EMPLOYMENT OPPORTUNITY ANNOUNCEMENT

EOA #: 18-136

EOA DATE: 04/18/2018

REPLY BY: 05/02/2018

TITLE: Audiologist 1 OR Audiologist 2

NUMBER OF POSITIONS: 1

SALARY GRADE: 16/18

SALARY: Audiologist 1: $50,722 - $64,557
Audiologist 2: $56,604 - $71,980

NEGOTIATING UNIT: PEF/PST

OFFICE/REGION: State Operations, Region 1

DIVISION/DEPARTMENT: DDSOO Finger Lakes, Article 16 Clinic

LOCATION Article 16 Clinic
620 Westfall Rd.
Rochester, NY 14620

SHIFT/PASS DAYS: 8am-4:30pm with flex
Saturday/Sunday pass days

PRIMARY DUTIES AND RESPONSIBILITIES:

The Audiologist provides services at three clinic locations (audiology suites in Rochester, Newark and Geneseo) to the individuals in our state-operated homes, programs and the community. The Audiologist performs hearing assessments, as well as some hearing aid maintenance.

Specific duties include providing audiological evaluations for OPWDD-eligible individuals, preparing reports and providing interpretation of audiological tests per Article 16 regulations and guidelines, monitoring and maintaining testing equipment, basic hearing aid repair and service, troubleshooting hearing aid concerns, serving as a member of the interdisciplinary team and other functions as designated by the department supervisor/clinic director.
MINIMUM QUALIFICATIONS:

**Audiologist 1:** a Master’s degree in audiology which meets the requirements for New York State licensure as an Audiologist.

**Audiologist 2:** one year of professional post-master’s experience* as an Audiologist AND either New York State licensure as an Audiologist OR American Speech and Hearing Association (ASHA) certification in audiology.

*This experience is not in addition to the experience required for licensure or certification. However, you must have had one full calendar year of experience rather than nine months of experience required for licensure or certification.

APPLICATION PROCEDURE: Submit cover letter and résumé by 05/02/2018 to:

(FLDDSO Employees – Fill out posting application)

OPWDD Region 1 – Finger Lakes Campus
Posting Department - HRMO
620 Westfall Road
Rochester, NY  14620
FL.HRBids@opwdd.ny.gov
FAX #: (585) 461-8935

**Please reference the above EOA # in all correspondence**

Please note:

- For CSEA positions: Local Bidding Agreements will be honored.
- Preference will be given to OPWDD employees impacted by closures. If you are being impacted by closure, please indicate this on your resume/cover letter.
- All OPWDD employees must be eligible and maintain eligibility for full and unconditional participation in the Medicare and Medicaid programs. Continued employment will depend on maintaining eligibility.
- **OPWDD IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**
- Employees on long term leave can bid on positions, but must be able to report to work within fourteen (14) days and be able to perform the essential functions of their position with or without reasonable accommodation (RA). If an employee believes that he or she needs a reasonable accommodation, they should contact the NYS OPWDD Equal Opportunity/Affirmative Central Office at (518) 402-7644 or email at Affirmative.Action@opwdd.ny.gov to obtain information and RA forms.
- Pursuant to Executive Order 161, no State entity, as defined by the Executive Order, is permitted to ask, or mandate, in any form, that an applicant for employment provide his or her current compensation, or any prior compensation history, until such time as the applicant is extended a conditional offer of employment with compensation. If such information has been requested from you before such time, please contact the Governor’s Office of Employee Relations at (518) 474-6988 or via email at info@goer.ny.gov.
The fee is due because:

☐ No Fee is due Because:

☐ I am receiving public assistance.

☐ I am unemployed or primarily responsible for the support of a household.

☐ I have submitted a new application for unemployment compensation.

☐ I am employed Full Time.

☐ I am employed Part Time.

☐ I have an existing recall.

☐ Other:

☐ If your application is DISAPPROVED, your fee will NOT be refunded.

☐ If your application is APPROVED, your fee will be refunded.

