

NEW YORK STATE DEPARTMENT OF TRANSPORTATION APPLICATION FOR EMPLOYMENT

NYSDOT provides equal opportunity and, therefore, does not discriminate on the basis of race, creed, color, religion, national origin, age, gender, disability, sexual orientation, marital status, criminal record, or Vietnam-era veteran's status. Reasonable accommodations may be provided on request.

BE SURE YOU READ ALL INSTRUCTIONS CAREFULLY, COMPLETE ALL PAGES OF THIS APPLICATION, AND SIGN YOUR NAME ON PAGE 4. If you need additional space, use the REMARKS block at the top of Page 4.

Personal Data *(Please print or type - you may fill out form using MS Word 2002 or above, then print and sign)*

LAST NAME				FIRST NAME				MIDDLE INITIAL	
Current Mailing/Street Address				Permanent Street Address (if different)					
City	County	State	ZIP Code	City	County	State	ZIP Code		
Current Telephone Number () -				Permanent Telephone Number () -					
E-mail Address				Cell Phone Number () -					

EMPLOYABILITY	
If you are under 18 years of age, can you furnish a work permit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you legally authorized to work in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you now or in the future require sponsorship for employment visa status (for example, H-1B visa status)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Proof of Employment Authorization will be required upon employment.	

LICENSES	<i>Some positions require licenses</i>
Do you have a currently valid MOTOR VEHICLE operator's license?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES , enter all class(es) of license: _____	
State: _____	DMV License Number: _____ Expiration Date: ____/____/____
If a PROFESSIONAL license is required for the position you are applying for, complete the following:	
Type of license: _____	License Number: _____
Valid from: ____/____/____ to ____/____/____	State Issued by: _____

Your Job Interests

Type of Work or Job Title Desired (please specify)	Work Location Desired	Salary Required \$ _____ per
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Would you consider employment at another DOT location? YES NO
 If **YES**, indicate preferred geographic areas: 1. _____ 2. _____ 3. _____

Some jobs require different work schedules. Please indicate which ones you are able to perform:

- a. Shift Work YES NO
- b. Overtime Work YES NO
- c. A work schedule that includes Saturday and Sunday YES NO

How soon can you report to work after getting a job offer? _____

Please check all boxes below indicating the type of employment that interests you:

WORKING HOURS		STATUS		IF YOU CHECKED "TEMPORARY"	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Summer	<input type="checkbox"/> Winter How many months?

Education

SCHOOL	NAME/LOCATION	CREDITS	DIPLOMA/DEGREE	COURSE OF STUDY
HIGH SCHOOL				
EQUIVALENCY PROGRAM	Issued by:		Number:	
VOCATIONAL OR TECHNICAL SCHOOLS				
COLLEGES OR UNIVERSITIES				
OTHER TRAINING OR MILITARY SCHOOLS				

SPECIAL SKILLS, TRAINING OR CERTIFICATES:

Employment Experience

Please complete all items, even if you have already provided us with a résumé. Résumé attached

List your job history starting with your current or most recent position. Include U.S. military experience, summer or part-time jobs, internships, volunteer work, etc. You must show and explain any gaps in employment.

Current Employer Name	Street Address	City, Village or Town	State	Zip Code
Employer Telephone () -	Current Salary \$ per	Current Job Title:		
Current Supervisor:				
Starting Date: / /				
May we contact your current employer now? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, when? _____				
Explain reason for leaving: _____				
Describe your duties and responsibilities: _____				

Employer Name	Street Address	City, Village or Town	State	Zip Code
Employer Telephone () -	Salary \$ per	Job Title:		
Supervisor:				
Starting Date: / / Leaving Date: / /				
Explain reason for leaving: _____				
Describe your duties and responsibilities: _____				

Employer Name	Street Address	City, Village or Town	State	Zip Code
Employer Telephone () -	Salary \$ per	Job Title:		
Supervisor:				
Starting Date: / / Leaving Date: / /				
Explain reason for leaving: _____				
Describe your duties and responsibilities: _____				

Employment Experience, continued

Employer Name	Street Address	City, Village or Town	State	Zip Code
Employer Telephone () -	Salary \$ per	Job Title:		
Starting Date: / /		Leaving Date: / /		
Explain reason for leaving:				
Describe your duties and responsibilities:				

