

## EMPLOYMENT APPLICATION



**Thruway  
Authority**

200 Southern Boulevard    Email Address: recruiter@thruway.ny.gov  
P.O. Box 189                      Phone No.: (518) 436-2700  
Albany, NY 12201-0189        NY Relay Service: 711

The New York State Thruway Authority (Authority) is an equal opportunity/affirmative action employer that is committed to diversity and inclusion in the workplace. The Authority prohibits discrimination and harassment of any kind based on age, race, color, sex, religion, sexual orientation, national origin, disability, pregnancy, prior arrest and conviction records, youthful offender adjudications, or any other protected characteristic as outlined by federal, state, or local laws.

This policy applies to all employment practices within the Authority, including hiring, recruiting, promotion, termination, layoff, recall, leave of absence, compensation, benefits and training. The Authority makes hiring decisions based solely on qualifications, merit and business needs at the time. The Authority is committed to working with and providing reasonable accommodations to individuals with disabilities. If you need a reasonable accommodation because of a disability for any part of the employment process, please call (518) 471-4321, or send an email to EEO-Diversity@thruway.ny.gov.

**INSTRUCTIONS:** Send completed Application to email address or mailing address above.

### PLEASE PRINT OR TYPE

<b>POSITION SOUGHT</b>	Position Title(s)				
<b>PERSONAL IDENTIFICATION</b>	Name (Last, First, MI)		Home Phone No. (     )     -	Daytime Phone No. (     )     -	
	County of Residence	Current Mailing Address	City	State	Zip Code
	Permanent Physical Address (if different from above)		City	State	Zip Code
Email Address		Last four digits of SSN	Referred By (Authority Employee Name)		

1. Are you 18 years of age or over?     Yes     No

2. If hired, can you furnish proof of citizenship, U.S. permanent residency, or authorization to work?     Yes     No

3. Do you have any relatives\* employed by the Authority?     Yes     No  
     If "Yes," enter name(s): \_\_\_\_\_

\* The "relative" of any individual shall mean any person living in the same household as the individual and/or any person who is either a direct descendant of that individual's grandparents (such as parent, child, grandchild, brother or sister, aunt or uncle, niece or nephew, cousin, etc.) or the spouse of such descendant.

4. If you accepted a position with the Authority, would you also intern, volunteer or maintain employment concurrently elsewhere?  
 Yes     No  
 If "Yes," explain: \_\_\_\_\_  
     NOTE: If you intend to maintain other employment while employed by the Authority, approval may be required.

5. Geographic work location(s) preferred: \_\_\_\_\_  
     Headquarters - Albany County  
     Albany Division - Albany, Columbia, Greene, Montgomery, Rensselaer, Schenectady, Montgomery and Ulster counties  
     Buffalo Division - Chautauqua, Erie, Genesee, Monroe and Niagara counties  
     New York Division - Orange, Rockland and Westchester counties  
     Syracuse Division - Cayuga, Herkimer, Madison, Onondaga, Ontario, Seneca counties

6. Type of Employment:    Permanent:  Yes     No                      Temporary:  Yes     No                      Seasonal:  Yes     No

7. Do you have a valid driver license?     Yes     No    If "Yes", please check your license class below and enter the licensing agency.  
 Commercial Driver License (CDL)     **A**     **B**     **C**     **D**     **E**     **OTHER** \_\_\_\_\_  
 Licensing Agency: \_\_\_\_\_  
 CDL endorsements and restrictions (if applicable): \_\_\_\_\_

8. Where did you hear about the position? \_\_\_\_\_

## EMPLOYMENT APPLICATION

EDUCATION	Name & Location	Did You Graduate?				
<b>HIGH SCHOOL OR EQUIVALENCY</b>		<input type="checkbox"/> Yes	<b>No. of Years Credited</b>	<b>No. of Credits Received</b>	<b>Course(s) or Major</b>	<b>Type of Degree(s) Granted</b>
		<input type="checkbox"/> No				
<b>COLLEGE, UNIVERSITY</b>		<input type="checkbox"/> Yes	_____	_____		
		<input type="checkbox"/> No				
<b>PROFESSIONAL, TECHNICAL, MILITARY SCHOOLS OR TRAINING</b>		<input type="checkbox"/> Yes	_____	_____		
		<input type="checkbox"/> No				
<b>PROFESSIONAL LICENSES/ CERTIFICATES</b>	Trade or Profession					
	License Issued By				License No.	
<b>EMPLOYMENT HISTORY</b>	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. (Attach additional sheets if necessary.)					
1. Name, Address & Phone No. of Employer						
From (Mo./Yr.)	To (Mo./Yr.)	Title	Hours Per Week	Supervisor		
Description of Duties						
Reason for Leaving						
2. Name, Address & Phone No. of Employer						
From (Mo./Yr.)	To (Mo./Yr.)	Title	Hours Per Week	Supervisor		
Description of Duties						
Reason for Leaving						
3. Name, Address & Phone No. of Employer						
From (Mo./Yr.)	To (Mo./Yr.)	Title	Hours Per Week	Supervisor		
Description of Duties						
Reason for Leaving						

