

As the New York State Department of Transportation (NYSDOT) gears up for the upcoming April construction season, we are encouraging interested individuals to apply for the **Transportation Construction Inspector (TCI)** program.

TCIs are vital temporary employees who work under the guidance of Engineers-in-Charge to monitor, inspect, and document road and bridge construction projects. These positions are available statewide for the upcoming season, typically lasting two to nine months.

**To apply, please complete and submit the following two attached forms:**

1. **TCI Application for Employment**
2. **TCI Availability Questionnaire**
3. **Resume**
4. **Transcript**

**When completing your application please make sure to answer all questions and sign your application. Please do not skip question # 4 and #5 on your application. When answering question #5 please make sure to read and answer correctly. If offered a position with DOT check “yes” only if you plan on volunteering or maintain employment elsewhere at the same time while working with DOT.**

**On page 5 you must provide at least one professional reference. Please no friends or coworkers. You cannot leave this page blank.**

You may submit your completed application, along with your resume and transcript, by emailing them to Danielle Johnson at [danielle.johnson@dot.ny.gov](mailto:danielle.johnson@dot.ny.gov) and copy Florina Pupla at [Florina.Pupla@dot.ny.gov](mailto:Florina.Pupla@dot.ny.gov)

Please make sure the email **Subject** reads: **TCI Application & “Your Name”**



# Construct your future with the New York State Department of Transportation

## Qualifications to Apply

### Transportation Construction Inspector 1, hourly rate of \$ [ ] [ ] [ ]

- A. One *construction season (minimum of 3 months)* of work experience in highway, bridge or other civil engineering related construction inspection, as described in the Transportation Construction Inspector Tasks and Duties, or;
- B. Completion of at least one year (minimum of 27 semester credit hours) of college course work as part of an Associate's Degree program in engineering, engineering technology, construction technology, engineering science, surveying technology, drafting/CAD, or heavy equipment operations or;
- C. Completion of at least one year (minimum of 27 semester credit hours) of college course work as part of a Bachelor's Degree program in engineering, engineering technology, environmental sciences or environmental technology, construction management, construction supervision, engineering management, construction engineering or construction engineering technology, transportation planning, mathematics, physical science, architecture or architectural technology, construction technology, landscape architecture, surveying, physics, geology or forestry.

### Transportation Construction Inspector 2, hourly rate of [ ] [ ] [ ]

- A. Two **separate** *construction seasons (minimum 6 months total)* of work experience in highway, bridge or other civil engineering related construction inspection, as described in the Transportation Construction Inspector Tasks and Duties, or;
- B. Completion of an Associate's Degree program in engineering, engineering technology, construction technology, engineering science, surveying technology, drafting/CAD, or heavy equipment operations or;
- C. Completion of at least two years (minimum of 54 semester credit hours) of college course work as part of a Bachelor's Degree program in engineering, engineering technology, environmental sciences or environmental technology, construction management, construction supervision, engineering management, construction engineering or construction engineering technology, transportation planning, mathematics, physical science, architecture or architectural technology, construction technology, landscape architecture, surveying, physics, geology or forestry or;
- D. Completion of **one** *construction season* of work experience, as described in TCI 1 above, plus minimum of 27 semester credit hours of college course work as part of an Associate's or Bachelor's Degree program as cited above.

### Transportation Construction Inspector 3, hourly rate of \$ [ ] [ ] [ ]

- All Transportation Construction Inspector 2's will progress to Transportation Construction Inspector 3 upon satisfactory completion of six months as a Transportation Construction Inspector 2 or completion of three months as a Transportation Construction Inspector 2 and completion of at least 27 additional credit hours of college course work as part of Bachelor's Degree program as cited in C above.

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## How to Apply

No Civil Service test required.

