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New York State Canal Corporation



EMPLOYMENT APPLICATION PART I: PRE-INTERVIEW

PLEASE PRINT OR TYPE

Address:30 South Pearl Street Albany, New York 12207 Phone No.: (518) 449-6003

POSITION	Canal Corporation	Posi	uon Title(s)				
SOUGHT							
PERSONAL	Name (Last, First, MI)			Home Phone	No.	Daytime Phon	e No.
IDENTIFICATION					-	()	
Street Address		City			State	Zip Code	
E-mail Address							
1. Are you 18 years of	of age or over?	No					
2. If hired, can you f	urnish proof of citizenship, U	J.S. permanent resid	dency, or authoriz	ation to	☐ Yes	☐ No	
3. work?Do you have	any relatives* employed by	the New York Powe	er Authority/NYS (Canal	Yes	☐ No If "Yes	", entername(s):
Corporation? me:					T		
Familial Relationship	:						
Job Title:							
Location:							
	y İndividual shall mean any of that individual's grandp						
	c.) or the spouse of such des		,,			., aane or an	o.o,oo
	ES" TO ANY OF THE FOLL						
	ions below do not automatic significantly delay determin						
opportunities.	organicality delay determine	acion concerning you	ar quamicacions a	na may bar y	our morn co	YES	NO
4. Have you ever bee	en discharged or dismissed f	or reasons other tha	an lack of work or	funds?			
5. Have you ever res	igned from any employment	rather than face dis	smissal?				
	nation relative to change of r			ckname nece	ssarv to ver	ifv	
your employment?		.,			,	,	
NOTE: You will be ask	ked to complete a backgrour	nd questionnaire prid	or to any offer of	employment.	ı		
REMARKS (Attach	additional sheets if necessa	rv)					
11.		.,					
			Did You				
EDUCATION	Name & Loc	cation	Graduate?				
			Graduate:				
HIGH SCHOOL OR			Yes	No. of	No. of		Type of
EQUIVALENCY			☐ No	Years	Credits	Course(s)	
				Credited	Received	or Major	Granted
			☐ Yes				
COLLEGE,			res				
UNIVERSITY			☐ No				
			<u> </u>				
PROFESSIONAL, TECHNICAL			Yes				
			4 <u> </u>				
LOTHITOAL			☐ No				
PROFESSIONAL	Trade or Profession						
LICENSES/ CERTIFICATES	License Issued Dec				T.	iconac Na	
CERTIFICATES	License Issued By				L	icense No.	
	-		-			•	

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DRIVER LICENSE									
1. Do you have a currently valid Driver license? Yes No									
2. If Yes, please check your license class below and enter the licensing agency.									
Commercial Driver License (CDL) A B			С	D	E	OTHER			
Licensing Agency:									
3. If you have indicated you have a Commercial	Driver Licen	se (CDL),	list your endo	rsements	and restric	tions:			
EMPLOYMENT List the positions you ha						_	itary service		
HISTORY relevant to the position of the positi	or wnich yo		2. Name, Add						
From (Mo./Yr.) To (Mo./Yr.) Supervisor			From (Mo./Yr.) To (Mo.,	/Yr.) Su	pervisor			
Reason for Leaving			Reason for Leaving						
Title	Hours Per Week		Title				Hours Per Week		
Description of Duties			Description of	Duties					
3. Name, Address & Phone No. of Employer			4. Name, Address & Phone No. of Employer						
From (Mo./Yr.) To (Mo./Yr.) Supervisor			From (Mo./Yr.) To (Mo./Yr.) Supervisor						
Reason for Leaving			Reason for Lea	aving	·				
Title	Hours Per Week		Title				Hours Per Week		
Description of Duties	VVCCK		Decement C	Duties			VV CCK		
Description of Duties			Description of	Duties					

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CIVIL SERVICE	Have you ever worked for the State of New	York in a	Yes	If "Yes", From (Mo./Yr.)	To (Mo./Yr.)		
	position not listed on this Application?		No					
Agency Name		Title						
If hired by the Canal Co	rporation, will you continue any other New Y	ork State emplo	vment?		Yes	No		
If Yes, explain below:	, , , , , , , , , , , , , , , , , , , ,		,					
PERSONAL INFORMATION RELEASE								
Name (Last, First, MI)								
Civil Service, Canal Cor	or present employer, Military Records Center poration any and all information including, bu ce and/or education, thereby releasing and d	ut not limited to	, informat	tion as to my character,				
	Applicant Signature			Date				
	ers on this Application are true and correct to ission of information may be cause for a bar				se statemer	nt,		
	Applicant Signature			Date				
	PERSONAL PRIVACY P	ROTECTION N	OTIFICA	TION				
Service Law for the pur authorized employment discretion of the Canal used in accordance with	e providing on this Application is being request poses of determining eligibility for employme programs pursuant to local, state or federal Corporation, prevent your initial hiring or res Section 96(1) of the Personal Privacy Law, proposed in Section 1	nt, administerin law. Failure to pull ult in the termin particularly subd	ng employ provide the nation of y livisions (ee benefit programs and a ne requested information m your employment. This info b), (e) and (f). If appointed	dministerin lay, in the s rmation wil d, the inforr	g other sole II be mation		

The New York State Canal Corporation is an Equal Opportunity Affirmative Action Employer

Canal Corporation, 30 South Pearl Street, Albany, NY 12207, (518) 449-6003.

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 the Office of Civil Rights and Inclusion at 123 Main Street, White Plains, NY 10601, or accessibility@nypa.gov.