TA-W3199 (02/2024) Page 1 of 4



EMPLOYMENT APPLICATION

200 Southern Boulevard P.O. Box 189 Albany, NY 12201-0189

Email Address: <u>recruiter@thruway.ny.gov</u>
Phone No.: (518) 436-2700
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 <u>EEO-Diversity@thruway.ny.gov</u>.

.....

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

		PLEASE PRI	INT OR TY	PE					
POSITION SOUGHT	Position Title(s)								
PERSONAL					Home Phone No.			Daytime Phone No.	
IDENTIFICATION				()	-	() -	
County of Residence	Current Mailing Address Ci						State	Zip Code -	
Permanent Physical Address (if different from above) City State Zip Code						-			
Email Address		Last fo	our digits of S	SN Refe	erred By	(Authority E	mployee	Name)	
1. Are you 18 years of	f 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. Will you now, or in	the future, require sponsorship	for employment	visa status (e.g., for a	an H-1B	Visa)?	Yes	No No	
4. Do you have any r	elatives* employed by the Autho	ority? Yes	No						
If "Yes," enter na	ime(s):								
direct descendan	any individual shall mean any pe t of that individual's grandparen he spouse of such descendant.								
5. If you accepted a p	position with the Authority, woul	d you also interr	n, volunteer o	r maintai	n employ	yment conci	urrently el	sewhere?	
Yes No									
If "Yes," explain:									
6. Geographic work lo	ocation(s) preferred:								
Albany Divi Buffalo Div New York E	- Albany County sion - Albany, Columbia, Greene ision - Chautauqua, Erie, Genese Division - Orange, Rockland and ivision - Cayuga, Herkimer, Mae	ee, Monroe and I Westchester cou	Niagara coun Inties	ies		gomery and	l Ulster co	ounties	
7. Type of Employme	nt: Permanent: 🗌 Yes 🗌	No Terr	nporary: 🗌 `	/es	No	Seasonal: [Yes	No No	
8. Do you have a valid driver license? Yes No If "Yes", please check your license class below and enter the licensing agency.									
Commercial Driv	ver License (CDL)	B] c	D	E		R		
Licensing State: License No.: Expiration Date:									
CDL endorsements and restrictions (if applicable):									
9. Where did you hea	r about the position?								

TA-W3199 (02/2024) Page 2 of 4

EMPLOYMENT APPLICATION

EDUCATION		Name & Location	Did Y Gradua						
HIGH SCHOOL OR			Yes		No. of	No. of		Type of	
EQUIVALENCY			No No		Years Credited	Credits Received	Course(s) or Major	Degree(s) Granted	
COLLEGE,			Yes	S					
UNIVERSITY			No						
PROFESSIONAL, TECHNICAL, MILITARY			Ye:	S					
SCHOOLS OR TRAINING			No No						
PROFESSIONAL LICENSES/		Trade or Profession							
CERTIFICATES	License	Issued By				Li	cense No.		
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. (Attach additional sheets if necessary.)									
1. Name, Address & Phone No. of Employer									
From (Mo./Yr.) To (M	o./Yr.) Title Hours Per Week Supervisor								
Description of Duties									
Reason for Leaving									
2. Name, Address & Phone No. of Employer									
From (Mo./Yr.) To (M	o./Yr.)	Title		Hours	Per Week	Supervisor			
Description of Duties									
Reason for Leaving									
3. Name, Address & Phone No. of Employer									
From (Mo./Yr.) To (M	o./Yr.) Title Hou			Hours	s Per Week Supervisor				
Description of Duties									
Reason for Leaving									

EMPLOYMENT APPLICATION

EMPLOYMENT HISTORY (cont.)	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)					
4. Name, Address & Phone No. of Employer						
From (Mo./Yr.) To (Mo	o./Yr.) Title	Hours Per Week Supervisor				
Description of Duties						
Reason for Leaving						
CIVIL SERVICE	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.)					
Agency Name	Title					
	PROFESSIONA	LREFERENCES				
Name:						
Address:		Relationship:				
		Email Address:				
Name:		Relationship:				
Address:						
		Email Address:				
Name:		Relationship:				
Address:	Phone 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						
employment, administ being requested pursu	tering employee benefit programs and administer ant to local, State or federal law. Failure to prov	uested for the principal purpose of determining eligibility for ring other authorized employment programs. This information is vide the requested information may, in the sole discretion of the r employment. This information will be used in accordance with				

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.

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.