



**NEW YORK STATE
BRIDGE AUTHORITY**
 P. O. BOX 1010
 HIGHLAND, NEW YORK 12528
 E-MAIL: humanresources@nysba.net

EMPLOYMENT APPLICATION

NYSBA USE ONLY		
Candidate Name:		
Civil Service Job Title:		
	Name/Dept.	Date:
Received by:		

This application is for internal use only by the New York State Bridge Authority (NYSBA) and should not be filed with the NYS Department of Civil Service

NEW YORK STATE BRIDGE AUTHORITY Employment Application

Please **TYPE** or **PRINT** clearly. *This application must be completed and signed personally by the applicant.* Each question must be answered in full. If answer is "NO" or "NONE", please indicate such. We appreciate your interest in employment with the Authority.

The New York State Bridge Authority is an Equal Opportunity Employer. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, physical or mental disability, marital status, veteran status, sexual orientation, arrest/criminal record, genetic predisposition or carrier status, or any other legally protected status or class. Applicants requiring a reasonable accommodation to participate in the application and or interviewing process are encouraged to contact the HR Department.

BIOGRAPHICAL DATA	Name (Last, First, Middle Initial)		Phone Number		
			E-Mail Address		
	Mailing and Street Address				
	City		State	Zip	
	Position Applied for		Salary Desired		
	Are you available for <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Date Available for Work		
	Available for any shift, including nights/weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please explain:</i>				
	How were you referred to NYSBA? <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Civil Service Job Posting <input type="checkbox"/> Walk – in				
	Employee Referral _____		Other _____		
	Do you have any relatives and/or friends who are currently working, or have worked, for the Authority? _____				
	If so, please list: _____				
	Are you currently employed? If yes, may we contact your employer to obtain employment information?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No
	Have you ever filed an application or interviewed for employment with NYSBA? If yes, give month and year _____/_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you legally eligible for employment in the United States? <i>(Employment eligibility verification will be required upon employment.)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If you are under 18 years of age, can you provide required proof of your eligibility to work?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have been provided with a job description for the position for which you are applying, are you able to perform the essential functions of the position with or without reasonable accommodation?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	

EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School	Number of Years Completed (Do not give dates)	Course of Study	Diploma or Degree Obtained
	High School or Preparatory School				
	College				
	Other				

SKILLS	Typing Speed:	Data Entry:	#Numeric Keystrokes/Hour	#Alpha Keystrokes/Hour
	Computer Skills:			
	Do you have a valid NYS Driver's License in good standing? Yes <input type="checkbox"/> No <input type="checkbox"/> List certificates/licenses that would support your qualifications for employment: _____ _____		List any additional skills, technical or professional knowledge or achievements that you feel would support your application:	
If you are applying for a position which requires a NYS Commercial Driver's License, provide NYS Driver's License Number here: _____				

List your previous three (3) employers, whether or not they seem relevant to the position for which you are applying.

Present or Last Employer			
Name of Employer:		Phone Number:	
Address:	City:	State:	Zip:
Employment Dates (Month/Year):		Salary:	
Title of Position:		Name and Title of Supervisor:	
Description of duties, responsibilities and significant accomplishments: _____			
Reason for leaving:			

Next Previous Employer			
Name of Employer:		Phone Number:	
Address:	City:	State:	Zip:
Employment Dates (Month/Year):		Salary:	
Title of Position:		Name and Title of Supervisor:	
Description of duties, responsibilities and significant accomplishments: _____			
Reason for leaving:			

Next Previous Employer			
Name of Employer:		Phone Number:	
Address:	City:	State:	Zip:
Employment Dates (Month/Year):		Salary:	
Title of Position:		Name and Title of Supervisor:	
Description of duties, responsibilities and significant accomplishments: _____			
Reason for leaving:			

U. S. Military History

Yes No

U. S. Military Branch:	Entry Date:	Discharge Date:	Training or specialty:
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References (Other than relatives or former supervisors - List three)

Name/Occupation:	Phone Number:		
Address:	City:	State:	Zip:
Years Known:			
Name/Occupation:	Phone Number:		
Address:	City:	State:	Zip:
Years Known:			
Name/Occupation:	Phone Number:		
Address:	City:	State:	Zip:
Years Known:			

Conviction Record Status

Have you ever been convicted of and/or pled guilty to a felony? Yes No

Have you ever been convicted of and/or pled guilty to a misdemeanor within the past five years? Yes No

If you answered "yes" to either question, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. **Please note that a "yes" answer to this question does not necessarily disqualify an applicant from employment with the Authority.** The nature of the violation and all other appropriate circumstances will be considered. The Authority reserves the right to reject individuals for employment based on job-related convictions.

Date:	County/State:	Conviction Explanation:
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I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I authorize investigation of any information provided on this application form. I also authorize investigation of my employment record and references and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, subject to applicable federal, state and/or local rules and regulations and /or collective bargaining agreements. For positions subject to the Federal Department of Transportation regulations regarding controlled substance and alcohol use testing(part 382), I understand that as a condition for employment with the New York State Bridge Authority, a pre-employment controlled substance test will be required and must be passed.

NOTICE THAT ACKNOWLEDGEMENT OF THE NEW YORK STATE BRIDGE AUTHORITY CODE OF CONDUCT IS A CONDITION OF EMPLOYMENT

Upon accepting a position with the New York State Bridge Authority ("NYSBA"), all employees shall be required to sign an acknowledgement form acknowledging the receipt of the New York State Bridge Authority *Code of Conduct*. The *Code of Conduct* establishes certain standards of behavior that are expected of all NYSBA employees. By signing the form, all new employees acknowledge receipt of the *Code of Conduct*, that they have read and understood the *Code of Conduct*, and that NYSBA has the right to amend the *Code of Conduct* unilaterally and without notice. Failure or refusal to sign the acknowledgement form upon commencement of employment shall constitute an immediate forfeiture of said employment.

Applicant Name: (Please Print) _____

Date: _____

Signature of Applicant: _____