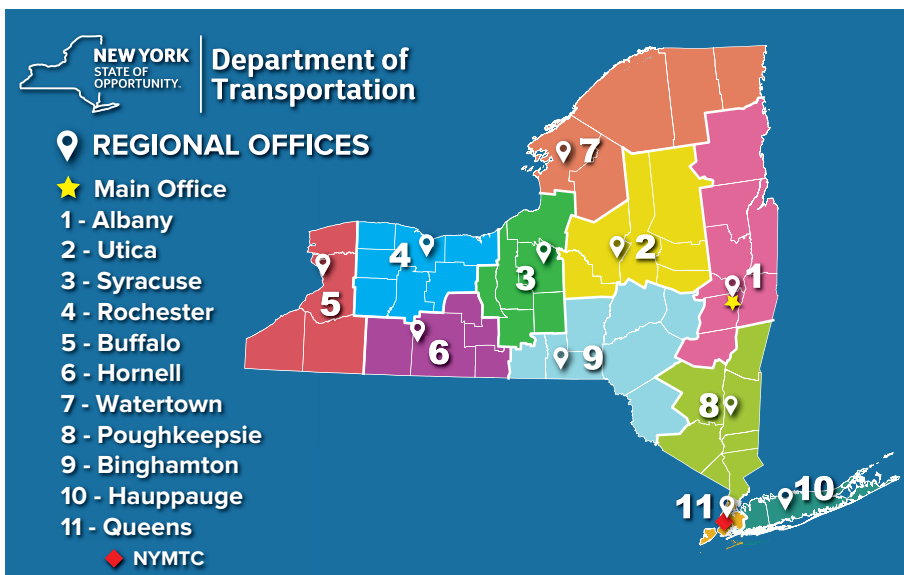
Visit our website: [www.ny.gov/dotjobs](http://www.ny.gov/dotjobs) for an application and more information about our current openings, training opportunities and DOT locations.



Call us: 1-877-DOT-JOB1

Email us: [recruitment@dot.ny.gov](mailto:recruitment@dot.ny.gov)

50 Wolf Road, Albany, New York 12232



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## Benefits

Permanent, full-time NYSDOT employees enjoy many benefits

### Annual Paid Leave

- 13 vacation days, increasing to 20 days after 7 years
- 5 personal days
- 13 sick days
- 12 paid holidays

### Health Insurance

- State pays approximately 85% of individual plans and approximately 70% of family plans
- No cost vision and dental coverage

### Retirement

- Employee contribution rate to retirement system based on annual wage
- Defined benefit pension plan determined by total years of service and final average salary

### Deferred Compensation Plan:

- Voluntary participation allows employees to contribute tax deferred money for supplemental retirement purposes

### Flex Spend Account:

- Voluntary participation allows employees to put money aside, through a pre-tax payroll deduction, for health care costs not reimbursed by health insurance plans, and for eligible dependent care (child care, elder care, or disabled dependent care)

### Permanent Employees May Also Qualify For:

- Tuition Reimbursement
- Military Leave
- Paid Jury Duty Leave
- Child Rearing Leave
- Part-time or Reduced Work Schedule
- Compressed Work Schedule

Contact NYSDOT Personnel Bureau:  
(518) 457-6460  
1-877-DOT-JOB1  
[recruitment@dot.ny.gov](mailto:recruitment@dot.ny.gov)



Transportation Construction Inspector Availability Questionnaire

1. Name \_\_\_\_\_

2. Are you available for an inspector position in the 2026 construction season? (Current Year)

Yes [ ] No [ ]

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. List the DOT Region(s) you are interested in working, in priority order:

- a. \_\_\_\_\_ c. \_\_\_\_\_
b. \_\_\_\_\_ d. \_\_\_\_\_

6. Do you have a relative(s), or other close relationship, working for the Department of Transportation, Department Consultant or Contractor? Yes [ ] No [ ]

If yes, list names(s), relationship(s) and their work location(s):

7. Total number of College Credits earned: \_\_\_\_\_

Please Note: If you believe you qualify based on education, please submit an unofficial transcript stating your degree program and the school's web address listed on the bottom of the page with your application.

8. If currently a college/university student, where do you attend: \_\_\_\_\_

Scheduled graduation date: \_\_\_\_\_

9. Your current Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

10. Primary Telephone Number: \_\_\_\_\_ Other: \_\_\_\_\_

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

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



EMPLOYMENT APPLICATION PART 1 – PRE-INTERVIEW

New York State (NYS) is an equal opportunity/affirmative action employer. NYS Law prohibits discrimination because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status, domestic violence victim status, carrier status, gender identity or prior conviction records, or prior arrests, youthful offender adjudications, or sealed records unless based upon a bona fide occupational qualification or other exception.

If you are a person with a disability and wish to request that a reasonable accommodation be provided for you to participate in a job interview, please contact: The Office of Human Resources at 518-457-6460 or HR-Personnel@dot.ny.gov

IDENTIFYING INFORMATION

Please read all instructions carefully. All pages of this application must be completed, and the application signed. If you need additional space, please use the ADDITIONAL REMARKS section. Applicants may be required to complete additional components of the Employment Application as directed by the hiring agency. After the interview process, Applicants must complete either Part 2 or Part 2A of the New York State Employment Application, as directed by the appointing agency.

