervisor's Name

Supervisor's Title

Supervisor's Phone #

Setting of Employer:

Describe the major duties/tasks/functions you performed at this job:

Job #7

Job Title

Start (Month/Year)

Employer's Name

End (Month/Year)

Employer's Complete Address

Number of Hours Worked per Week

Supervisor's Name

Supervisor's Title

Supervisor's Phone #

Setting of Employer:

Describe the major duties/tasks/functions you performed at this job:

Job #8

Job Title

Start (Month/Year)

Employer's Name

End (Month/Year)

Employer's Complete Address

Number of Hours Worked per Week

Supervisor's Name

Supervisor's Title

Supervisor's Phone #

Setting of Employer:

Describe the major duties/tasks/functions you performed at this job:

Job #9

Job Title | Start (Month/Year)

Employer's Name | End (Month/Year)

Employer's Complete Address | Number of Hours Worked per Week

Supervisor's Name | Supervisor's Title | Supervisor's Phone #

Setting of Employer:

Describe the major duties/tasks/functions you performed at this job:

Job #10

Job Title | Start (Month/Year)

Employer's Name | End (Month/Year)

Employer's Complete Address | Number of Hours Worked per Week

Supervisor's Name | Supervisor's Title | Supervisor's Phone #

Setting of Employer:

Describe the major duties/tasks/functions you performed at this job:

Job #11

Job Title | Start (Month/Year)

Employer's Name | End (Month/Year)

Employer's Complete Address | Number of Hours Worked per Week

Supervisor's Name | Supervisor's Title | Supervisor's Phone #

Setting of Employer:

Describe the major duties/tasks/functions you performed at this job:

Job #12

Job Title | Start (Month/Year)

Employer's Name | End (Month/Year)

Employer's Complete Address | Number of Hours Worked per Week

Supervisor's Name | Supervisor's Title | Supervisor's Phone #

Setting of Employer:

Describe the major duties/tasks/functions you performed at this job:

III. SELECTIVE CERTIFICATION

Selective Certification for License, Certification and/or Special Experience: If you possess the license, certification and/or experience listed in any of the areas listed below, you may be considered for appointment to positions with these requirements through a process called Selective Certification. If you qualify for Selective Certification, you may be given preferred consideration for positions requiring a license, certification and/or experience. Your license, certification(s) and/or experience will be checked by CUNY at the time of appointment. If appointed with a license or certification, the license or certification must be maintained for the duration of your employment. You may select all of the area(s) that apply.

☐ **Motor Vehicle Driver License**: A motor vehicle driver license valid in the State of New York.