Employer Name	Street Address	City, Village or Town	State	Zip Code
Employer Telephone () -	Salary \$ per	Job Title:		
Starting Date: / /		Leaving Date: / /		
Explain reason for leaving:				
Describe your duties and responsibilities:				

ADDITIONAL QUESTIONS

- Were you ever discharged from any employment except for lack of work, funds, disability or medical condition? YES NO
- Did you ever resign from any employment rather than face dismissal? YES NO
- Did you ever receive a discharge from the Armed Forces of the United States which was other than *Under Honorable Conditions*? YES NO
- Do you have an arrest or criminal accusation currently pending against you? YES NO
If yes, please describe. (If a prior arrest or criminal offense resulted in a conviction, you may need to disclose this information in response to the following question.)
- Have you ever been convicted of a criminal offense (felony, misdemeanor, or violation)?
 YES NO If yes, please describe.

Answering **YES** may or may not preclude employment depending on the nature of the criminal offense, its relationship to the position sought, and other factors that must be considered before employment may be lawfully denied based on prior convictions.

You should you answer **NO** if:

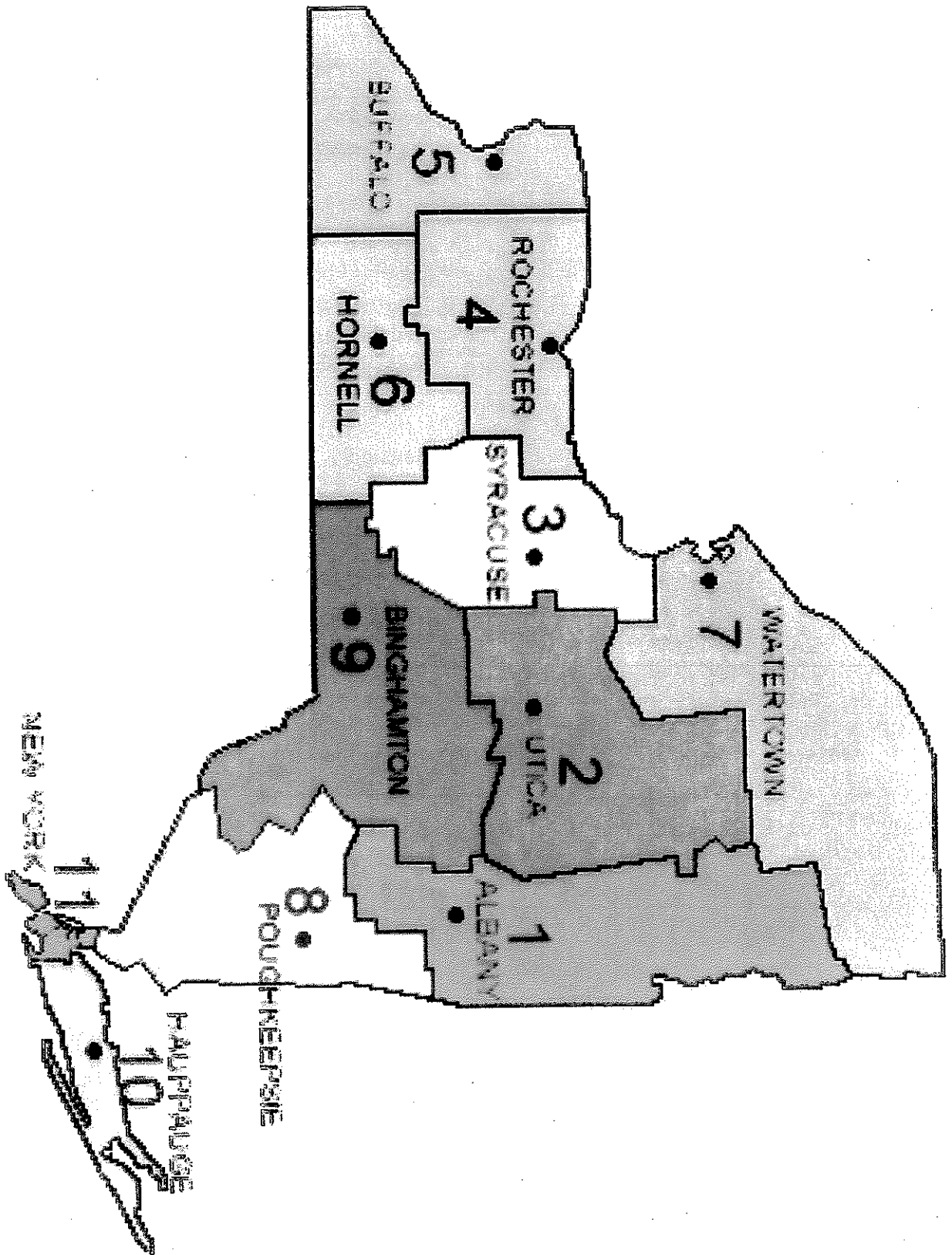
- Your conviction (felony, misdemeanor, or violation) was sealed by a court, or
- The criminal action or proceeding was terminated in your favor, e.g. was dismissed, you received an Adjournment in Contemplation of Dismissal and the adjournment period has elapsed, you were acquitted, or
- The proceeding on the criminal offense resulted in a youthful offender adjudication or juvenile delinquency finding which has been sealed/expunged pursuant to the Family Court Act, or
- After completing a treatment program, your plea to a felony or a misdemeanor was withdrawn and you were resentenced to a violation which was sealed by the court or the completion of the program resulted in a dismissal of all charges by the court.