Name: Last First MI XXX/XX/ SSN (last 4 digits only)

Current Mailing/Street Address: NYS EMPLID (if assigned)

City State Zip Code

County of Residence: Area Code/Home Phone

Email Address:

Permanent Street Address (if different from above): Area Code/Business Phone

List any other names by which you have been known (including nicknames): Area Code/Cell Phone

APPLICANT INFORMATION

1. All candidates must be eligible for employment in the United States and maintain this eligibility throughout their employment with NYS. Employment is contingent upon the provision of proof of the right to accept employment in the United States.

- a. Are you legally authorized to work in the United States? Yes No
b. Will you now, or in the future, require sponsorship for employment visa status (e.g. for an H-1B Visa)? Yes No
c. If under age 18, can you provide a work permit? Yes No N/A

Name:

**POSITIONS MAY REQUIRE TRAVEL AND/OR OPERATION OF A MOTOR VEHICLE OR HEAVY EQUIPMENT**

- 2. Certain positions may require extensive travel within a designated area of assignment; to otherwise travel in areas that may not be served by public transportation; to routinely operate a motor vehicle; and/or to routinely operate heavy equipment requiring a specialized license.

For positions requiring operation of a motor vehicle or heavy equipment, appointees must possess a driver license valid in NYS at the time of appointment and continuously thereafter. Candidates who do not possess a driver license valid in NYS must be able to demonstrate their capacity to meet the transportation needs of the job at the time of interview. **If you are required to possess a driver license for the position you are applying for, please complete the following questions:**

a. **Do you currently have a valid driver license that allows you to operate a motor vehicle in New York State?** Yes No

b. If yes, please select your license class: A  B  C  D  E  Other (specify) \_\_\_\_\_

Licensing State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

c. **For Commercial Driver License (CDL) holders, please list your endorsements or restrictions:**

\_\_\_\_\_

**POSITIONS MAY REQUIRE PROFESSIONAL LICENSURE OR CERTIFICATION**

- 3. For some positions, professional licensure, registration, certification, or other authorization to practice a trade or profession is required. Applicants claiming these credentials will be required to provide proof as a part of the screening process. If you are required to possess such credentials for the position you are applying for, please complete the following questions:

a. **Name of Trade or Professional License/Certificate:** \_\_\_\_\_

**Type/Specialty:** \_\_\_\_\_ **Issued By:** \_\_\_\_\_

**License No.:** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Registration Date:** \_\_\_\_\_ **Registration Expiration Date:** \_\_\_\_\_

b. **Do you have any conditional limitations or restrictions on your ability to practice under your professional license/certification/registration?** Yes No N/A

c. **Has your license/certification/registration ever been suspended or revoked?** If yes to 3b or 3c, please specify in detail: Yes No N/A

d. **For Teacher Certification:** Is your Certification Initial, Provisional, Permanent, or Professional? Please specify:

\_\_\_\_\_

Name:

## POTENTIAL FOR CONFLICT OF INTEREST

4. Please provide the names of any relative(s) employed by the agency with which you are seeking employment. For the purposes of this application, a "relative" is defined as a person living in the same household; OR parents, grandparents, spouse, siblings, children, aunts, uncles, nieces, nephews, or in-laws.

Relative Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Check here if you have no relative(s) employed by the agency with which you are seeking employment.

5. If offered a position with this agency, will you also intern, volunteer or maintain employment concurrently elsewhere? Yes      No

Please note that if you intend to maintain other employment while employed by the hiring agency, that agency's approval to do so may be required. Applicants should inquire about their ability to maintain other employment at the time of interview.

## JOB INTERESTS AND EMPLOYMENT AVAILABILITY

6. Type of work or position desired: \_\_\_\_\_

7. Geographic work location(s) desired: \_\_\_\_\_

8. Some positions require different work schedules. Please indicate which schedules you would be able to perform.

Hours	Ability to Work		Schedule	Ability to Work		Duration	Ability to Work	
Shift Work	Yes	No	Saturday hours	Yes	No	Permanent	Yes	No
Overtime	Yes	No	Sunday hours	Yes	No	Temporary	Yes	No
			Full-time	Yes	No	Seasonal	Yes	No
			Part-time	Yes	No	Summer Only	Yes	No
			Per diem	Yes	No	Winter Only	Yes	No

9. If offered a position with the hiring agency, when would you be available for work? \_\_\_\_\_

## EDUCATION

Applicants will be required to provide proof of diploma and/or degrees claimed.

