



EMPLOYMENT APPLICATION/PERSONAL INFORMATION RECORD

ADDRESS: 200 Southern Boulevard
P.O. Box 189
Albany, New York 12201-0189

TELEPHONE #: (518) 436-2700
TDD/TTY #: 1-800-253-6244



**THIS APPLICATION MUST BE PRINTED AND MAILED.
DATA WILL NOT TRANSFER IF THIS FORM IS ATTACHED TO AN E-MAIL.**

PLEASE PRINT OR TYPE

POSITION SOUGHT	<input type="checkbox"/> Thruway Authority <input type="checkbox"/> Canal Corporation	Position Title(s):		
PERSONAL IDENTIFICATION	Name (Last, First, MI)			
Street Address		City	State	Zip Code
Home Phone ()		Daytime Phone ()		

- | | |
|---|--|
| 1. Are you 18 years of age or over?
<input type="checkbox"/> Yes <input type="checkbox"/> No | 2. If hired, can you furnish proof of citizenship, U.S. permanent residency, or authorization to work?
<input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, provide details under the REMARKS section below. Answers to the questions below do not automatically bar you from employment. However, your failure to answer any of these questions or to provide details will significantly delay determination concerning your qualifications and may bar you from consideration for employment opportunities.

- | | YES | NO | | YES | NO |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 3. Have you ever been discharged or dismissed for reasons other than lack of work or funds? | <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever resigned from any employment rather than face dismissal? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is additional information relative to change of name, use of an assumed name or nickname necessary to verify your employment? | <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever been convicted of, or plea bargained any crime, offense or violation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you now facing legal action for any crime, offense or violation? | <input type="checkbox"/> | <input type="checkbox"/> | | | |

REMARKS (Max. Characters 625. Attach additional sheets if necessary.)

EDUCATION	Name & Location	Did You Graduate?	No. of Years Credited	No. of Credits Received	Course(s) or Major	Type of Degree(s) Granted
HIGH SCHOOL OR EQUIVALENCY		<input type="checkbox"/> Yes <input type="checkbox"/> No				
COLLEGE, UNIVERSITY		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____		
PROFESSIONAL, TECHNICAL		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____		
PROFESSIONAL LICENSES/CERTIFICATES	Trade or Profession					
	License Issued By			License Number		

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DRIVER LICENSE	<p>1. Do you have a currently valid Driver license? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. If Yes, please check your license class below and enter the licensing agency.</p> <p style="text-align: center;"> <input type="checkbox"/> Commercial Driver License (CDL) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> OTHER _____ </p> <p style="text-align: center;">Licensing Agency: _____</p> <p>3. If you have indicated you have a Commercial Driver License (CDL), list your endorsements and restrictions: (Max. Characters 550)</p>
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EMPLOYMENT HISTORY	List the positions you have held in the last 5 years. Also indicate other experience including military service relevant to the position for which you are applying. (Use additional sheets if necessary.)
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<p>1. Name, Address & Telephone Number of Employer:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">From (Mo./Yr.)</td> <td style="width: 25%;">To (Mo./Yr.)</td> <td style="width: 50%;">Supervisor:</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Reason for Leaving: (Max. Characters 140)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Title:</td> <td style="width: 30%;">Hours Per Week:</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <p>Description of Duties: (Max. Characters 180)</p>	From (Mo./Yr.)	To (Mo./Yr.)	Supervisor:				Title:	Hours Per Week:			<p>2. Name, Address & Telephone Number of Employer:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">From (Mo./Yr.)</td> <td style="width: 25%;">To (Mo./Yr.)</td> <td style="width: 50%;">Supervisor:</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Reason for Leaving: (Max. Characters 140)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Title:</td> <td style="width: 30%;">Hours Per Week:</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <p>Description of Duties: (Max. Characters 180)</p>	From (Mo./Yr.)	To (Mo./Yr.)	Supervisor:				Title:	Hours Per Week:		
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CIVIL SERVICE	Have you ever worked for the State of New York in a position not listed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, From (Mo./Yr.)	To (Mo./Yr.)
Agency Name		Title		
If hired by the Thruway Authority or Canal Corporation, will you continue any other New York State Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain below: (Max. Characters 750)				
PERSONAL INFORMATION RELEASE				
Name (Last, First, MI)				
I authorize any former or present employer, Military Records Center and any former school to provide the New York State Department of Civil Service, Thruway Authority or Canal Corporation any and all information including, but not limited to, information as to my character, habits, work performance and/or education, thereby releasing and discharging said institutions from any claims, liabilities or damage.				
_____ Applicant's Signature			_____ Date	
I declare that the answers on this application are true and correct to the best of my knowledge. I understand that a false statement, knowingly made, or omission of information may be cause for a bar to or dismissal from employment.				
_____ Applicant's Signature			_____ Date	
PERSONAL PRIVACY PROTECTION NOTIFICATION				
The information you are providing on this application is being requested pursuant to New York State Public Authorities Law and Civil Service Law for the purposes of determining eligibility for employment, administering employee benefit programs and administering other authorized employment programs pursuant to local, state or federal law. Failure to provide the requested information may, in the sole discretion of the Thruway Authority/Canal Corporation, prevent your initial hiring or result in the termination of your employment. If appointed, the information will be filed in your history folder or separately authorized medical files and maintained by the <i>Director, Bureau of Personnel, Thruway Authority/Canal Corporation, 200 Southern Boulevard, Albany, NY 12209.</i>				