☐ Do NOT send cash.

☐ The fee is payable to the Department of Civil Service.

☐ I enclose a check of money order payable to the Department of Civil Service.

☐ I have enclosed the fee.

☐ I am not employed.

☐ I am employed.

☐ I have an existing recall.

☐ I am unemployed.

☐ Other:

☐ If you are a NY State employee, please check here:

☐ I have already paid this fee.

☐ I am not eligible for any fee reduction.

☐ I am not employed.

☐ I am employed.

☐ I have an existing recall.

☐ Other:

☐ If you are a NY State employee, please check here:

☐ I have already paid this fee.

☐ I am not eligible for any fee reduction.

☐ I am not employed.

☐ I am employed.

☐ I have an existing recall.

☐ Other:

☐ If you are a NY State employee, please check here:

☐ I have already paid this fee.

☐ I am not eligible for any fee reduction.

☐ I am not employed.

☐ I am employed.

☐ I have an existing recall.

☐ Other:
YOUR EDUCATION: Read the exam announcement for educational requirements, if any. If specialized coursework is required, attach a copy of the transcript or a list of the required courses and the number of credit hours you completed.

<table>
<thead>
<tr>
<th>College, University, Professional or Technical Schools</th>
<th>Semester Credits Received</th>
<th>Quarter Hours Received</th>
<th>Type of Degree Received</th>
<th>Major Subject or Type of Course</th>
<th>Did You Graduate</th>
<th>Degree Expected</th>
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<tr>
<td>Name</td>
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<td>MO.</td>
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<td>Address (City, State)</td>
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Do you have a High School or Equivalent Diploma? □ Yes □ No

If yes, Name and location of High School or Issuing Governmental Authority:

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LICENSE OR CERTIFICATION: Complete the following if a license, certificate or other authorization to practice a trade or profession is required on the announcement(s).

<table>
<thead>
<tr>
<th>Trade or Profession</th>
<th>License Number</th>
<th>Date License First Issued</th>
<th>Registration MO. YR. MO. YR. FROM / TO /</th>
<th>If you are not currently licensed, check this box:</th>
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<tbody>
<tr>
<td>Specialty</td>
<td>Granted by (licensing agency)</td>
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DESCRIBE YOUR EXPERIENCE: Beginning with your most recent, list all employment, military service, or volunteer experience that shows you meet the minimum qualifications for the examination(s). We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. Do not send your resume. Under DUTIES describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision.

<table>
<thead>
<tr>
<th>LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /</th>
<th>FIRM NAME</th>
<th>ADDRESS</th>
<th>CITY AND STATE</th>
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<tr>
<td>TYPE OF BUSINESS</td>
<td>DUTIES:</td>
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<td>YOUR EXACT TITLE</td>
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<tr>
<td>NAME OF YOUR SUPERVISOR</td>
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<td>SUPERVISOR’S TITLE</td>
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<td>No. of hours worked per week (exclusive of overtime):</td>
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BE SURE TO READ THE REQUIRED QUALIFICATIONS ON THE EXAMINATION ANNOUNCEMENT(S)

ALL STATEMENTS ARE SUBJECT TO VERIFICATION
INSTRUCTIONS

EXAMINATION APPLICATION
Use this form to apply for all New York State Civil Service examinations (the five-digit examination number). Read each exam announcement carefully to be sure that you meet the Minimum Qualifications. You may list up to four exam numbers on one application, as long as they are all being held on the same date. Unless the exam announcement has different instructions, mail your application (and the required processing fee, if any) to Application Processing, NYS Department of Civil Service, Albany, NY 12239.

ADMISSION TO EXAMINATION
We usually review your application before the test to be sure that you qualify. Generally we will advise you if we need more information. You may be admitted to the test pending a full review of your application. If you take the test but your application is disapproved later, you will not receive a test score. If your application is disapproved, we will notify you of the reason.

If you are applying for a written test and you do not receive an admission notice from us at least three days prior to the test date, immediately call (518) 474-6470 in the Albany area, or toll free at 1-877-697-5627.

PLACE OF EXAMINATION
Unless the exam announcement states otherwise, written tests are held in the following locations, although some may not be open for every examination. You will be assigned to the nearest OPEN location based on the postal ZIP code for your mailing address.

Oral tests are usually held in Albany only.

EXTRA CREDITS FOR WAR TIME VETERANS
Answering questions in this section means that you are requesting extra credits as either a non-disabled veteran or a disabled veteran. All veterans are encouraged to answer questions in this section of the application to ensure that appropriate points are added to passing examination scores. Veterans who answer “YES” to questions 1, 2, AND 3 may receive tentative credits as a non-disabled veteran; candidates who also answer “YES” to question 4 may receive tentative disabled veteran credits. If you previously used non-disabled veteran credits to obtain a permanent appointment to a position in New York State or Local Government, and subsequent to appointment, were certified as a disabled veteran, you may be eligible to receive additional disabled veteran credits by answering “YES” to BOTH questions 5a AND 5b in this section. NOTE: All veterans claiming extra credit will be required to produce eligibility documentation which will be verified at time of interview. Candidates found ineligible for such credit will have the points subtracted from their examination score(s). If it is determined that veteran credits do not increase one’s reachability for appointment from an eligible list, the use of veteran credits for such appointment will be waived, and veteran credits can be claimed for future civil service examinations until such time as they are used to receive a permanent appointment as provided by the New York State Constitution.

ADDITIONAL EXAMINATION CREDITS PURSUANT TO CIVIL SERVICE LAW SECTION 85-a
If you are a child or sibling of a firefighter, police officer, emergency medical technician, or paramedic who was killed in the line of duty in the service of New York State, you may be entitled for additional examination credits pursuant to Civil Service Law Section 85-a. For further information, please contact the Department of Civil Service at (518) 473-8102.

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION
The information which 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 the eligibility of applicants to participate in the examination(s) 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 Director, Division of Staffing Services, Department of Civil Service, Albany, New York 12239. For further information, relating only to the Personal Privacy Protection Law, call (518) 457-9375. (For examination information, call (518) 457-2487 or toll free at 1-877-697-5627.)
**REMARKS:**

I require a test accommodation due to disability, please check the box below.

**OTHER ACCOMMODATIONS:**

Requests for Testing Accommodations may also be requested as needed due to pregnancy, for nursing mothers, or for other circumstances that may impact your ability or ability to perform the duties of the position.

**RELIGIOUS OBSERVANCE OR PRACTICE:**

If you answered "Yes" to "5a" above.

Do you have a service-connected disability rated at 10% or more by the U.S. Department of Veterans Affairs?

Are you a United States citizen or an alien lawfully admitted for permanent residence?

Did you ever resign from any employment rather than face a dismissal?

Were you ever discharged from any employment except for lack of work, funds, disability or medical condition?

Do you expect to receive or have already received a discharge from the Armed Forces of the United States which was not an "Honorable Discharge" or a "General Discharge under Honorable Conditions"?

Have you ever received a discharge from the Armed Forces of the United States which was not an "Honorable Discharge" or a "General Discharge under Honorable Conditions"?

Do you ever resign from any employment rather than face a dismissal?

Are you now serving on active duty of the Uniformed Services, or in the U.S. Public Health Service:

Did you ever receive a discharge from the Armed Forces of the United States which was not an "Honorable Discharge" or a "General Discharge under Honorable Conditions"?

Wish to claim War Time Veteran Credits, AND Have you used non-disabled veteran credits for a permanent appointment to a position in New York State or Local Government?

Do you have a service-connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a time of war.

Do you have a service-connected disability and New York State Residency Requirement for Extra Credits as a War Time Veteran or Disabled Veteran:

NEW YORK STATE RESIDENCY REQUIREMENT FOR EXTRA CREDITS AS A WAR TIME VETERAN OR DISABLED VETERAN: You will be required to provide proof of current New York State residency at time of appointment. Certain job titles, including many law enforcement positions (such as Correction Officer, Parole Officer, and Police Officer) and direct patient care positions (such as Mental Health Therapy Aide and Secure Care Treatment Aide), are also subject to criminal history background investigations, as required by law. Applicants should read the official examination announcement for more specific information.

