

EMPLOYMENT APPLICATION/PERSONAL INFORMATION RECORD

Address: 30 South Pearl Street Albany, New York 12207 Phone No.: (518) 449-6000

PLEASE PRINT OR TYPE

POSITION SOUGHT	<input type="checkbox"/> Canal Corporation	Position Title(s)			
PERSONAL IDENTIFICATION	Name (Last, First, MI)		Home Phone No.	Daytime Phone No.	
			() -	() -	
Street Address		City	State	Zip Code	
E-mail Address					

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 New York Power Authority/NYS Canal Corporation? Yes No If "Yes", enter name(s):
 Name: _____
 Familial Relationship: _____
 Job Title: _____
 Location: _____

* 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 |
|--|--------------------------|--------------------------|
| 5. Have you ever been discharged or dismissed for reasons other than lack of work or funds? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever resigned from any employment rather than face dismissal? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is additional information relative to change of name, use of an assumed name or nickname necessary to verify your employment? | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: You will be asked to complete a background questionnaire prior to any offer of employment.

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

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DRIVER LICENSE			
<p>1. Do you have a currently 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 style="text-align: center;"> <input type="checkbox"/> Commercial Driver License (CDL) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> OTHER _____ </p> <p style="text-align: center;">Licensing Agency: _____</p> <p>3. If you have indicated you have a Commercial Driver License (CDL), list your endorsements and restrictions:</p>			
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		2. Name, Address & Phone No. of Employer	
From (Mo./Yr.)	To (Mo./Yr.)	Supervisor	Supervisor
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	Supervisor
Reason for Leaving		Reason for Leaving	
Title	Hours Per Week	Title	Hours Per Week
Description of Duties		Description of Duties	

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CIVIL SERVICE	Have you ever worked for the State of New York in a position not listed on this Application?	<input type="checkbox"/> Yes	If "Yes", From (Mo./Yr.)	To (Mo./Yr.)
		<input type="checkbox"/> No		

Agency Name	Title
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If hired by the Canal Corporation, will you continue any other New York State employment? Yes No

If Yes, explain below:

PERSONAL INFORMATION RELEASE

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

Applicant Signature

Date

I declare that the answers on this Application are true and correct to the best of my knowledge. I understand that a false statement, knowingly made, or omission of information may be cause for a bar to or dismissal from employment.

Applicant Signature

Date

PERSONAL PRIVACY PROTECTION NOTIFICATION

The information you are providing on this Application is being requested pursuant to New York State Public Authorities Law and Civil Service Law for the purposes of determining eligibility for employment, administering employee benefit programs and administering other authorized employment programs pursuant to local, state or federal law. Failure to provide the requested information may, in the sole discretion of the Canal Corporation, 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 Law, particularly subdivisions (b), (e) and (f). If appointed, the information will be filed in your personal history folder or separately authorized medical files and maintained by the Director, Bureau of Personnel, Canal Corporation, 30 South Pearl Street, Albany, NY 12207, (518) 449-6000.

The New York State Canal Corporation 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 the Affirmative Action Office at 123 Main Street, White Plains, NY 10601.

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• This Section Should Only Be Completed After Appointment •

POST APPOINTMENT INFORMATION

Social Security No.		Date of Birth		Legal Residence - County		State		Retirement Registration No.
IN CASE OF EMERGENCY NOTIFY	Name			Relationship			Daytime Phone No. ()	
	Street Address			City, Town, Village		State	Zip Code	Alternate Phone No. ()
MILITARY SERVICE	Did you serve in the United States Armed Forces?			<input type="checkbox"/> YES <input type="checkbox"/> NO		Date(s) of Service:		
Did you receive a discharge that was other than honorable?						Veteran Status:		
<input type="checkbox"/> YES If Yes, explain in "REMARKS" section below. <input type="checkbox"/> NO						<input type="checkbox"/> NON-VETERAN <input type="checkbox"/> NON-DISABLED VETERAN <input type="checkbox"/> DISABLED VETERAN		
REMARKS								
<p>NOTE: To qualify for veteran status, you must have received an honorable discharge from active service of the United States and have been on active duty during one or more of the following periods:</p> <ul style="list-style-type: none"> • WORLD WAR II: December 7, 1941 - December 31, 1946 • KOREAN CONFLICT: June 27, 1950 - January 31, 1955 • VIETNAM CONFLICT: February 28, 1961 - May 7, 1975 • PERSIAN GULF CONFLICT: August 2, 1990 - the date upon which such hostilities end (includes the Global War on Terrorism) <p style="text-align: center;">— OR —</p> <p>Have served in the Commissioned Corps of the United States Public Health Services: July 29, 1945 - September 2, 1945; June 26, 1950 - July 3, 1952</p> <p style="text-align: center;">— OR —</p> <p>Have received the Armed Forces, Navy or Marine Corps Expeditionary Medal for:</p> <ul style="list-style-type: none"> • HOSTILITIES IN LEBANON: June 1, 1983 - December 1, 1987 • HOSTILITIES IN GRENADA: October 23, 1983 - November 21, 1983 • HOSTILITIES IN PANAMA: December 20, 1989 - January 31, 1990 								