The New York State Thruway Authority/New York State Canal Corporation
are Equal Opportunity Employers

New York State Human Rights Law prohibits discrimination based on age, race, creed, color, national origin, sexual orientation, military status, sex, disability, marital status, prior arrest or conviction record.

If you have questions regarding reasonable accommodations, contact the Equal Opportunity Unit
at the address indicated on Page 1.

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• This Section Should Only Be Completed After Appointment • POST APPOINTMENT INFORMATION					
Social Security Number	Date of Birth	Legal Residence - County	State	Retirement Registration Number	
IN CASE OF EMERGENCY NOTIFY	Name		Relationship	Daytime Phone Number ()	
Street Address		City, Town, Village	State	Zip Code	Alternate Phone Number ()
MILITARY SERVICE	Did you serve in the United States Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date(s) of Service:			
Did you receive a discharge that was other than honorable? <input type="checkbox"/> YES If YES, please explain in "REMARKS" section below. <input type="checkbox"/> NO				Veteran Status: <input type="checkbox"/> NON-VETERAN <input type="checkbox"/> NON-DISABLED VETERAN <input type="checkbox"/> DISABLED VETERAN	
REMARKS					
<p>NOTE: To qualify for veteran status, you must have received an honorable discharge from active service of the United States and have been on active duty during one or more of the following periods:</p> <ul style="list-style-type: none"> • WORLD WAR II: December 7, 1941 - December 31, 1946 • VIETNAM CONFLICT: December 22, 1961 - May 7, 1976 • KOREAN CONFLICT: June 27, 1950 - January 31, 1955 • PERSIAN GULF CONFLICT: August 2, 1990 - the date hostilities end <p style="text-align: center;">—OR—</p> <p>Have served in the Commissioned Corps of the United States Public Health Services: July 29, 1945 - September 2, 1945; June 26, 1950 - July 3, 1952</p> <p style="text-align: center;">—OR—</p> <p>Have received the Armed Forces, Navy or Marine Corps Expeditionary Medal for:</p> <ul style="list-style-type: none"> • HOSTILITIES IN LEBANON: June 1, 1983 - December 1, 1987 • HOSTILITIES IN GRENADA: October 23, 1983 - November 21, 1983 • HOSTILITIES IN PANAMA: December 20, 1989 - January 31, 1990 					