



FOLLOW ACCOMPANYING DIRECTIONS

Fill in all requested information clearly accurately, and completely.

The SCA will only process forms with complete, correct, legible information which are accompanied by correct payment or waiver documentation.

Failure to follow the directions contained within this Standard Resume will result in your application/examination being rejected.

If you need to change any of your responses, please COMPLETELY WHITE OUT the erroneous one.

**New York City
School Construction Authority
ARCHITECT A, B, AND C
STANDARD RESUME
EXAM NO: EE-00-050
FORM: SR-ARCHABC-050**

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. The following will serve as an example:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

**PERSONAL PRIVACY PROTECTION
LAW NOTIFICATION**

The information that 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 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 application. This information will be maintained by the New York City School Construction Authority Civil Service Commission.

My signature below affirms under penalties of disqualification or termination that all statements made on this form (including any attached papers) are true. I understand that all statements made by me in connection with this form are subject to investigation and verification and that a material misstatement of fraud may disqualify me from appointment and/or lead to revocation of my appointment.

Signature _____ Date _____



SECTION 2: ADDITIONAL QUESTIONS

- 11. **Are you available for full-time employment in any of the five boroughs of New York City (Bronx, Brooklyn, Manhattan, Queens, and Staten Island), including NYC School Construction Authority headquarters at 30-30 Thomson Avenue, Long Island City, NY, 11101-3045?**
 Yes No

- 12. **Are you currently employed by the New York City School Construction Authority?**
 Yes No

- 13. **Were you ever discharged from an employment for reasons other than lack of work or funds, disability, or medical condition?**
 Yes No

- 14. **Did you ever resign from any employment rather than face discharge?**
 Yes No

NOTE: None of the above circumstances (questions 13 and 14) represent an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

Section 50-b of the New York State Civil Service Law requires that all applicants for Civil Service examinations be asked the following questions:

- 15. **Do you have any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding?**
 Yes No



If you answered YES to #15, please answer #16. If you answered NO to #15, please proceed to #17.

16. If you answered yes to the last question, are you presently in default of such a loan?

- Yes
- No

SECTION 3: SPECIAL CIRCUMSTANCES

17. I would like to request special accommodations to take this test.*

- Yes, due to religious observance.
- Yes, due to a disability.
- No

18. I would like to claim a Veteran's Credit.*

- Yes
- No

19. I would like to claim a Disabled Veteran's Credit.*

- Yes
- No

20. I would like to claim a Conditional Veteran's Credit.*

- Yes
- No



NOTE: It is policy of the New York City School Construction Authority to provide accommodations in testing to individuals with disabilities and to provide for and promote equal opportunity in employment, compensation, and other terms, and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, or marital status.

***IMPORTANT:** If you answered YES to any of the previous questions, 17-20, you must provide additional documentation with your application. Please see “Veteran’s Credit” under the “GENERAL INFORMATION FOR THE APPLICANT” section in the Notice of Examination for instructions.

SECTION 4: EDUCATION

21. Highest level of education.

- High school diploma or GED
- Associate Degree
- Bachelor’s Degree
- Master’s Degree
- Doctoral Degree
- Other (*identify*): 22. _____

23. Name and location of High School or GED issuing Government Authority.



SECTION 4: EDUCATION (CONTINUED)

College, University, Professional, or Technical School(s)	Did you graduate?	Degree Received or Expected	Type of Degree Received	Area of Specialization	Dates Attended	Semester Credits Received	Quarter Credits Received
24. Name:	25. <input type="radio"/> Yes <input type="radio"/> No	26. MO / YR [] []	27.	28.	29. From: MO / YR [] []	31.	32.
33. Address (City, State):					30. To: MO / YR [] []		
34. Do you have additional Education entries? <i>If NO, skip to Section 5, Question 89.</i> <input type="radio"/> Yes <input type="radio"/> No							
35. Name:	36. <input type="radio"/> Yes <input type="radio"/> No	37. MO / YR [] []	38.	39.	40. From: MO / YR [] []	42.	43.
44. Address (City, State):					41. To: MO / YR [] []		
45. Do you have additional Education entries? <i>If NO, skip to Section 5, Question 89.</i> <input type="radio"/> Yes <input type="radio"/> No							
46. Name:	47. <input type="radio"/> Yes <input type="radio"/> No	48. MO / YR [] []	49.	50.	51. From: MO / YR [] []	53.	54.
55. Address (City, State):					52. To: MO / YR [] []		
56. Do you have additional Education entries? <i>If NO, skip to Section 5, Question 89.</i> <input type="radio"/> Yes <input type="radio"/> No							



