



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Employment Application Instructions

Thank you for your interest in employment at New York State Marine Highway Transportation, LLC.

Please complete and return the attached "Employment Application" along with applicable copies of your: ☐ ***Resume*** ☐ ***Drivers Lic.*** ☐ ***MMC*** ☐ ***TWIC***
☐ ***Letters of Recommendation.***

Forward completed application and supporting documentation to.....
HR@nysmarinehighway.com

Once your application is received and reviewed, you will be contacted should an appropriate position be available.

If you have additional questions, you may contact Human Resources at 518.272.5341 Ext 04.

Applicant Information		Date of Application:	
Full Legal Name:		SSN:	
Address:			
City:	State:	ZIP:	
Cell Phone:		Email Address:	
Position Applied: ☐ Yard ☐ Other:			
Preferred Work Schedule: ☐ Full-time ☐ Seasonal ☐ On-Call			
Date Available:			
Enrolled in a Random Drug Testing Program? ☐ Yes ☐ No			
Have you ever been convicted of a Felony? ☐ Yes ☐ No			
Provide details:			
Employment Eligibility			
At least 18 years of age: ☐ Yes ☐ No		US Citizen: ☐ Yes ☐ No	
Able to meet physical/emergency-duty requirements: ☐ Yes ☐ No			



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Shoreside & Yard Applicants	Has Divers Lic. ☐ Yes ☐ No
Driver's License No:	Expiration Date:
Experience With: [Check all that apply] ☐ Painting ☐ Carpentry ☐ Elect. ☐ Plumbing ☐ HVAC ☐ Welding & Metal Fab. ☐ Small Engine Repair ☐ Diesel Engines ☐ Other:	
Can Operate a Fork Lift: ☐ Yes ☐ No	Has Certification: ☐ Yes ☐ No

Previous Work Experience – 1	
Employer:	Supervisor:
Tel#	Dates of Employment:
Work Performed:	
Reason for Leaving:	
Previous Work Experience – 2	
Employer:	Supervisor:
Tel#	Dates of Employment:
Work Performed:	
Reason for Leaving:	
Previous Work Experience – 3	
Employer:	Supervisor:
Tel#	Dates of Employment:
Work Performed:	

Education	
High School Name & Location:	
Graduation Date:	Diploma ☐ Yes ☐ No ☐ GED
BOCES or Trade School:	
Graduation Date:	Diploma ☐ Yes ☐ No
Course of Study/Certifications:	



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Education	
High School:	
Dates Attended:	Degree ☐ Yes ☐ No
Vocational School	
Other:	
Dates Attended:	Degree ☐ Yes ☐ No
Describe Course of Study:	
Graduate/Professional - 1:	
Dates Attended:	Degree ☐ Yes ☐ No
Describe Course of Study:	
Other:	
Dates Attended:	Degree ☐ Yes ☐ No
Describe Course of Study:	

Professional References	
Name:	Company:
Relationship/Title:	
Telephone:	Email:
Professional References	
Name:	Company:
Relationship/Title:	
Telephone:	Email:
Professional References	
Name:	Company:
Relationship/Title:	
Telephone:	Email:
Military Service	
Branch:	
Service Dates:	
Rank/Rating:	
Type of Discharge (if applicable):	



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Additional space provided for other pertinent information:

Applicant Statement

I affirm that all information provided is accurate and complete. I authorize New York State Marine Highway Transportation LLC to verify all information provided.

Applicant's Signature:

Date: