

## EMPLOYMENT APPLICATION



**Thruway  
Authority**

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

Email Address: recruiter@thruway.ny.gov  
Phone No.: (518) 436-2700  
NY Relay Service: 711

**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. (     )     -     (     )     -		
Street Address	City	State	Zip Code
Email Address	Last four digits of SSN	Referred By (Thruway 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 NYS Thruway 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.

**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
4. Have you ever been discharged from employment except for lack of work, funds, disability, or medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever resigned from any employment in lieu of disciplinary action or termination?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been found guilty of unprofessional conduct, professional misconduct, or negligence in any profession?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are charges now pending against you for unprofessional conduct or negligence in any profession?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever surrendered any license in lieu of disciplinary procedures?	<input type="checkbox"/>	<input type="checkbox"/>

**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.

<b>REMARKS</b>	(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
<b>HIGH SCHOOL OR EQUIVALENCY</b>		<input type="checkbox"/> Yes				
		<input type="checkbox"/> No				
<b>COLLEGE, UNIVERSITY</b>		<input type="checkbox"/> Yes	_____	_____		
		<input type="checkbox"/> No				
<b>PROFESSIONAL, TECHNICAL</b>		<input type="checkbox"/> Yes	_____	_____		
		<input type="checkbox"/> No				
<b>PROFESSIONAL LICENSES/ CERTIFICATES</b>	Trade or Profession					
	License Issued By				License No.	

## EMPLOYMENT APPLICATION

<b>DRIVER LICENSE</b>																					
<p>1. Do you have a 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><input type="checkbox"/> Commercial Driver License (CDL)      <input type="checkbox"/> <b>A</b>      <input type="checkbox"/> <b>B</b>      <input type="checkbox"/> <b>C</b>      <input type="checkbox"/> <b>D</b>      <input type="checkbox"/> <b>E</b>      <input type="checkbox"/> <b>OTHER</b> _____</p> <p style="padding-left: 40px;">Licensing Agency: _____</p> <p>3. If you have indicated you have a Commercial Driver License (CDL), list your endorsements and restrictions:</p>   																					
<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.)																				
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<b>CIVIL SERVICE</b>	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.)
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Agency Name	Title
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If hired by the Thruway Authority, will you continue any other New York State employment?  Yes  No

If Yes, explain below:

### 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.

\_\_\_\_\_  
 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 Thruway 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.

### **The New York State Thruway Authority is an Equal Opportunity Affirmative Action Employer.**

New York State Human Rights Law prohibits discrimination based on age, race, creed, color, national origin, sexual orientation, military status, sex, disability, marital status, gender identity, prior arrests, prior conviction records, predisposing genetic characteristics or domestic violence victim status.

If you have questions regarding reasonable accommodations, contact Equal Employment Opportunity and Diversity Development at the address indicated on Page 1.