EXTRA CREDITS FOR WAR TIME VETERANS – See page 3 for specific instructions and information relating to Veteran Credits.
INSTRUCTIONS TO CANDIDATES

THIS INFORMATION IS BEING REQUESTED IN ACCORDANCE WITH SECTION 296(1)(d) OF THE NEW YORK STATE EXECUTIVE LAW (HUMAN RIGHTS LAW) AND WILL BE USED SOLELY FOR THE PURPOSE OF CONDUCTING STUDIES REGARDING THE DEPARTMENT OF CIVIL SERVICE EXAMINATION PROGRAM. INFORMATION THAT YOU PROVIDE WILL BE KEPT CONFIDENTIAL AND WILL ONLY BE RELEASED IN A SUMMARY STATISTICAL FORMAT. IT WILL BE USED IN ACCORDANCE WITH SECTION 96(1) OF THE PERSONAL PRIVACY PROTECTION LAW, PARTICULARLY SUBDIVISIONS (b), (e) AND (f). IT WILL BE MAINTAINED BY THE DIRECTOR, DIVISION OF DIVERSITY PLANNING AND MANAGEMENT, DEPARTMENT OF CIVIL SERVICE, ALBANY, NEW YORK 12239. FOR INFORMATION RELATING ONLY TO THIS BIO-DATA RESEARCH QUESTIONNAIRE, CALL (518) 473-1118.

COMPLETION OF THE QUESTIONNAIRE IS VOLUNTARY. YOU WILL NOT BE AFFECTED IF YOU FAIL TO PROVIDE ANY OR ALL OF THE INFORMATION. FOR FURTHER INFORMATION RELATING TO THE PERSONAL PRIVACY PROTECTION LAW ONLY, CALL (518) 457-9375.

Submit this questionnaire with an Application for NYS Examinations Open to the Public.

HOW TO FILL IN YOUR BIO-DATA RESEARCH QUESTIONNAIRE

Please read and follow these instructions carefully.

- Use only a number 2 pencil.
- Completely fill in the circle with dark pencil marks.
- Completely erase any marks you wish to change.
- DO NOT make any stray marks or smudges on either side of this questionnaire.

Example:

<table>
<thead>
<tr>
<th>Correct way</th>
<th>Cancelled</th>
<th>Cancelled</th>
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Where blank boxes appear write in the appropriate numbers and then fill in the proper circles below the boxes with dark pencil marks.

Example:

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0 1 1
2 2 2
2 2 2
6 6 6
0 0 0
0 0 0

It is the policy of the New York State Department of Civil Service to provide for and promote equal opportunity in employment, compensation and other terms and conditions of employment without discrimination on the basis of age, race, creed, color, national origin, gender, sexual orientation, disability, marital status, military status, or genetic predisposition or carrier status.

It is the policy of the Department of Civil Service to provide qualified individuals with disabilities with equal employment opportunity and an equal opportunity to participate in and receive the benefits of the services, programs and activities of the Department. Additionally, it is the policy of the Department to provide qualified individuals with disabilities with reasonable accommodations and modifications as are necessary to enjoy such equal opportunities.
FILL IN THE ONE CIRCLE THAT DESCRIBES YOUR ETHNIC ORIGIN:

- **White**—(not of Hispanic origin)—A person who has origins in any of the original peoples of Europe, North Africa or the Middle East.

- **Black**—(not of Hispanic origin)—A person who has origins in any of the black racial groups of Africa.

- **Hispanic**—A person of Puerto Rican, Mexican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

- **Asian or Pacific Islander**—A person who has origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

- **American Indian or Alaskan Native**—A person who has origins in any of the original peoples of North America and who maintains tribal affiliation or community recognition.