Failure to disclose a prior conviction that does not meet the criteria above may result in denial of employment based on falsification of the employment application.

If you answered **YES** to any of these questions, provide an explanation here or in the REMARKS section on page 4. If you prefer not to provide an explanation on this form, you may submit a written explanation under separate cover to the Personnel Officer.

NEW YORK STATE CIVIL SERVICE

Have you ever worked for the State of New York in a position not listed on this Application? YES NO
If YES: Agency _____ Dates: From / / to / /



**NYS DEPT. OF TRANSPORTATION
REGIONAL OFFICE ADDRESSES**

Region 1

50 Wolf Road, POD 5-1
Albany, NY 12232
(518) 457-9696

Region 2 Construction

Utica State Office Building
207 Genesee Street
Utica, NY 13501
(315) 793-2475

Region 3

Senator John H. Hughes State Office Bldg.
333 East Washington Street
Syracuse, NY 13202
(315) 428-4351

Region 4

1530 Jefferson Road
Rochester, NY 14623-3161
(518) 272-3300

Region 5

100 Seneca Street
Buffalo, NY 14203-2939
(716) 847-3238

Region 6

107 Broadway
Hornell, NY 14843
(607) 324-8404

Region 7

Dulles State Office Building
317 Washington Street
Watertown, NY 13901
(315) 785-2333

Region 8

Eleanor Roosevelt State Office Building
4 Burnett Boulevard
Poughkeepsie, NY 2603-2594
(845) 431-5750

Region 9

New York State Office Building
44 Hawley Street
Binghamton, NY 13901
(607) 721-8116

Region 10

New York State Office Building
250 Veterans Memorial Highway
Hauppauge, NY 11788
(516) 952-6632

Region 11

One Hunters Point Plaza
47-40 21st Street
Long Island City, NY 11101
(718) 482-4526

TRANSPORTATION CONSTRUCTION INSPECTOR TASKS AND DUTIES

Under the supervision of a Department of Transportation Engineer-In-Charge, a Transportation Construction Inspector will be physically assigned to one or more construction projects to perform the following construction/materials inspection or inspection-related tasks:

EARTHWORK INSPECTION

Inspects contractor's operations in building earth or rock embankments which serve as foundations for pavement; conducts gradation tests, compaction tests and moisture content tests to ensure material is of correct size and is properly densified; checks thickness of the layer of material placed and the type and suitability of compaction equipment; assists in survey, layout and measurement activities.

CONCRETE INSPECTION (ON-SITE)

Inspects contractors' operations in placement of concrete for pavements and for bridge piers and abutments; conducts air content tests, slump tests and obtains cylinders for subsequent load tests; inspects contractors' method of handling and placing concrete to minimize segregation, the finishing of the concrete, and the method of curing; on concrete paving operations, inspects paving trains to ensure a smooth pavement.

STRUCTURAL INSPECTION

Inspects contractor's erecting of steel to ensure correct placement; inspects field welds; inspects surface preparation and the painting of steel.