## EMPLOYMENT APPLICATION

<b>EMPLOYMENT HISTORY (cont.)</b>	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. (Attach additional sheets if necessary)
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4. Name, Address & Phone No. of Employer

From (Mo./Yr.)	To (Mo./Yr.)	Title	Hours Per Week	Supervisor
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Description of Duties

Reason for Leaving

<b>CIVIL SERVICE</b>	List all New York State agencies that you have worked for and the titles that you have held that are not listed in the work history above. (Attach additional sheets if necessary.)
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Agency Name	Title
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### PROFESSIONAL REFERENCES

Name: _____	Relationship: _____
Address: _____	Telephone No.: _____
_____	Email Address: _____

Name: _____	Relationship: _____
Address: _____	Telephone No.: _____
_____	Email Address: _____

Name: _____	Relationship: _____
Address: _____	Telephone No.: _____
_____	Email Address: _____

### AFFIRMATION/REFERENCE RELEASE AUTHORIZATION

Name (Last, First, MI)

I affirm that all statements made by me on this Application, including attached papers, are true, complete and correct to the best of my knowledge. I understand all statements made by me in connection with this Application are subject to investigation and verification and that falsification or omission of information is cause for the revocation of offer of employment or dismissal from employment. I understand that knowingly making a false statement on this Application or any attachment or supporting document is punishable as a misdemeanor pursuant to **Section 210.45** of the **NYS Penal Law**.

I hereby authorize any former or current employer, military records center, or school to provide the Authority any and all information necessary to reach an employment decision including, but not limited to, information regarding my education, job duties, attendance, behavior, work habits, work performance, skills, abilities, claims, liabilities, damage, and relationships with coworkers, customers or supervisors, thereby releasing and discharging said institutions from any claims, liabilities or damages.

**NOTE:** Prior to any offer of employment, you will be asked to complete EMPLOYMENT APPLICATION PART 2 - POST INTERVIEW DETAIL (TA-N3199A). Refer to REHABILITATION & GOOD CONDUCT INFORMATION (TA-N3129) for more information.

_____	_____
Applicant Signature	Date

#### Personal Privacy Protection Law Notification

The information that you are providing on this Application is being requested for the principal purpose of determining eligibility for employment, administering employee benefit programs and administering other authorized employment programs. This information is being requested pursuant to local, state or federal law. Failure to provide the requested information may, in the sole discretion of the Authority, prevent your initial hiring or result in the termination of your employment. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). This information is being requested by the New York State Thruway Authority. This information will be maintained by the Director, Bureau of Personnel, New York State Thruway Authority, 200 Southern Boulevard, Albany, NY 12209, (518) 436-2725.

## EMPLOYMENT APPLICATION

### SUPPLEMENTAL INFORMATION FOR APPLICANTS

Applicants should retain a copy of this page for their records.

**Additional Testing Required for Certain Positions:** Physical/medical examinations and/or drug and alcohol tests may be required for certain positions. Failure to participate in any required examinations and/or tests will negatively affect your employment eligibility and/or status.

**Former State/Authority or Local Government Retirees:** Section 150 of the Civil Service Law of New York State prohibits retired State/Authority or local employees from being rehired by the State/Authority or a political subdivision and receiving pension benefits while employed unless an exemption exists. Applicants who are receiving service retirement benefits from New York State, Municipal or Political Subdivision Retirement System are subject to Section 211 or 212 of the Retirement and Social Security Law to protect their current service benefits.

**Post-Employment Restrictions:** Subject to Public Officers Law Section 73, post-employment restrictions apply to all State and Authority employees and officers. Such restrictions apply to part-time and seasonal employees, and apply equally regardless of the duration of employment while with the Authority. For the two year period immediately following separation from service, former State and Authority employees and officers are prohibited from:

- a. Appearing or practicing before their former agency, **and**
- b. Rendering services for compensation in relation to any case, proceeding, application or other matter before their former agency.

State and Authority employees and officers may also be subject to a "**reverse two-year bar**" that requires State and Authority employees and officers to recuse themselves from matters involving their former private sector employers for two years after entering State/Authority service.

The "**lifetime bar**" prohibits former State and Authority employees and officers from working on any specific matter in which the former employee was directly concerned and personally participated, or on any other matter which was under the former employee's active consideration as a State/Authority employee.