NEW YORK STATE BOARD OF LAW EXAMINERS
PROCTOR APPLICATION

Name: ___________________________________________________________________________________

Residence Address (not P.O. Box):______________________________________________________________________________________________

City: ___________________________________________ State: _____________ Zip: _________________
Mailing Address (if different than home):  _______________________________________________________

City: ___________________________________________ State: _____________ Zip: _________________
Home #: _________________  Cell #: ________________ Social Security No. (required):  _______________
Email Address (required):  ____________________________________________________________________

1. Date of Birth (required):  _________________________

2. Are you a citizen of the U.S.? □ Yes □ No
   If NO, do you have the legal right to work in the U.S.? □ Yes □ No
   Provide details:  _________________________________________________________________________

3. What is your highest level of education?
   □ GED/High School Diploma  □ 4 year college degree
   □ 2 year college degree  □ graduate degree

4. Are you currently employed: □ Yes □ No
   If NO, indicate your current status (e.g., retired, homemaker, etc.) _______________________________
   If YES, what is your occupation?  ___________________________________________________________
   If YES, Name & Address of Present Employer:  ________________________________________________
   If YES, dates of current employment: From________________  To__________________

5. Have you previously proctored the NYS bar exam?: □ Yes (provide dates) ___________________ □ No

6. Do you proctor for the NYS Unified Court System?:   □ Yes □ No

7. Do you proctor for the NYS Department of Civil Service?:   □ Yes □ No

8. List any other proctoring experience you may have, including name of employer and dates proctored:
   _______________________________________________________________________________________

9. Who referred you to the NYS Board of Law Examiners? (please specify name): ______________________

10. Please provide two personal references, including their name, address and current phone number:
    Reference 1:  ___________________________________________________________________________
    Reference 2:  ___________________________________________________________________________

11. If your answer is “YES” to either of the following questions, give particulars below:
    (a) Except for minor traffic offenses, have you ever been convicted of a criminal offense? □ Yes □ No
(b) Do you now have any criminal charges pending against you? □ Yes □ No

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

12. Are you related to anyone employed full-time by the NYS Board of Law Examiners? □ Yes □ No
   If YES, who? (please specify name): _____________________________________________________

13. Are you related to anyone attending law school at this time or to a law school graduate planning to take the New York bar examination? If YES, what is their name and when does he/she anticipate taking the New York bar exam? _______________________________ _______________________________

14. Can you perform the essential functions of the job with or without accommodations? Proctor duties are summarized on the Board’s website at http://www.nybarexam.org/Proctors/Proctors.htm □ Yes □ No

15. Do you need to be assigned to the same site with another proctor, such as a spouse or someone who provides your transportation? □ Yes □ No If YES, what is their name?: _______________________________________________________

16. Do you have any of the following special qualifications? Check all that apply.
   □ First Aid, CPR or Health Professional Qualifications
   □ Teaching Credentials
   □ Monitor Exams Administered on Computers
   □ Security Guard Experience
   □ Working with Special Needs/Disabled Individuals
   □ Reader for Special Needs/Disabled Individuals
   □ Scribe (using laptop computer with Word) for Special Needs/Disabled Individuals

17. Please check when you are available to proctor:
   □ February □ July

18. Please select the geographic locations in which you would like to work. Also, please rank in order of preference (1 = 1st choice, 2 = 2nd choice, 3 = 3rd choice, etc.)
   _____ Manhattan   _____ Albany   _____ Buffalo
   _____ Saratoga Springs   _____ White Plains

I declare that each of the answers given to the questions on this application are complete and true to the best of my knowledge. I understand that any misrepresentations or omissions may be cause for dismissal. I have read the duties and declare that I fully understand and agree to the duties and responsibilities stated. I also understand that completing this application does not guarantee that I will be called upon to proctor the bar examination. I further understand that if I am called upon to proctor one bar examination it does not guarantee that I will be called upon to proctor any other bar examination(s).

____________________________________________   ______________________________
Signature               Date

Send Completed Application to:
New York State Board of Law Examiners
Corporate Plaza – Bldg. 3
254 Washington Ave. Ext., Albany, NY 12203-5195
Telephone: (518) 453-5990 Fax: (518) 452-5729