



**NEW YORK STATE BRIDGE AUTHORITY  
EMPLOYMENT APPLICATION**

PO Box 1010  
Route 44/55  
Highland, New York 12528

Business: 845-691-7245  
FAX 845-691-3560  
E-Mail [humanresources@nysba.net](mailto:humanresources@nysba.net)

**POSITION DESIRED:**

<b>Circle choice(s):</b>		<b>FT Maintenance</b>		<b>Casual Toll Collector</b>		
<b>Positions:</b>						
<b>Locations :</b>	<b>RVWB</b>	<b>KRB</b>	<b>MHB</b>	<b>NBB</b>	<b>BMB</b>	
<b>Please print</b>						
Last Name	First Name	MI	Phone			
Street Address	City		State		Zip	
Other names by which you have been known: _____						
		YES	NO			
Are you 18 years of age or older?		<input type="checkbox"/>	<input type="checkbox"/>			
If hired can you provide proof of citizenship?		<input type="checkbox"/>	<input type="checkbox"/>			
Have you ever been convicted of a crime?		<input type="checkbox"/>	<input type="checkbox"/>			
If yes, please explain. _____						
Have you ever served in the military?		<input type="checkbox"/>	<input type="checkbox"/>	Veteran Status	Non-Disabled	<input type="checkbox"/>
Are you eligible for 55-c?		<input type="checkbox"/>	<input type="checkbox"/>	Disabled		<input type="checkbox"/>
<b>EDUCATION:</b>						
Do you have a high school diploma or an equivalency diploma?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Name of issuing institution: _____						
College or University: _____						
(name,location,degree) _____						
Professional Licenses or Certificates: _____						
(include issuing authority) _____						

**EMPLOYMENT HISTORY:**

Employer Name, Address, Phone:  Supervisor:  Dates Employed:  Reason for Leaving:	Duties:
Employer Name, Address, Phone:  Supervisor:  Dates Employed:  Reason for Leaving:	Duties:
Employer Name, Address, Phone:  Supervisor:  Dates Employed:  Reason for Leaving	Duties

**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 programs pursuant to local, state or federal law. Failure to provide the requested information may, in the sole discretion of the Bridge Authority, prevent your initial hiring or result in the loss of your subsequent employee benefits. If appointed, the information will be filed in your personnel file or separately authorized medical files and maintained by the Director of Human Resources.

I declare that the information provided on this application is 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's Signature

\_\_\_\_\_  
Date

The New York State Bridge Authority is an Equal Opportunity Employer.

7/29/2003