SECTION 4: EDUCATION (CONTINUED)

College, University, Professional, or Technical School(s)	Did you graduate?	Degree Received or Expected	Type of Degree Received	Area of Specialization	Dates Attended	Semester Credits Received	Quarter Credits Received
57. Name:	58. <input type="radio"/> Yes <input type="radio"/> No	59. MO / YR [] []	60.	61.	62. From: MO / YR [] []	64.	65.
66. Address (City, State):					63. To: MO / YR [] []		
67. Do you have additional Education entries? <i>If NO, skip to Section 5, Question 89.</i> <input type="radio"/> Yes <input type="radio"/> No							
68. Name:	69. <input type="radio"/> Yes <input type="radio"/> No	70. MO / YR [] []	71.	72.	73. From: MO / YR [] []	75.	76.
77. Address (City, State):					74. To: MO / YR [] []		
78. Do you have additional Education entries? <i>If NO, skip to Section 5, Question 89.</i> <input type="radio"/> Yes <input type="radio"/> No							
79. Name:	80. <input type="radio"/> Yes <input type="radio"/> No	81. MO / YR [] []	82.	83.	84. From: MO / YR [] []	86.	87.
88. Address (City, State):					85. To: MO / YR [] []		



SECTION 5: LICENSURE

- 89. I have a valid Registered Architect license in the State of New York.
 - Yes (skip to question 91)
 - No

- 90. I have a valid Registered Architect license from a state other than New York.
 - Yes
 - No (skip to question 92)

In the following table:

- Clearly **PRINT** the state (s) (or country, if outside the United States) in which you received your current license(s) in the empty boxes under the heading “State of Licensure”
- Clearly **PRINT** the official title of the license(s) you currently hold in the empty boxes under the heading “Type of License”
- Write the month and year (MM/YY date format) of the date the license was obtained. For example, May 2019 would be entered as 05/19.
- Make sure that you include a **PHOTOCOPY** of all of the licenses listed here when you submit your test materials.

91. State of Licensure	Type of License	Date First Obtained:	Valid Until:
		Month/ Year <div style="display: flex; justify-content: space-around;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>	Month/ Year <div style="display: flex; justify-content: space-around;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>
		Month/ Year <div style="display: flex; justify-content: space-around;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>	Month/ Year <div style="display: flex; justify-content: space-around;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>



SECTION 6: EXPERIENCE
 Beginning with your most recent employment, list all employment, military service, or volunteer experience that shows you meet the minimum qualifications for the examination. Under DUTIES, describe the nature of the work which you personally performed. If you supervised others, state how many people were supervised and describe the nature of the supervision.

Dates of Employment 92. Start Date: 93. End Date:	94. Employer Name:	95. Address:	96. City, State, Zip Code:
97. Type of Business:	DUTIES 103. <u>Please describe your duties and accomplishments in this space:</u>		
98. Your Exact Title:			
99. Hours Worked Per Week (DO NOT include overtime):			
100. Supervisor's Name:			
101. Supervisor's Title:			
102. Supervisor's Telephone Number (if available):			

104. Do you have additional Experience entries? *If NO, skip to Section 7, Question 182.* Yes No



SECTION 6: EXPERIENCE (CONTINUED)

Dates of Employment 105. Start Date: 106. End Date:	107. Employer Name:	108. Address:	109. City, State, Zip Code:
110. Type of Business:	DUTIES 116. <u>Please describe your duties and accomplishments in this space:</u>		
111. Your Exact Title:			
112. Hours Worked Per Week (DO NOT include overtime):			
113. Supervisor's Name:			
114. Supervisor's Title:			
115. Supervisor's Telephone Number (if available):			

117. Do you have additional Experience entries? *If NO, skip to Section 7, question 182.* Yes No



SECTION 6: EXPERIENCE (CONTINUED)

Dates of Employment 118. Start Date: 119. End Date:	120. Employer Name:	121. Address:	122. City, State, Zip Code:
123. Type of Business:	DUTIES 129. <u>Please describe your duties and accomplishments in this space:</u>		
124. Your Exact Title:			
125. Hours Worked Per Week (DO NOT include overtime):			
126. Supervisor's Name:			
127. Supervisor's Title:			
128. Supervisor's Telephone Number (if available):			

130. Do you have additional Experience entries? *If NO, skip to Section 7, Question 182.* Yes No



SECTION 6: EXPERIENCE (CONTINUED)

Dates of Employment 131. Start Date: 132. End Date:	133. Employer Name:	134. Address:	135. City, State, Zip Code:
136. Type of Business:	DUTIES 142. <u>Please describe your duties and accomplishments in this space:</u>		
137. Your Exact Title:			
138. Hours Worked Per Week (DO NOT include overtime):			
139. Supervisor's Name:			
140. Supervisor's Title:			
141. Supervisor's Telephone Number (if available):			

143. Do you have additional Experience entries? *If NO, skip to Section 7, Question 182.* Yes No



SECTION 6: EXPERIENCE (CONTINUED)

Dates of Employment 144. Start Date: 145. End Date:	146. Employer Name:	147. Address:	148. City, State, Zip Code:
149. Type of Business:	DUTIES 155. <u>Please describe your duties and accomplishments in this space:</u>		
150. Your Exact Title:			
151. Hours Worked Per Week (DO NOT include overtime):			
152. Supervisor's Name:			
153. Supervisor's Title:			
154. Supervisor's Telephone Number (if available):			

156. Do you have additional Experience entries? *If NO, skip to Section 7, Question 182.* Yes No



SECTION 6: EXPERIENCE (CONTINUED)

Dates of Employment 157. Start Date: 158. End Date:	159. Employer Name:	160. Address:	161. City, State, Zip Code:
162. Type of Business:	DUTIES 168. <u>Please describe your duties and accomplishments in this space:</u>		
163. Your Exact Title:			
164. Hours Worked Per Week (DO NOT include overtime):			
165. Supervisor's Name:			
166. Supervisor's Title:			
167. Supervisor's Telephone Number (if available):			

169. Do you have additional Experience entries? *If NO, skip to Section 7, Question 182.* Yes No



SECTION 6: EXPERIENCE (CONTINUED)

Dates of Employment 170. Start Date: 171. End Date:	172. Employer Name:	173. Address:	174. City, State, Zip Code:
175. Type of Business:	DUTIES 181. <u>Please describe your duties and accomplishments in this space:</u>		
176. Your Exact Title:			
177. Hours Worked Per Week (DO NOT include overtime):			
178. Supervisor's Name:			
179. Supervisor's Title:			
180. Supervisor's Telephone Number (if available):			



SECTION 7: MINIMUM QUALIFICATIONS

- 182.** I am able to understand and be understood in English.

 - Yes
 - No

- 183.** I have a current and valid New York State registration as a Registered Architect. Current New York State registration must be maintained for the duration of employment.

 - Yes
 - No

- 184.** I have **THREE** years of full-time, paid experience as a Registered Architect; **TWO** of the years must be as a project architect; project, team, or squad leader; or a comparable level of responsibility on construction projects (e.g., new buildings and rehabilitations).

 - Yes
 - No

- 185.** I have **SIX** years of full-time, paid experience as a Registered Architect; **THREE** of the years must be as a project architect; project, team, or squad leader; or a comparable level of responsibility on complex or difficult construction projects (e.g., institutional buildings, municipal buildings, major rehabilitations).

 - Yes
 - No



SECTION 8: DEMOGRAPHICS

186. Race (Check one)

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

187. Ethnicity (Check if applicable)

- Hispanic or Latino

188. Gender (Check one)

- 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

NOTE: Discrimination on the basis of sex, sexual orientation, race, creed, color, age, disability status, or religious observance is prohibited by law. New York City School Construction Authority is an equal opportunity employer. The identifying information requested on this form is to determine the representation of protected groups among applicants. This information is voluntary and will not be made available to individuals making hiring decisions.