STATEMENT OF QUALIFICATIONS

New York State Thruway Authority • New York State Canal Corporation

Clear Form

NAME (Last, First, MI)	WORK UNIT	DATE (mm/dd/yyyy)

The purpose of this form is to provide the Thruway Authority and Canal Corporation with detailed information about your work experience. **YOU** are responsible for submitting accurate, clear and complete information on your work experience. Vagueness will **NOT** be interpreted in your favor. Military experience should be described in the "Military Service Section" beginning on page 1. **IF YOUR JOB DUTIES CHANGED OR YOU RECEIVED A PROMOTION WHILE WORKING FOR A COMPANY (OR WHILE IN THE MILITARY), INDICATE SUCH CHANGES/PROMOTIONS CLEARLY AS SEPARATE EMPLOYMENTS.** If necessary, please attach additional sheets.

LICENSES/CERTIFICATES

List any licenses, certificates or Union cards you have which are related to your work experience. For example: Driver's License, Commercial Driver's License (and any endorsements), certified motor vehicle technician, Coast Guard license (type), certified welder, etc. You will be required to provide proof of applicable license or certificate earned prior to appointment. (Max. 250 characters/spaces.)

EDUCATION AND TRAINING

Degree/Certificate/Course Work Completed: (If Course Work only, describe in detail.) (Max. 500 characters/spaces.)

College or Technical School	Location	Attendance: From: (mm/yyyy) To: (mm/yyyy)
Phone Number: ( ) -	Contact Name	Verification Date: AO:

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MILITARY SERVICE

Branch of Service	Location of Last Assignment	Rank/Title	Length of Service From: (mm/yyyy) To: (mm/yyyy)

Contact Name	Telephone Number: ( ) -

Total Hrs. Per WEEK:	DUTIES: Describe the work you performed and give your estimate of the percentage of time spent on each type of work performed. **Total must add up to 100%.** (Max. 250 characters/spaces in each text box.)
Percent of Time: %	My Main Duties Were:
%	
Percent of Time: %	My Other Duties Were:
%	
%	
100%	Verification Date: AO:

WORK EXPERIENCE

Firm Name	Address (Number, Street, City, State and Zip Code) -

Telephone No. ( ) -	Type of Business	Length of Service From: (mm/yyyy) To: (mm/yyyy)

Your Title	Name of Supervisor	Title of Supervisor

Total Hrs. Per WEEK:	DUTIES: Describe the work you performed and give your estimate of the percentage of time spent on each type of work performed. **Total must add up to 100%.** (Max. 250 characters/spaces in each text box.)
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STATEMENT OF CORRECTNESS

I declare that the information provided on this statement (including statements made in accompanying papers) have been examined by me and, to the best of my knowledge and belief, are true and correct. I understand that falsification of this statement or accompanying papers may be grounds for dismissal and that all statements I have made are subject to verification.

SIGNATURE _____ DATE _____

PERSONAL INFORMATION RELEASE

The Authority is requesting this information, subject to the Public Officers Law Article 6-a, to determine eligibility for employment and to administer its personnel programs. Failure to provide the requested information could result in denial of employment or promotion. This information will be used only as prescribed by various Federal and State laws.

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 and/or Thruway Authority/Canal Corporation any and all information including, but not limited to information as to my character, habits, work performance, and education, thereby releasing and discharging said institutions from any claims, liabilities or damage.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

I acknowledge receipt of this document in the _____ Division.

ADMINISTRATIVE OFFICER (or designee) SIGNATURE _____ DATE _____