DRAINAGE INSPECTION

Inspects contractors' operations in the installation of culverts, sewers, and ditches; ensures that excavation of trenches is done in a safe manner to proper alignment and grade, that correct material is placed and properly shaped to "bed" the pipe, and that backfill over pipe is of correct material and is properly compacted.

ASPHALT PAVEMENT INSPECTION

Inspects contractors' placement of asphalt pavement; ensures temperature for placement is correct, that lift thickness is in conformance with specifications, and the asphalt is properly compacted.

MATERIALS INSPECTION

Inspects production at a batch plant of Portland cement concrete or bituminous concrete; ensures that ingredients are from an approved source (i.e., stone, sand, asphalt or cement), that they are mixed in correct proportions for a specified time period, that automation features of the plant are working properly, and maintains documentation of tests and delivery; performs materials tests, quantity calculations, and related activities in the Materials Unit.

PROJECT SUPPORT ACTIVITIES

Calculates actual construction project lengths, areas, and volumes to support authorization of payments to the contractor, performs technical checking activities in support of administering the contract, and performs other technical and engineering-related functions as required.

MISCELLANEOUS INSPECTION ASSIGNMENTS

Construction inspection assignments may also include: inspection of curbing, sidewalk, signs, guide railing, pavement markings, landscape items, water, sanitary, traffic signals, maintenance and protection of traffic, highway lighting, fencing, crack sealing, joint filling. You may be assigned to a Construction Support Group such as Soils (stockpile testing), Independent Quality Assurance Testing (IAST), or Construction Survey.

TRANSPORTATION CONSTRUCTION INSPECTOR
AVAILABILITY QUESTIONNAIRE

1. Name (print) _____

2. Are you available for an inspector position in the _____ construction season?
(Fill in with current year)

Yes No

IF AVAILABLE, ANSWER THE FOLLOWING:

3. For what period? From _____ to _____
(Give specific dates)

4. Do you have reliable transportation to job sites? Yes No
If no, please explain _____

5. In which DOT regions or locations are you interested in working?

6. Do you have a relative(s), or other close relationship, working for the Department of Transportation or a Department Consultant or Contractor?

Yes No

If yes, list name(s), relationship & their work location:

7. Total number of College Credits **earned**: _____

8. If currently a college/university student, where do you attend:
_____ Scheduled graduation date: _____

9. Your current Address: _____

E/mail: _____

10. Home Telephone Number: _____ Other: _____

11. How did you hear about the TCI positions with the NYSDOT? _____

Signature _____ Date: _____

**MINIMUM QUALIFICATIONS
TRANSPORTATION CONSTRUCTION INSPECTORS 1 and 2**

TCI 1:

- A. One year of work experience in highway or bridge construction inspection as described in the Transportation Construction Inspector Tasks and Duties, or materials testing, or;
- B. Completion of at least one year (30 semester credit hours) of college course work as part of an Associate's Degree program in civil engineering, civil engineering technology, construction technology, engineering science or surveying technology, or;
- C. Completion of at least 1 year (30 semester credit hours) of college course work as part of a Bachelor's Degree program in engineering, engineering technology, mathematics, physical science, architecture or architectural technology, construction technology, environmental technology, landscape architecture, design, surveying, physics, geology or forestry.

TCI 2:

- D. Two years of work experience in highway or bridge construction inspection as described in the Transportation Construction Inspector Tasks and Duties, or materials testing, or;
- E. Completion of an Associates Degree program in civil engineering, civil engineering technology, engineering science or surveying technology, or;
- F. Completion of at least 2 years (60 semester credit hours) of college course work as part of a Bachelor's Degree program in engineering, engineering technology, mathematics, physical science, architecture or architectural technology, construction technology, environmental technology, landscape architecture design, surveying, physics, geology or forestry.

(NOTE: One year of work experience as described in A may be substituted for 24 semester credit hours of college course work as part of an Associate's or Bachelor's Degree program as cited in E or F.)

NOTE:

Your degree and/or college credit must have been awarded by a regionally accredited college or university or one recognized by the NYS Education Department as following acceptable educational practices. If your degree and/or college credit was awarded by an educational institution outside the United States and its territories, you must provide independent verifications of equivalency. You can write to the Examinations Information Desk of the Department of Civil Service for a list of acceptable companies who provide this service. You must pay the required evaluation fee.