School	Name/Location	Credits	Diploma or Degree Received	Courses of Study (Major/Minor)
High School				
Equivalency Program	Issued by: _____			Number: _____
Vocational or Technical Schools				
Colleges or Universities				
Other Training or Military Schools				

Name: \_\_\_\_\_

# EMPLOYMENT & EXPERIENCE

Please list all periods of employment\*, beginning with the most recent, and include all prior experiences with any state or local government. You must include all concurrent employment. Resumes will not be accepted in lieu of completing this Section. If you need extra space please attach additional sheets. Agencies reserve the right to contact any or all of your employers to verify the information provided.

Name of Present or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Date Employed: \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ To: \_\_\_\_\_  
Supervisor's Title: \_\_\_\_\_ Area Code/Telephone: \_\_\_\_\_  
Your Title and Duties: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_  
If this is your current employer, when may we contact them? \_\_\_\_\_

\*\*\*\*\*  
Name of Present or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Date Employed: \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ To: \_\_\_\_\_  
Supervisor's Title: \_\_\_\_\_ Area Code/Telephone: \_\_\_\_\_  
Your Title and Duties: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_  
If this is your current employer, when may we contact them? \_\_\_\_\_

\*\*\*\*\*  
Name of Present or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Date Employed: \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ To: \_\_\_\_\_  
Supervisor's Title: \_\_\_\_\_ Area Code/Telephone: \_\_\_\_\_  
Your Title and Duties: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_  
If this is your current employer, when may we contact them? \_\_\_\_\_

\*\*\*\*\*

Additional Sheets Attached? Yes No

Name: \_\_\_\_\_

## PROFESSIONAL REFERENCES

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
\_\_\_\_\_ Email Address: \_\_\_\_\_  
\*\*\*\*\*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
\_\_\_\_\_ Email Address: \_\_\_\_\_  
\*\*\*\*\*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
\_\_\_\_\_ Email Address: \_\_\_\_\_  
\*\*\*\*\*

## ADDITIONAL REMARKS

Additional Sheets Attached? Yes No

## APPLICANT AFFIRMATION & RELEASE AUTHORIZATION

I affirm that all statements made by me on this form, including attached papers, are true, complete and correct to the best of my knowledge. I understand all statements made by me in connection with this application are subject to investigation and verification and that falsification or omission of information is cause for the revocation of offer of employment or dismissal from employment. I understand that knowingly making a false statement on this application or any attachment or supporting document is punishable as a misdemeanor pursuant to Section 210.45 of the NYS Penal Law.

I hereby authorize any former or current employer, military records center, or school to provide the New York State Department of Civil Service and/or the hiring authority any and all information necessary to reach an employment decision including, but not limited to, information regarding my job duties, attendance, behavior, work habits, skills, abilities, claims, liabilities, damage, and relationships with coworkers, customers or supervisors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name:

## SUPPLEMENTAL INFORMATION FOR APPLICANTS

Applicants should retain a copy of this page for their records.

**Additional Testing Required for Certain Positions:** Physical/Medical examinations and/or drug and alcohol tests may be required for certain positions. Failure to participate in any required examinations and/or tests will negatively affect your employment eligibility and/or status.

**Former State or Local Government Retirees:** Section 150 of the Civil Service Law of New York State prohibits retired state or local employees from being rehired by the state or a political subdivision and receives pension benefits while employed. Applicants who are receiving service retirement benefits from New York State, Municipal or Political Subdivision Retirement System must have approval under Section 211 or 212 of the Retirement and Social Security Law to protect their current service benefits.

**Post-Employment Restrictions:** Post-employment restrictions apply to all State Officers and Employees subject to Public Officers Law Section 73. They apply to part-time and seasonal employees, and apply equally regardless of the duration of employment while with New York State. For the two year period immediately following separation from State service, former State Officers and Employees are prohibited from:

- a. Appearing or practicing, regardless of compensation, before their former agency, **and**
- b. Receiving compensation on behalf of a client in relation to a matter before their former agency.

State Officers and Employees may also be subject to a “**reverse two-year bar**” that requires State officers and employees to recuse themselves from matters involving their former private sector employers for two years after entering State service.

The “**lifetime bar**” prohibits a former State Officer or Employee from providing services, regardless of compensation, and from rendering services for compensation, in relation to any case, proceeding, application or transaction with respect to which the former employee was directly concerned and in which he or she personally participated or which was under his or her active consideration while in State service.

**Personal Privacy Protection Law Notification:** The information you are providing on this application is being requested for the principal purpose of determining eligibility for initial and continued employment. The information may also be used in administering employee benefit programs and will be used in accordance with section 96(1) of the Personal Privacy Protection Law. Failure to provide the requested information may hinder your possible hiring and subsequent administration of your employee benefits.

Name: