

RESOLUTION NO. 227.24

**TO ENACT INTRODUCTORY LOCAL LAW NO. 11 OF 2024; TO ADOPT CHAPTER
271 ENTITLED HOTEL USE REGULATIONS**

THEREFORE, UPON MOTION OF Councilmember _____,
seconded by Councilmember _____,

BE IT RESOLVED BY THE TOWN BOARD AS FOLLOWS:

SECTION 1. The Town Board hereby enacts Introductory Local Law No. 11 of 2024.

SECTION 2. The Town Clerk is directed, following consultation with the Attorney to the Town, to file said Local Law in final form with the New York State Department of State.

SECTION 3. This resolution shall become effective May 22, 2024.

DATED: May 22, 2024

NAME	AYES	NOES	ABSTAIN
Dodson			
Mastroianni			
Gallucci			
Schlag			
Collins			

TOWN OF ROTTERDAM

John F. Kirvin Government Center • 1100 Sunrise Boulevard • Rotterdam, NY 12306
Telephone: 518-355-7575 • Fax: 518-355-7976 • Website: www.rotterdamny.org



LEGISLATIVE REQUEST FORM

DATE: May 15, 2024

TO: Town Board

FROM: Mollie Collins, Supervisor

TITLE OF REQUEST: To enact Local Law No. ____ of 2024; To adopt Chapter 271 entitled Hotel Use Regulations

TOWN BOARD MEETING: May 22, 2024

Background Information: The Town's current code does not address specific issues regarding the health, safety and general welfare of guests of transient lodging providers within the Town of Rotterdam.

Evaluation/Analysis: The Town Board of the Town of Rotterdam should adopt the new code – Chapter 271.

Recommendation(s): Following a Public Hearing on May 22, 2024, adopt Introductory Local Law No. ____ of 2024; to adopt Chapter 271 entitled Hotel Use Regulations into the Town Code.

Attachment/Document(s): Proposed Chapter 271 entitled Hotel Use Regulations and Introductory Local Law No. ____ of 2024.

Compliance with Purchasing Policy: N/A

Effect(s) on Existing Law(s): N/A

LEGISLATION WILL BE PREPARED BY: Supervisor

Local Law Filing

(Use this form to file a local law with the Secretary of State.)

Text of law should be given as amended. Do not include matter being eliminated and do not use italics or underlining to indicate new matter.

☐ County ☐ City ☒ Town ☐ Village

(Select one:)

of Rotterdam

Local Law No. 11 of the year 20²⁴

A local law TO ADOPT CHAPTER 271 ENTITLED HOTEL USE REGULATIONS

(Insert Title)

Be it enacted by the Town Board of the

(Name of Legislative Body)

☐ County ☐ City ☒ Town ☐ Village

(Select one:)

of Rotterdam

as follows:

See attached

(If additional space is needed, attach pages the same size as this sheet, and number each.)

(Complete the certification in the paragraph that applies to the filing of this local law and strike out that which is not applicable.)

1. (Final adoption by local legislative body only.)

I hereby certify that the local law annexed hereto, designated as local law No. 11 of 2024 of the ~~(County)~~(City)(Town)(Village) of Rotterdam was duly passed by the Town Board on May 22 2024, in accordance with the applicable provisions of law.
(Name of Legislative Body)

2. (Passage by local legislative body with approval, no disapproval or repassage after disapproval by the Elective Chief Executive Officer*.)

I hereby certify that the local law annexed hereto, designated as local law No. _____ of 20____ of the ~~(County)~~(City)(Town)(Village) of _____ was duly passed by the _____ on _____ 20____, and was (approved)(not approved) *(Name of Legislative Body)* (repassed after disapproval) by the _____ and was deemed duly adopted *(Elective Chief Executive Officer*)* on _____ 2024, in accordance with the applicable provisions of law.

3. (Final adoption by referendum.)

I hereby certify that the local law annexed hereto, designated as local law No. _____ of 20____ of the ~~(County)~~(City)(Town)(Village) of _____ was duly passed by the _____ on _____ 20____, and was (approved)(not approved) *(Name of Legislative Body)* (repassed after disapproval) by the _____ on _____ 20____. *(Elective Chief Executive Officer*)*

Such local law was submitted to the people by reason of a (mandatory)(permissive) referendum, and received the affirmative vote of a majority of the qualified electors voting thereon at the (general)(special)(annual) election held on _____ 20____, in accordance with the applicable provisions of law.

4. (Subject to permissive referendum and final adoption because no valid petition was filed requesting referendum.)

I hereby certify that the local law annexed hereto, designated as local law No. _____ of 20____ of the ~~(County)~~(City)(Town)(Village) of _____ was duly passed by the _____ on _____ 20____, and was (approved)(not approved) *(Name of Legislative Body)* (repassed after disapproval) by the _____ on _____ 20____. Such local *(Elective Chief Executive Officer*)* law was subject to permissive referendum and no valid petition requesting such referendum was filed as of _____ 20____, in accordance with the applicable provisions of law.

* Elective Chief Executive Officer means or includes the chief executive officer of a county elected on a county-wide basis or, if there be none, the chairperson of the county legislative body, the mayor of a city or village, or the supervisor of a town where such officer is vested with the power to approve or veto local laws or ordinances.

5. (City local law concerning Charter revision proposed by petition.)

I hereby certify that the local law annexed hereto, designated as local law No. _____ of 20____ of the City of _____ having been submitted to referendum pursuant to the provisions of section (36)(37) of the Municipal Home Rule Law, and having received the affirmative vote of a majority of the qualified electors of such city voting thereon at the (special)(general) election held on _____ 20____, became operative.

6. (County local law concerning adoption of Charter.)

I hereby certify that the local law annexed hereto, designated as local law No. _____ of 20____ of the County of _____ State of New York, having been submitted to the electors at the General Election of November _____ 20____, pursuant to subdivisions 5 and 7 of section 33 of the Municipal Home Rule Law, and having received the affirmative vote of a majority of the qualified electors of the cities of said county as a unit and a majority of the qualified electors of the towns of said county considered as a unit voting at said general election, became operative.

(If any other authorized form of final adoption has been followed, please provide an appropriate certification.)

I further certify that I have compared the preceding local law with the original on file in this office and that the same is a correct transcript therefrom and of the whole of such original local law, and was finally adopted in the manner indicated in paragraph _____ above.

Clerk of the county legislative body, City, Town or Village Clerk or
officer designated by local legislative body

(Seal)

Date: _____

Proposed New Chapter 271 – Hotel Use Regulations

Article I - **Hotel Occupancy**

S271-1 – **Purpose**

It is the purpose of this article to promote the health, safety, and general welfare of guests of transient lodging providers located within the Town of Rotterdam, and to ensure the continued availability of safe, sanitary, and code-compliant transient lodging within the Town.

S271-2 – **Definitions**

Extended Stay Unit – a hotel or motel unit with accommodations for sleeping which contains a kitchenette.

S271-3 – **Occupancy Limits**

- A. Occupancy of any hotel/motel, bed-and-breakfast, inn, or boardinghouse by any individual shall be limited to no more than twenty-eight (28) consecutive days unless such hotel/motel, bed-and-breakfast, inn, or boardinghouse has an attached restaurant; provided that such occupancy shall be allowed for more than twenty-eight (28) days within an extended stay unit (as defined in S271-2), which complies with all applicable New York State and Town of Rotterdam codes.
- B. Occupancy of any hotel/motel, bed-and-breakfast, inn, or boardinghouse by any individual shall be limited to no more than sixty (60) days in any one hundred eighty (180) day period, except that such occupancy shall be allowed within an extended stay unit.
- C. Re-registering any guest or any person sharing or staying in the same room as a guest in the same or a different room in the same hotel/motel, bed-and-breakfast, inn, or boardinghouse or in a hotel/motel, bed-and-breakfast, inn, or boardinghouse owned and operated by the same entity or an entity with any of the same member having an interest of 5% or more shall be considered a single occupancy for the purpose of these limits.
- D. The occupancy limitations set forth in S271-A shall not apply if an individual provides photo identification as required by S271-4 that shows that the individual has a permanent place of residence other than the hotel/motel, bed-and-breakfast, inn, or boardinghouse at which the individual is registering. The owner or operator of any hotel/motel, bed-and-breakfast, inn, or boardinghouse shall photocopy the identification required by S271-4 and shall keep such record for a minimum of one year. This record must be available for inspection by member of the Town of Rotterdam Police Department and or Building/Code Enforcement Department, or any of them or their designees, who shall have the authority to inspect the records from time to time, without prior notice.
- E. No person or entity owning, leasing, or operating or managing any hotel/motel, bed-and-breakfast, inn, or boardinghouse shall charge or accept money or other consideration by an hourly rate or any increment less than one full day's room rental.

- F. In extraordinary circumstances, a person or entity owning, leasing, operating or managing any hotel/motel, bed-and-breakfast, inn, or boardinghouse, together with the occupant at issue, may apply to the Town Board of Rotterdam in writing, by submitting a written request to the Town Clerk of Rotterdam, for an extension of the twenty-eight (28) day limitation period upon a showing by clear and convincing evidence that a time extension is required for humanitarian reasons. The application must show not only that an extraordinary circumstance exists by clear and convincing evidence, but also must show all steps that have been taken to find the occupant suitable permanent housing elsewhere.

S271-4 – Photo Identification Required

Every hotel/motel, bed-and-breakfast, inn, or boardinghouse must require all adult guests to produce government-issued photo identification at the front desk immediately upon arrival.

S271-5 – Age Restrictions

Any individual occupying any hotel/motel, bed-and-breakfast, inn, or boardinghouse for any length of time must be at least 18 years of age, unless accompanied by a parent or legal guardian. However, a hotel/motel, bed-and-breakfast, inn, or boardinghouse may rent, lease or sign a contract for the use of the unit, room, or suite to a person under the age of 18 if the individual is part of a school group, sports or extracurricular team, convention, corporate meeting, pageant or other similar major contracted booking at the hotel/motel, bed-and-breakfast, inn, or boardinghouse and a copy of the contract is on file at the establishment available for inspection by the members of the Town of Rotterdam Police Department and Building/Code Enforcement Department, or any of them or their designees.

S271-6 – Keeping and Inspection of Register

Every hotel/motel, bed-and-breakfast, inn, or boardinghouse shall keep for a period of one year a register which shall show the name, residence, date of arrival and departure of all persons provided with lodging at the premises. This register must be available for inspection by the members of the Town of Rotterdam Police Department and Building/Code Enforcement Department, or any of them or their designees, who shall have the authority to inspect the register from time to time, without prior notice.

S271-7 – Sanitary Conditions; General Maintenance

- A. Bathroom and water closet facilities are required.
- a. Bathroom or bathrooms, which affords privacy to a person inside said room; contains a bathtub or shower, wash basin and flush water closet; and complies with such other requirements as are set forth elsewhere in the Code of the Town of Rotterdam shall be supplied for each six (6) persons or fraction thereof residing within a hotel/motel, bed-and-breakfast, inn, or boardinghouse.
 - b. All such facilities shall be located within the dwelling as to be directly accessible from a common hall or passageway which is either on the same floor as, or is one (1) floor

above or below, all rooming units it is designed to serve and which hallway is directly accessible to the occupants of all such rooming units without passing through any part of any other rooming unit or dwelling unit.

- c. All bathrooms and water closet compartments shall be provided with inside locks.
- B. Bedding, bed linen, towels and soap are required. Every person or entity owning, leasing, or operating or managing any hotel/motel, bed-and-breakfast, inn, or boardinghouse shall provide for all occupants' bedding, mattresses, mattress covers, bed linens, blankets, pillows, towels, and soap. All such items shall be kept in clean and sanitary condition at all times. Fresh, clean bed linens and towels shall be supplied for each new occupant at the commencement of the term of occupancy and fresh, clean bed linens and towels shall be supplied at least once a week. Unless laundry service is provided for all occupants, a laundry tub or washing machine shall be accessible to and available for use by all occupants.
- C. All furniture and furnishings shall be maintained in safe and sound condition, in good repair, and upholstery and coverings shall be kept clean and free of rips and tears. Windows shall be provided, where necessary, with blinds, drapes, curtains, or shades to provide occupants with privacy.
- D. There shall be present and in charge of every hotel/motel, bed-and-breakfast, inn, or boardinghouse subject to licensing a person who is mentally and physically competent to maintain the same in safe and sanitary condition, who shall keep the exterior of the premises and all common interior areas, including but not limited to the landings, stairways, hallways, and bathrooms, clean free from garbage and other refuse and free of infestation and who shall attend to the daily removal of garbage.

S271-8 – Infestation

- A. All grounds, buildings and structures of any hotel/motel, bed-and-breakfast, inn, or boardinghouse shall be maintained free of insects, vermin and rodent harborage and infestation. Methods used for exterminating insects, vermin and rodents shall meet the generally accepted practices of the industry and shall be in accordance with the manufacturer's specifications.
- B. Where the potential for rodent infestation exists, windows and other openings in basements and cellars shall be appropriately rodent proofed with wire or other suitable materials.
- C. The exterior of every structure of any hotel/motel, bed-and-breakfast, inn, or boardinghouse used for human habitation shall be so maintained as to be vermin and rodent free. Where rodent or vermin problems exist, all exterior windows, doors and other opening two feet above ground level shall be screened or protected with acceptable wire mesh or other suitable materials. Defects, cracks, or holes shall be tightly sealed to prevent the entrance of insects, vermin, and rodents.
- D. When a pest, bedbug, or other insect or rodent infestation, as defined in Section 308 of the New York State Property Maintenance Code, has been identified in a hotel/motel, bed-and-breakfast, inn, or boardinghouse by the Building/Code Enforcement Department after a

routine inspection by such Department, or inspection after the Department receives a complaint of an infestation, the Department shall contact the premises owner and require the owner to provide proof of extermination/pest control services. When determined by a professional exterminator, the dwelling units in direct proximity to the affected unit and common areas shall also be treated if evidence of infestation in these areas is found. The person or entity owning such hotel/motel, bed-and-breakfast, inn, or boardinghouse shall provide a copy of any report for the services rendered to the Building/Code Enforcement Department.

S271-9 – Penalties for Offenses

- A. A violation of this article shall be punishable by a fine of not less than \$100.00 nor more than \$500.00, or 15 days in jail, or both, except that where the owner, lessor, operator, or agent was found to have violated this article within the preceding five years, the fine may not be more than \$1,000.00. Each day that a violation continues shall be deemed a separate offense.
- B. Town of Rotterdam Police Department and Building/Code Enforcement Department are authorized to issue appearance tickets for any violation of this section, and shall be primarily responsible for the enforcement of these provisions.

S271-10 – Severability

If any clause, sentence, paragraph, section, article, or part of this article shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair or invalidate the remainder thereof but shall be confined in its operation to the clause, sentence, paragraph, section, article or part thereof directly involved in the controversy in which such judgment shall have been rendered.

RESOLUTION NO. 228.24

**CALL FOR BIDS FOR 6.3MM POLYMER-MODIFIED HOT MIX ASPHALT
HIGHWAY RESURFACING**

THEREFORE, UPON MOTION OF Councilmember _____,
seconded by Councilmember _____,

BE IT RESOLVED BY THE TOWN BOARD AS FOLLOWS:

SECTION 1. The Town Board of the Town of Rotterdam hereby authorizes the Supervisor to call for bids for 6.3mm polymer-modified hot mix asphalt highway resurfacing.

SECTION 2. The Town Clerk of the Town of Rotterdam shall cause the following public notice to be published in the official newspaper of the Town of Rotterdam, and the Supervisor of the Town of Rotterdam shall cause the following public notice be published to the Empire State Purchasing Group on BidNet (<http://www.bidnetdirect.com/townofrotterdam>) at least five (5) days before the date of reception of bid proposals:

**TOWN OF ROTTERDAM
NOTICE TO BIDDERS**

PLEASE TAKE NOTICE: That all bids received by the Town Board of the Town of Rotterdam, by **June 6, 2024 at 10:00 A.M.**, will be opened electronically and in person at that time. The town board will subsequently post an official report to the Empire State Purchasing Group on BidNet (<http://www.bidnetdirect.com/townofrotterdam>) by the close of business the next day, of all bid submissions received pursuant to this notice. Additionally, the official bid report and all bids shall be available in the office of the town clerk for public inspection during regular business hours, for the purchase by the Town of Rotterdam of the following:

**6.3MM POLYMER-MODIFIED HOT MIX ASPHALT
HIGHWAY RESURFACING**

Digital Copies of Specifications may be obtained from the Empire State Purchasing Group on BidNet at <http://www.bidnetdirect.com/townofrotterdam>. Copies of RFP documents obtained from any other source are not considered official copies. The Town of Rotterdam cannot guarantee the accuracy of any information not obtained from the BidNet Direct website and is not responsible for any errors contained by any information received from an alternate source. Only those vendors who obtain ITB, RFP or RFQ documents from the BidNet system are guaranteed to receive addendum information, if such information is issued. If you obtain the document from a source other than the source indicated, it is recommended that you register on the Empire State Purchasing Group website, <http://www.bidnetdirect.com/new-york> and obtain an official copy.

**ALL BID PROPOSALS MUST BE SUBMITTED PRIOR TO
10:00A.M., JUNE 6, 2024**

The town board reserves the right to accept or reject any and all bids or proposals or any specific part of any item of any bid.

**BY ORDER OF THE ROTTERDAM TOWN BOARD
DIANE M. MARCO, TOWN CLERK**

DATED: May 22, 2024

BidNet: Please publish on May 23, 2024

Daily Gazette: Please publish once on May 24, 2024

Town Clerk Post

SECTION 3. This resolution shall become effective May 22, 2024.

DATED: May 22, 2024

NAME	AYES	NOES	ABSTAIN
Dodson			
Mastroianni			
Gallucci			
Schlag			
Collins			

TOWN OF ROTTERDAM

John F. Kirvin Government Center * 1100 Sunrise Boulevard * Rotterdam, NY 12306
Telephone: 518-355-7575 * Fax: 518-355-7976 * Website: www.rotterdamny.org



LEGISLATIVE REQUEST FORM

DATE: May 22, 2024

TO: Town Board

FROM: Larry Lamora, Highway Superintendent

TITLE OF REQUEST: Call for bids for 6.3mm Polymer-Modified Hot Mix Asphalt Highway Resurfacing #2024-001

TOWN BOARD MEETING: May 22, 2024

Background Information: Every year road evaluations are conducted by the Highway Dept. to assess what roads need to be paved in the Town.

Evaluation/Analysis: Proper bidding process

Recommendation(s): Town Board to place on Bidnet

Attachment/Document(s): Bid Package

Compliance with Purchasing Policy: Yes

Effect(s) on Existing Law(s): N/A

LEGISLATION WILL BE PREPARED BY: Supervisors Office

Town of Rotterdam

Highway Department

Bid Sheets & Specifications for

6.3mm Polymer-Modified Hot Mix Asphalt Highway Resurfacing #2024-001

Bid Opening: June 6, 2024 @ 10:00 a.m.

INSTRUCTIONS TO BIDDERS:

1. All bids must be submitted before **10:00 a.m. on June 6, 2024**, the day of opening.
2. Electronic proposals for the furnishing and delivery of goods/services as required for the Town of Rotterdam, as set forth in the specifications prepared by the Town Board and received by **10:00 a.m. on June 6, 2024**, will be electronically opened at that time, via Empire State Purchasing Group on the BidNet website (<http://www.bidnetdirect.com/townofrotterdam>). The Town Board will subsequently post an official report to the Empire State Purchasing Group on BidNet by the close of business the same day, of all bid submissions received. Additionally, the official bid report and all bids shall be available in the Office of the Town Clerk for public inspection during regular business hours.
3. Digital Copies of Drawings and Specifications may be obtained from the Empire State Purchasing Group on BidNet at <http://www.bidnetdirect.com/townofrotterdam>. Copies of RFP documents obtained from any other source are not considered official copies. The Town of Rotterdam cannot guarantee the accuracy of any information not obtained from the BidNet Direct website and is not responsible for any errors contained by any information received from an alternate source. Only those vendors who obtain ITB, RFP or RFQ documents from the BidNet system are guaranteed to receive addendum information, if such information is issued. If you obtain the document(s) from a source other than the source indicated, it is recommended that you register on the Empire State Purchasing Group website, <http://www.bidnetdirect.com/new-york> and obtain an official copy.
4. Purchases made by the Town of Rotterdam are not subject to State or local taxes or Federal excise taxes. Exemption certificates will be furnished upon request.
5. An "Affidavit of Non-Collusion" is attached and forms a part of this bid proposal. By submission of this bid, each bidder and each person signing on behalf of any bidder, certifies under penalty of perjury, that to the best of his/her knowledge and belief that the prices of the bid have been arrived at independently without collusion, consultation, communication or agreement, for the purpose of restricting competition, as to any matter related to such prices with any other bidder or competitor; that the prices quoted have not and will not be disclosed prior to opening, directly or indirectly, to any other bidder or competitor; that no attempt has been or will be made to induce any other person, partnership or corporation to submit or not submit a bid for the purpose of restricting competition. Each bidder must state that no officer of the Town of Rotterdam or member of the Town Board is directly or indirectly interested in the proposal. Failure to sign this statement will constitute grounds for rejection of bid.
6. Each bidder must acknowledge receipt of and comply with the Town's Non-Discrimination and Harassment (Including Sexual Harassment) in the Workplace policy.
7. Bid proposals shall remain firm, pending bid award, for a period not to exceed thirty (30) days from the bid opening date.

8. Delivery: Time is of the essence. Material is required as soon as possible, and the guaranteed date of delivery may be taken into consideration in making the award. Upon failure to make delivery as promised, the Town Board of the Town of Rotterdam, New York, may consider the contract breached and will then feel free to go into the open market and to maintain an action against the contractor to recover any differences which the Town Board might stand to lose between the contract price and the market price.
9. Where items or articles or equipment or supplies are designated as manufactured by a specific manufacturer, it is to be understood that the articles as specified represent and The Town Board reserves the right to reject any or all bids and re-advertise.
10. Accepted standard, where certain brands of materials, apparatus, or equipment are specified, such goods have been selected to establish a standard for the particular service required, but it is not the intention to limit competition thereby. If the bidder proposes to furnish the article which is specified, he is to fill in the amount on the line indicated. If he desires to bid on a substitute for the article specified, which is claimed to be equivalent to the standard specified, the amount should be recorded and also identified as "substitute" bid and furnish the required information relating to the manufacturer. In cases where the bid is based upon a substitute article, the bidder will be asked to submit a sample. Samples will be returned, if desired, as soon as the award is made.
11. The Town Board of the Town of Rotterdam reserves the right to waive any informalities on bids received, and to accept reasonable substitutes for specified items as long as such substitutes in no way affect the performance of the item for which the bid has been requested.
12. The approximate quantities shown in the bidding documents are not meant to imply that said quantities will in fact be purchased. Payment will be based on an "as delivered" basis at the facilities listed using actual quantities received.
13. Failure to adequately and fully complete the bid packet and/or questions contained in the RFP shall be disqualified and the bid shall be rejected.

GENERAL REQUIREMENTS:

1. It is the intent of this Request for Bids that all political subdivisions and districts be entitled to make purchase of materials, equipment, or supplies from the resulting bid award upon mutual agreement with the vendor.
2. Where contractor supplies labor, all New York State labor requirements, including Prevailing Wage Requirements shall be applicable and enforced. Weekly payroll sheets must be submitted prior to payment.
3. The contractor shall, at a minimum carry the following insurance coverage; Liability Insurance \$1 million/occurrence and \$2 million/aggregate; Automotive Coverage \$1 million.; Certificate of Workers Compensation Insurance. Town of Rotterdam shall be named as additional insured. Proof of insurance must be submitted to the Town with bid package.
4. In the event of a breach by CONTRACTOR, CONTRACTOR shall pay to the TOWN all direct and consequential damages caused by such breach, including, but not limited to, all sums expended by the TOWN to procure a substitute contractor to satisfactorily complete the contract work.
5. The Contractor shall keep and supply a daily record of the weight of product applied by road name together with scale tickets by truck for aggregates utilized. This information shall be provided to the Highway Superintendent daily.
6. Bidder shall honor bid price for one (1) year from the date of the bid opening at the mutual consent of both the Town and the Contractor. With the mutual consent of both the Town and the Contractor, the term of the contract and/or bid price may be extended to a second and third year.
7. The asphalt prices are fixed and not subject to any formula as per the NYSDOT specifications.
8. Non-Appropriations Clause: Notwithstanding anything contained herein to the contrary, no default shall be deemed to occur in the event no funds or insufficient funds are appropriated and budgeted by or are otherwise unavailable to the Town for payment under this Agreement. The Town will immediately notify the Contractor of such occurrence and this Agreement shall terminate on the last day of the fiscal period for which appropriations

were received without penalty or expense to the Town of any kind whatsoever, except as to those portions herein agreed upon for which funds shall have been appropriated and budgeted.

9. Qualifications of Bidder: The Town may make such investigations as it deems necessary to determine the ability of the Bidder to perform the work. The bidder shall furnish the Town, within five (5) days of a request, all such information requested to complete the investigation. Conditional bids will not be accepted.

10. Disqualifications

- a. Bids received from bidders who have previously failed to complete contracts within the time required, or who have previously performed similar work in an unsatisfactory manner, may be rejected. A bid may be rejected if the bidder cannot show that it has the necessary ability, plant, and equipment to commence the work at the time prescribed and thereafter to perform and complete the work at the rate or within the time specified. A bid may be rejected if the bidder is already obligated for the performance of other work which would delay the commencement, performance, or completion of the work.
- b. The Town reserves the right to reject any bid if the information submitted by, or investigation of, such bidder fails to satisfy the Town that such bidder is properly qualified to carry out the obligations of the contract and to complete the work contemplated therein.
- c. Bids may be considered irregular and may be subject to rejection for the following reasons:
 - i. If the bid is on a form other than that furnished by the Town, is altered, or if any part of the bidding documents is detached.
 - ii. If there are unauthorized additions conditions or alternate pay items, or irregularities of any kind which make the bid incomplete, indefinite, or otherwise ambiguous.

11. Non-Collusive Bidding Certificate: All bidders bidding under the provisions of the specifications are subject to the provisions of Section 103 of the General Municipal Law of the State of New York. A signed Non-Collusive Bidding Certificate is required to be submitted with each bid on the form provided by the Town.

12. Bid Form

- a. Bid form is attached hereto.
- b. Bids must be made on the Bid Form provided by the Town. The Bid Form must be completed in ink or by typewriter. The Bid Form must also be signed by an authorized representative of the bidder.
- c. Bids by corporations must be executed in the corporate name by the president or a vice president (or other corporate officer accompanied by evidence of authority to sign on behalf of the corporation) and the corporate seal must be affixed by the secretary or an assistant secretary. The corporate address and state of incorporation must be shown below the signature.
- d. Bids by partnerships must be executed in the partnership name and signed by a partner, whose title must appear under the signature. The official address of the partnership must be shown below the signature.
- e. All names must be printed or typed below the signature.
- f. The bid must contain an acknowledgement of receipt of all Addenda (the number of which will be filled in on the Bid Form).
- g. The address to which communications regarding the bid are to be directed must be included on the Bid Form.

13. Bid Evaluation

- a. Bids shall remain valid until:
 - i. The execution of a contract by the Town
 - ii. The award of a purchase order by the Town
 - iii. As otherwise rejected by the Town; or
 - iv. 45 days after bid opening
- b. Bids received will be evaluated by the Town of Rotterdam and will be based, as a minimum, upon the following criteria:
 - i. Lowest total bid cost and projected timetable for completion of services and/or delivery of goods described herein;
 - ii. Completeness of the bid

14. Modification and Withdrawal of Bids

- a. Bids may be modified or withdrawn at any time prior to the opening of bids by an appropriate document duly executed (in the matter that a bid must be executed) and delivered to the place where bids are to be submitted.

- b. If, prior to awarding of the contract or within three (3) days after opening, whichever period is shorter, any bidder files a duly signed written notice with the Town and promptly thereafter demonstrates to the reasonable satisfaction of the Town that there was a material and substantial mistake in the preparation of its bid, that bidder may withdraw its bid.

15. Award of Bid

- a. Award will be made as determined to be in the best interest of the Town.
- b. All offers received shall be net cost to the Town. The Town shall not be responsible for any additional costs; including, but not limited to, overtime required by the vendor to meet the appropriate deadlines.
- c. The apparent successful Bidder will be issued a Notice of Award in the form of a Town purchase order or contract. Purchase orders are issued with an expected term of thirty (30) days from receipt of all items.
- d. The Town reserves the right to purchase items pursuant to General Municipal Law 104 from New York State Contracts, County Contracts, or New York State Preferred Sources within its discretion.
- e. No successful bidder to whom a contract or purchase order is let, granted or awarded, shall assign, transfer, convey, sublet, or otherwise dispose of same, or of its right, title, and interest herein, including the performance of the contract or purchase order or the right to receive monies due or to become due, or of its power to execute the contract or purchase order without prior written consent of the Town. In the event the contractor shall without prior written consent assign, transfer, convey, sublet, or otherwise dispose of the contract or purchase order or of its right, title and interest therein, including the performance of the contract or purchase order or the right to receive monies due or to become due, or its power to execute such contract or purchase order to any other person or corporations, or upon receipt by the Town of an attachment against the Successful Bidder, the Town shall be relieved and discharges from any and all liability and obligation growing out of such contract or purchase order to such contractor, and the person or corporation to which such contract or purchase order shall have been assigned, its assignees, transferees or sub leases shall forfeit and lose all monies theretofore assigned under the contract or purchase order, except so much as may be required to pay its employees.

16. Delivery and Payment

- a. All bid prices shall include freight and shall be quoted F.O.B. destination.
- b. The Town of Rotterdam operates a formal Purchase Order System. Under NO circumstances will the vendor or contractor be paid without a purchase order. Contractor shall deliver only the items specified on the purchase order. Any Contractor, who delivers items which are not ordered, or who duplicates or over ships items, does so entirely at his own expense. Such shipments will be at no cost or responsibility to the Town.
- c. All deliveries shall be made within ten (10) business days of vendor's receipt of purchase order, unless otherwise specified in the Bid Specifications or Summary Sheet, or as otherwise agreed upon between the vendor and the Town.
- d. Orders will be placed on an "As Needed" basis by the Town. There will be no minimum order amounts required. Bids stipulating minimum quantity of dollar value orders may be rejected by the Town at its sole discretion.
- e. Prior to payment, the items furnished and or work performed will be inspected by the Town to determine their conformity to specification. No payment will be made for items or work not meeting specifications.
- f. THE TOWN IS NOT SUBJECT TO FEDERAL, STATE, OR LOCAL TAXES.

17. Indemnification: The successful bidder shall indemnify, save, and hold harmless the Town of Rotterdam, its officers, agents, servants, and employees from any and all liability for anything and everything whatsoever arising from loss or damage due to any act or omission of the Contractor, its clients, agents, or employees.

18. Anti-Discrimination Clause

- a. Pursuant to Section 220-E of the NYS Labor Law, regarding provisions in contracts prohibiting discrimination on account of race, creed, color, or national origin in employment of citizens upon public works, the Contractor agrees;
- b. That in the hiring of employees for the performance of work under this contract or any subcontract hereunder, no contractor,

subcontractor, nor any person acting on behalf of such contractor or subcontractor, shall by reason of race, creed, color, disability, gender, marital status, military status, sexual orientation, or national origin discriminate against any citizen of the state of New York who is qualified and available to perform the work which the employment relates;

- c. That no contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee hired for the performance of work under this contract on account of race, creed, color, disability, gender, marital status, military status, sexual orientation or national origin.

19. Iranian Energy Sector Divestment

- a. Contractor/Proposer hereby represents that said Contractor/Proposer is familiar with the New York State General Municipal Law Section 103-g entitled: Iranian Energy Sector Divestment”, in that said Contractor/Proposer has not:
 - i. Provided goods or services of \$20 Million or more in the energy sector of Iran including but not limited to the provision of oil or liquified natural gas tankers or products used to construct or maintain pipelines used to transport oil or liquefied natural gas for the energy sector of Iran.
 - ii. Acted as a financial institution and extended \$20 Million or more in credit to another person for forty-five (45) days or more if that person’s intent was to use the credit to provide goods or services in the energy sector in Iran.
- b. Any Contractor/Proposer who has undertaken any of the above is identified on a list created pursuant to Section 165-a (3)(b) of the New York State Finance Law as a person engaging in investment activities in Iran, shall not be deemed a responsible bidder pursuant to Section 103 of the New York State General Municipal Law.

**NOTICE TO BIDDERS
SPECIFICATIONS PROPOSAL FOR:
Furnishing Rotterdam Highway Department
54 Duanesburg Road, Schenectady, NY 12306**

6.3mm POLYMER-MODIFIED HOT MIX ASPHALT #2024-001

It is the intent of this specification to describe the requirements for furnishing and applying 6.3mm Polymer-Modified Hot Mix Asphalt Treatment to the Town of Rotterdam and any other municipality.

DESCRIPTION:

This work shall consist of developing Polymer-Modified H.M.A. mixture using the Superpave Mix Design procedure detailed in NYSDOT Standard Specifications except as modified in these specifications. Polymer-Modified H.M.A pavement course shall be constructed in accordance with these specifications and in reasonably close conformity with the required lines, grades, thicknesses, and typical sections shown on the plans or established by the Highway Superintendent. This is a performance-based specification in which the Contractor is responsible for compacting the pavement to a specified density requirement. Written instructions for determining pavement density are available from the Regional Materials Engineer or the Director, Materials Bureau.

MATERIAL:

6.3 Polymer-Modified Mixture

The materials specification shall be as per special specification Item 402.06830318 provided herein. Plant production quality adjustment item does not apply.

TACK COAT:

The materials and composition for the above items shall meet the requirements specified in the N.Y.S. Department of Transportation Standard Specifications Construction and Materials, Item 407.0102 provided herein.

WEATHER LIMITATIONS:

Refer to the NYSDOT Standard specifications for weather limitations.

NOTIFICATION AND TRAFFIC CONTROL:

Town of Rotterdam will provide resident notification as well as required traffic control. Please see Highway Superintendent to Coordinate.

KEY-CUTS:

The successful bidder will be responsible for cutting of keyways/rebates at any and all existing pavement, intersections and or Driveways. All keyways to be 3-4 feet wide and taper from 0 inches to 1.5 inches minimum in depth to provide for a smooth transition between existing asphalt and new asphalt. Keyways/rebates are to be milled and swept prior to the day of paving. Keyways/rebates are to be straight. Where applicable curves will be permitted. These locations are to be coordinated with the Highway Superintendent, no exceptions. Roadway side wings to be paved consistent with roadway paving. The Town of Rotterdam will provide flagging and traffic control.

METHOD OF MEASUREMENT:

The quantity under this item will be the number of square yards completed and accepted in place. The width of the pavement course will be the width shown on the plans or as otherwise directed by the Highway Superintendent. The length will be measured along the center line of each roadway or ramp. The thickness of the pavement course shall be 1.5" (135lbs. per square yard.) The quantities may be adjusted for changes and thickness. As per the approval of the Highway Superintendent of the Town of Rotterdam.

BASIS OF PAYMENT:

This work shall consist of milling out 1.5"-2" to level. All surfaces will be swept, and tack coat applied. All surfaces are to be paved with 6.3 Polymer-Modified Hot Mix Asphalt (135lbs) at a thickness of 1 ½" after completion. Town of Rotterdam will provide risers for manholes, catch basins, and water valves for the Contractor to install during paving.

NOTE:

The Asphalt Bid Price is fixed and is not subject to the formula as called for by the New York State Department of Transportation for the material purchased at the date of bid.

ADDITIONAL CONSTRUCTION:

The contract will contain a provision whereby the Town may order additional highway construction to be performed by the contractor during the 2023 paving season pursuant to and consistent with terms, conditions, and specification of the contract, provided the cost of the same is within the amount appropriated and provided for highway construction in the 2024.

DAILY WEIGHT RECORD:

The Contractor shall keep and supply a daily record of the weight of product applied by road name together with scale tickets by truck for aggregates utilized. This information shall be provided to the Highway Superintendent daily.

BID FORM

6.3MM Polymer-Modified Hot Mix Asphalt

Bidder will provide and install material for a price of:

Price per Square Yard

Town Roads \$ _____/SY

Roads to be Paved:

The Highway Superintendent of the Town of Rotterdam shall designate the specific Roads in the Town to be paved. Additional Roads may be added or deleted, contingent upon the bid results. All measurements provided by the town are only estimates and the contractor will be responsible for final measurements verified by the town.

Paving 2024

Town of Rotterdam

All road pricing will reflect the cost of paving cul de sac and side wings with transition of driveways, sidewalks, and intersections to be completed at time of paving.

BID SPECIFICATIONS

Potential Roads to be Paved for 2024:

Street	Length	Width	Sq. Ft.	Sq. Yds.	Cost per Sq. Yd
Argo Blvd.	1700	30	51000	5666.667	
Chaple St.	670	30	20100	2233.333	
Chism St.	650	20	13000	1444.444	
Glengary Rd.	1050	20	21000	2333.333	
Mt. Stuart Rd.	890	20	17800	1977.778	
Schermerhorn St.	760	20	15200	1688.889	
Lower Gregg Rd Rt. 5S to Rt. 5S	1326	20	26520	2946.667	
Lower Gregg Rd.	5550	20	111000	12333.33	
E. Gregg Rd.	1000	20	20000	2222.222	
Woestina St.	810	25	20250	2250	
Bradt St.	620	30	18600	2066.667	
Market St.	550	30	16500	1833.333	
Putman St.	430	30	12900	1433.333	
Parkis St.	452	30	13560	1506.667	
Chepstow Rd.	2490	30	74700	8300	
Careloen Rd.	2215	30	66450	7383.333	
Ireland Rd.	670	30	20100	2233.333	
Christopher Ln.	330	30	9900	1100	
Helen St.	1590	30	47700	5300	
Bruce Ln.	500	32	16000	1777.778	
Patricia Ln.	257	20	5140	571.1111	
Circle Dr.	350	20	7000	777.7778	

CONTRACTOR MUST VERIFY ALL MEASUREMENTS FOR ROAD LENGTH AND WIDTH AS THESE ARE ESTIMATED AND ARE NOT EXACT.

Bidder shall honor bid price for one year from date of bid opening by Town of Rotterdam. At the mutual consent of both the Town and the Contractor, the term of the contract and or bid price may be extended to a second and third year.

Legal Name of Person, Partnership or Corporation

Date: _____, 2024

By: _____
Authorize Signature

By: _____
Type or Print Name of Signature and Title

ADDRESS:

Street: _____

City: _____ State: _____ Zip Code _____

Phone Number: (_____) _____

Facsimile Number: _____

Federal Employer Identification Number: _____

End of bid form

In addition to the bid form, the contractor shall submit a resolution authorizing submission of bid, waiver of immunity clause, and non-collusive bidding certification.

TOWN OF ROTTERDAM

RESOLUTION AUTHORIZING SUBMISSION OF BIDS BY CORPORATION AND EXECUTION OF NON-COLLUSION CERTIFICATE AND WAIVER OF IMMUNITY CLAUSE

Resolved that _____ be authorized to sign and submit the bid proposal of this corporation for _____, Town of Rotterdam, the certificate as to non-collusion and waiver of immunity clause required by §103 of the General Municipal Law as the act and deed of such corporation, and for any inaccuracies or misstatements in such certificate this corporate bidder shall be liable under the penalties of perjury.

The foregoing is a true and correct copy of the resolution adopted by:
_____ Corporation at a meeting of its board of directors held on the
_____ day of _____, 20_____

(SEAL OF THE CORPORATION)

Signature of Corporate Secretary

TOWN OF ROTTERDAM
WAIVER OF IMMUNITY CLAUSE

The undersigned bidder agrees to sign a Waiver of Immunity Clause agreeing if called before a Grand Jury to testify concerning the bid or contract, to sign a Waiver of Immunity against Criminal transaction, bid or contract:

Name of Firm: _____

Signed by: _____ Title: _____

Date: _____

INDIVIDUAL EXECUTION OF NON-COLLUSION
CERTIFICATE AND WAIVER OF IMMUNITY CLAUSE

I, _____, hereby sign and submit this bid or proposal for _____, Town of Rotterdam, New York, Schenectady County, and to include in such bid or proposal the certificate as to non-collusion and waiver of immunity clause required by Section 103 of the General Municipal Law as the act and deed of this individual, and for any inaccuracies or misstatements in such certificate this individual bidder shall be liable under the penalties of perjury.

_____ day of _____, 20____

Signature of Individual _____

TOWN OF ROTTERDAM

NON-COLLUSIVE BIDDING CERTIFICATION

- A. By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief:
1. The prices in this bid have been arrived at independently without collusion, consultation, communication or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor; and
 2. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly to any other bidder or to any competitor; and
 3. No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.
- B. A bid shall not be considered for award nor shall any award be made where (A) (1), (2), and (3) above have not been complied with; provided, however, that if in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefore. Where (A), (1), (2), and (3) above have not been complied with, the bid shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that the bidder (A) has published price lists, rates of tariffs governing items being procured, (B) has informed prospective customers of proposed or pending publication of new or reviewed price lists for such items or (C) has sold the same item to other customers at the same prices being bid, does not constitute without more, a disclosure within the meaning of subparagraph (A)(1).

Any bid hereafter made to any political subdivision of the state of any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, or local law, and where such bid contains the certification referred to in subdivision one (1) of the section, shall be deemed to have been authorized by the board of directors of the bidder, and such authorization shall be deemed to include the signing and submission of the bid and the inclusion therein of the certification as to non-collusion as the act and deed of the corporation.

Name of Firm: _____

Signed By: _____ Title: _____

Date: _____

RESOLUTION NO. 229.24

**CALL FOR BIDS FOR MILL & FILL WITH 6.3 POLYMER-MODIFIED HOT MIX
ASPHALT HIGHWAY PAVING**

THEREFORE, UPON MOTION OF Councilmember _____,
seconded by Councilmember _____,

BE IT RESOLVED BY THE TOWN BOARD AS FOLLOWS:

SECTION 1. The Town Board of the Town of Rotterdam hereby authorizes the Supervisor to call for bids for mill & fill with type 3 dense binder highway paving.

SECTION 2. The Town Clerk of the Town of Rotterdam shall cause the following public notice to be published in the official newspaper of the Town of Rotterdam, and the Supervisor of the Town of Rotterdam shall cause the following public notice be published to the Empire State Purchasing Group on BidNet (<http://www.bidnetdirect.com/townofrotterdam>) at least five (5) days before the date of reception of bid proposals:

**TOWN OF ROTTERDAM
NOTICE TO BIDDERS**

PLEASE TAKE NOTICE: That all bids received by the Town Board of the Town of Rotterdam, by **June 6, 2024 at 10:15 A.M.**, will be opened electronically and in person at that time. The town board will subsequently post an official report to the Empire State Purchasing Group on BidNet (<http://www.bidnetdirect.com/townofrotterdam>) by the close of business the next day, of all bid submissions received pursuant to this notice. Additionally, the official bid report and all bids shall be available in the office of the town clerk for public inspection during regular business hours, for the purchase by the Town of Rotterdam of the following:

**MILL & FILL WITH 6.3 POLYMER-MODIFIED HOT MIX
ASPHALT HIGHWAY PAVING**

Digital Copies of Specifications may be obtained from the Empire State Purchasing Group on BidNet at <http://www.bidnetdirect.com/townofrotterdam>. Copies of RFP documents obtained from any other source are not considered official copies. The Town of Rotterdam cannot guarantee the accuracy of any information not obtained from the BidNet Direct website and is not responsible for any errors contained by any information received from an alternate source. Only those vendors who obtain ITB, RFP or RFQ documents from the BidNet system are guaranteed to receive addendum information, if such information is issued. If you obtain the document from a source other than the source indicated, it is recommended that you register on the Empire State Purchasing Group website, <http://www.bidnetdirect.com/new-york> and obtain an official copy.

**ALL BID PROPOSALS MUST BE SUBMITTED PRIOR TO
10:15A.M., JUNE 6, 2024**

The town board reserves the right to accept or reject any and all bids or proposals or any specific part of any item of any bid.

**BY ORDER OF THE ROTTERDAM TOWN BOARD
DIANE M. MARCO, TOWN CLERK**

DATED: May 22, 2024

BidNet: Please publish on May 23, 2024

Daily Gazette: Please publish once on May 24, 2024

Town Clerk Post

SECTION 3. This resolution shall become effective May 22, 2024.

DATED: May 22, 2024

NAME	AYES	NOES	ABSTAIN
Dodson			
Mastroianni			
Gallucci			
Schlag			
Collins			

TOWN OF ROTTERDAM

John F. Kirvin Government Center * 1100 Sunrise Boulevard * Rotterdam, NY 12306
Telephone: 518-355-7575 * Fax: 518-355-7976 * Website: www.rotterdamny.org



LEGISLATIVE REQUEST FORM

DATE: May 22, 2024

TO: Town Board

FROM: Larry Lamora, Highway Superintendent

TITLE OF REQUEST: Call for bids for Mill & Fill with 6.3mm Polymer-Modified Hot Mix Asphalt Highway Paving
#2024-002

TOWN BOARD MEETING: May 22, 2024

Background Information: Every year road evaluations are conducted by the Highway Dept. to assess what roads need to be paved in the Town.

Evaluation/Analysis: Proper bidding process

Recommendation(s): Town Board to place on Bidnet

Attachment/Document(s): Bid Package

Compliance with Purchasing Policy: Yes

Effect(s) on Existing Law(s): N/A

LEGISLATION WILL BE PREPARED BY: Supervisors Office

Town of Rotterdam

Highway Department

Bid Sheets & Specifications

For

Mill & Fill with 6.3 Polymer-Modified Hot

Mix Asphalt #2024-002

Highway Paving

Bid Opening: June 6, 2024 @ 10:15 a.m.

INSTRUCTIONS TO BIDDERS:

1. All bids must be submitted before **10:15 a.m. on June 6, 2024**, the day of opening.
2. Electronic proposals for the furnishing and delivery of goods/services as required for the Town of Rotterdam, as set forth in the specifications prepared by the Town Board and received by **10:15 a.m. on June 6, 2024**, will be electronically opened at that time, via Empire State Purchasing Group on the BidNet website (<http://www.bidnetdirect.com/townofrotterdam>). The Town Board will subsequently post an official report to the Empire State Purchasing Group on BidNet by the close of business the same day, of all bid submissions received. Additionally, the official bid report and all bids shall be available in the Office of the Town Clerk for public inspection during regular business hours.
3. Digital Copies of Drawings and Specifications may be obtained from the Empire State Purchasing Group on BidNet at <http://www.bidnetdirect.com/townofrotterdam>. Copies of RFP documents obtained from any other source are not considered official copies. The Town of Rotterdam cannot guarantee the accuracy of any information not obtained from the BidNet Direct website and is not responsible for any errors contained by any information received from an alternate source. Only those vendors who obtain ITB, RFP or RFQ documents from the BidNet system are guaranteed to receive addendum information, if such information is issued. If you obtain the document(s) from a source other than the source indicated, it is recommended that you register on the Empire State Purchasing Group website, <http://www.bidnetdirect.com/new-york> and obtain an official copy.
4. Purchases made by the Town of Rotterdam are not subject to State or local taxes or Federal excise taxes. Exemption certificates will be furnished upon request.
5. An “Affidavit of Non-Collusion” is attached and forms a part of this bid proposal. By submission of this bid, each bidder and each person signing on behalf of any bidder, certifies under penalty of perjury, that to the best of his/her knowledge and belief that the prices of the bid have been arrived at independently without collusion, consultation, communication or agreement, for the purpose of restricting competition, as to any matter related to such prices with any other bidder or competitor; that the prices quoted have not and will not be disclosed prior to opening, directly or indirectly, to any other bidder or competitor; that no attempt has been or will be made to induce any other person, partnership or corporation to submit or not submit a bid for the purpose of restricting competition. Each bidder must state that no officer of the Town of Rotterdam or member of the Town Board is directly or indirectly interested in the proposal. Failure to sign this statement will constitute grounds for rejection of bid.
6. Each bidder must acknowledge receipt of and comply with the Town’s Non-Discrimination and Harassment (Including Sexual Harassment) in the Workplace policy.
7. Bid proposals shall remain firm, pending bid award, for a period not to exceed thirty (30) days from the bid opening date.

8. Delivery: Time is of the essence. Material is required as soon as possible, and the guaranteed date of delivery may be taken into consideration in making the award. Upon failure to make delivery as promised, the Town Board of the Town of Rotterdam, New York, may consider the contract breached and will then feel free to go into the open market and to maintain an action against the contractor to recover any differences which the Town Board might stand to lose between the contract price and the market price.
9. Where items or articles or equipment or supplies are designated as manufactured by a specific manufacturer, it is to be understood that the articles as specified represent and The Town Board reserves the right to reject any or all bids and re-advertise.
10. Accepted standard, where certain brands of materials, apparatus, or equipment are specified, such goods have been selected to establish a standard for the particular service required, but it is not the intention to limit competition thereby. If the bidder proposes to furnish the article which is specified, he is to fill in the amount on the line indicated. If he desires to bid on a substitute for the article specified, which is claimed to be equivalent to the standard specified, the amount should be recorded and also identified as "substitute" bid and furnish the required information relating to the manufacturer. In cases where the bid is based upon a substitute article, the bidder will be asked to submit a sample. Samples will be returned, if desired, as soon as the award is made.
11. The Town Board of the Town of Rotterdam reserves the right to waiver any informalities on bids received, and to accept reasonable substitutes for specified items as long as such substitutes in no way affect the performance of the item for which the bid has been requested.
12. The approximate quantities shown in the bidding documents are not meant to imply that said quantities will in fact be purchased. Payment will be based on an "as delivered" basis at the facilities listed using actual quantities received.
13. Failure to adequately and fully complete the bid packet and/or questions contained in the RFP shall be disqualified and the bid shall be rejected.

GENERAL REQUIREMENTS:

1. It is the intent of this Request for Bids that all political subdivisions and districts be entitled to make purchase of materials, equipment, or supplies from the resulting bid award upon mutual agreement with the vendor.
2. Where contractor supplies labor, all New York State labor requirements, including Prevailing Wage Requirements shall be applicable and enforced. Weekly payroll sheets must be submitted prior to payment.
3. The contractor shall, at a minimum carry the following insurance coverage; Liability Insurance \$1 million/occurrence and \$2 million/aggregate; Automotive Coverage \$1 million.; Certificate of Workers Compensation Insurance. Town of Rotterdam shall be named as additional insured. Proof of insurance must be submitted to the Town with bid package.
4. In the event of a breach by CONTRACTOR, CONTRACTOR shall pay to the TOWN all direct and consequential damages caused by such breach, including, but not limited to, all sums expended by the TOWN to procure a substitute contractor to satisfactorily complete the contract work.
5. The Contractor shall keep and supply a daily record of the weight of product applied by road name together with scale tickets by truck for aggregates utilized. This information shall be provided to the Highway Superintendent daily.
6. Bidder shall honor bid price for one (1) year from the date of the bid opening at the mutual consent of both the Town and the Contractor. With the mutual consent of both the Town and the Contractor, the term of the contract and/or bid price may be extended to a second and third year.
7. The asphalt prices are fixed and not subject to any formula as per the NYSDOT specifications.
8. Non-Appropriations Clause: Notwithstanding anything contained herein to the contrary, no default shall be deemed to occur in the event no funds or insufficient funds are appropriated and budgeted by or are otherwise unavailable to the Town for payment under this Agreement. The Town will immediately notify the Contractor of such occurrence and this Agreement shall terminate on the last day of the fiscal period for which appropriations

were received without penalty or expense to the Town of any kind whatsoever, except as to those portions herein agreed upon for which funds shall have been appropriated and budgeted.

9. Qualifications of Bidder: The Town may make such investigations as it deems necessary to determine the ability of the Bidder to perform the work. The bidder shall furnish the Town, within five (5) days of a request, all such information requested to complete the investigation. Conditional bids will not be accepted.

10. Disqualifications

- a. Bids received from bidders who have previously failed to complete contracts within the time required, or who have previously performed similar work in an unsatisfactory manner, may be rejected. A bid may be rejected if the bidder cannot show that it has the necessary ability, plant, and equipment to commence the work at the time prescribed and thereafter to perform and complete the work at the rate or within the time specified. A bid may be rejected if the bidder is already obligated for the performance of other work which would delay the commencement, performance, or completion of the work.
- b. The Town reserves the right to reject any bid if the information submitted by, or investigation of, such bidder fails to satisfy the Town that such bidder is properly qualified to carry out the obligations of the contract and to complete the work contemplated therein.
- c. Bids may be considered irregular and may be subject to rejection for the following reasons:
 - i. If the bid is on a form other than that furnished by the Town, is altered, or if any part of the bidding documents is detached.
 - ii. If there are unauthorized additions conditions or alternate pay items, or irregularities of any kind which make the bid incomplete, indefinite, or otherwise ambiguous.

11. Non-Collusive Bidding Certificate: All bidders bidding under the provisions of the specifications are subject to the provisions of Section 103 of the General Municipal Law of the State of New York. A signed Non-Collusive Bidding Certificate is required to be submitted with each bid on the form provided by the Town.

12. Bid Form

- a. Bid form is attached hereto.
- b. Bids must be made on the Bid Form provided by the Town. The Bid Form must be completed in ink or by typewriter. The Bid Form must also be signed by an authorized representative of the bidder.
- c. Bids by corporations must be executed in the corporate name by the president or a vice president (or other corporate officer accompanied by evidence of authority to sign on behalf of the corporation) and the corporate seal must be affixed by the secretary or an assistant secretary. The corporate address and state of incorporation must be shown below the signature.
- d. Bids by partnerships must be executed in the partnership name and signed by a partner, whose title must appear under the signature. The official address of the partnership must be shown below the signature.
- e. All names must be printed or typed below the signature.
- f. The bid must contain an acknowledgement of receipt of all Addenda (the number of which will be filled in on the Bid Form).
- g. The address to which communications regarding the bid are to be directed must be included on the Bid Form.

13. Bid Evaluation

- a. Bids shall remain valid until:
 - i. The execution of a contract by the Town
 - ii. The award of a purchase order by the Town
 - iii. As otherwise rejected by the Town; or
 - iv. 45 days after bid opening
- b. Bids received will be evaluated by the Town of Rotterdam and will be based, as a minimum, upon the following criteria:
 - i. Lowest total bid cost and projected timetable for completion of services and/or delivery of goods described herein;
 - ii. Completeness of the bid

14. Modification and Withdrawal of Bids

- a. Bids may be modified or withdrawn at any time prior to the opening of bids by an appropriate document duly executed (in the matter that a bid must be executed) and delivered to the place where bids are to be submitted.

- b. If, prior to awarding of the contract or within three (3) days after opening, whichever period is shorter, any bidder files a duly signed written notice with the Town and promptly thereafter demonstrates to the reasonable satisfaction of the Town that there was a material and substantial mistake in the preparation of its bid, that bidder may withdraw its bid.

15. Award of Bid

- a. Award will be made as determined to be in the best interest of the Town.
- b. All offers received shall be net cost to the Town. The Town shall not be responsible for any additional costs; including, but not limited to, overtime required by the vendor to meet the appropriate deadlines.
- c. The apparent successful Bidder will be issued a Notice of Award in the form of a Town purchase order or contract. Purchase orders are issued with an expected term of thirty (30) days from receipt of all items.
- d. The Town reserves the right to purchase items pursuant to General Municipal Law 104 from New York State Contracts, County Contracts, or New York State Preferred Sources within its discretion.
- e. No successful bidder to whom a contract or purchase order is let, granted or awarded, shall assign, transfer, convey, sublet, or otherwise dispose of same, or of its right, title, and interest herein, including the performance of the contract or purchase order or the right to receive monies due or to become due, or of its power to execute the contract or purchase order without prior written consent of the Town. In the event the contractor shall without prior written consent assign, transfer, convey, sublet, or otherwise dispose of the contract or purchase order or of its right, title and interest therein, including the performance of the contract or purchase order or the right to receive monies due or to become due, or its power to execute such contract or purchase order to any other person or corporations, or upon receipt by the Town of an attachment against the Successful Bidder, the Town shall be relieved and discharges from any and all liability and obligation growing out of such contract or purchase order to such contractor, and the person or corporation to which such contract or purchase order shall have been assigned, its assignees, transferees or sub leases shall forfeit and lose all monies theretofore assigned under the contract or purchase order, except so much as may be required to pay its employees.

16. Delivery and Payment

- a. All bid prices shall include freight and shall be quoted F.O.B. destination.
- b. The Town of Rotterdam operates a formal Purchase Order System. Under NO circumstances will the vendor or contractor be paid without a purchase order. Contractor shall deliver only the items specified on the purchase order. Any Contractor, who delivers items which are not ordered, or who duplicates or over ships items, does so entirely at his own expense. Such shipments will be at no cost or responsibility to the Town.
- c. All deliveries shall be made within ten (10) business days of vendor's receipt of purchase order, unless otherwise specified in the Bid Specifications or Summary Sheet, or as otherwise agreed upon between the vendor and the Town.
- d. Orders will be placed on an "As Needed" basis by the Town. There will be no minimum order amounts required. Bids stipulating minimum quantity of dollar value orders may be rejected by the Town at its sole discretion.
- e. Prior to payment, the items furnished and or work performed will be inspected by the Town to determine their conformity to specification. No payment will be made for items or work not meeting specifications.
- f. THE TOWN IS NOT SUBJECT TO FEDERAL, STATE, OR LOCAL TAXES.

17. Indemnification: The successful bidder shall indemnify, save, and hold harmless the Town of Rotterdam, its officers, agents, servants, and employees from any and all liability for anything and everything whatsoever arising from loss or damage due to any act or omission of the Contractor, its clients, agents, or employees.

18. Anti-Discrimination Clause

- a. Pursuant to Section 220-E of the NYS Labor Law, regarding provisions in contracts prohibiting discrimination on account of race, creed, color, or national origin in employment of citizens upon public works, the Contractor agrees;
- b. That in the hiring of employees for the performance of work under this contract or any subcontract hereunder, no contractor,

subcontractor, nor any person acting on behalf of such contractor or subcontractor, shall by reason of race, creed, color, disability, gender, marital status, military status, sexual orientation, or national origin discriminate against any citizen of the state of New York who is qualified and available to perform the work which the employment relates;

- c. That no contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee hired for the performance of work under this contract on account of race, creed, color, disability, gender, marital status, military status, sexual orientation or national origin.

19. Iranian Energy Sector Divestment

- a. Contractor/Proposer hereby represents that said Contractor/Proposer is familiar with the New York State General Municipal Law Section 103-g entitled: "Iranian Energy Sector Divestment", in that said Contractor/Proposer has not:
 - i. Provided goods or services of \$20 Million or more in the energy sector of Iran including but not limited to the provision of oil or liquified natural gas tankers or products used to construct or maintain pipelines used to transport oil or liquefied natural gas for the energy sector of Iran.
 - ii. Acted as a financial institution and extended \$20 Million or more in credit to another person for forty-five (45) days or more if that person's intent was to use the credit to provide goods or services in the energy sector in Iran.
- b. Any Contractor/Proposer who has undertaken any of the above is identified on a list created pursuant to Section 165-a (3)(b) of the New York State Finance Law as a person engaging in investment activities in Iran, shall not be deemed a responsible bidder pursuant to Section 103 of the New York State General Municipal Law.

**NOTICE TO BIDDERS
SPECIFICATIONS PROPOSAL FOR:
Furnishing Rotterdam Highway Department
54 Duaneburg Road, Schenectady, NY 12306**

MILL & FILL WITH 6.3 Polymer-Modified Hot Mix Asphalt #2024-002

It is the intent of this specification to describe the requirements for furnishing, milling, and applying a 6.3 Polymer-Modified Hot Mix Asphalt to the Town of Rotterdam and any other municipality.

DESCRIPTION:

This work shall consist of milling out 1.5"-2" to level. All surfaces will be swept, and tack coat applied. All surfaces are to be paved with 6.3 Polymer-Modified Hot Mix Asphalt (135lbs.) at a thickness of 1 ½" after completion. Pavement course shall be constructed in accordance with these specifications and in reasonably close conformity with the required lines, grades, thicknesses, and typical sections shown on the plans or established by the Highway Superintendent. This is a performance-based specification in which the Contractor is responsible for compacting the pavement to a specified density requirement. Written instructions for determining pavement density are available from the Regional Materials Engineer or the Director, Materials Bureau.

MATERIAL:

6.3 Polymer-Modified Hot Mix Asphalt

TACK COAT:

The materials and composition for the above items shall meet the requirements specified in the N.Y.S. Department of Transportation Standard Specifications Construction and Materials, Item 407.0102 provided herein.

WEATHER LIMITATIONS:

Refer to the NYSDOT Standard specifications for weather limitations.

NOTIFICATION AND TRAFFIC CONTROL:

Town of Rotterdam will provide resident notification as well as required traffic control. Please see Highway Superintendent to Coordinate.

KEY-CUTS:

The successful bidder will be responsible for cutting of keyways/rebates at any and all existing pavement, intersections and or Driveways. All keyways to be 3-4 feet wide and taper from 0 inches to 1.5 inches minimum in depth to provide for a smooth transition between existing asphalt and new asphalt. Keyways/rebates are to be milled prior to the day of paving. Keyways/rebates are to be straight. Where applicable curves will be permitted. These locations are to be coordinated with the Highway Superintendent, no exceptions. Roadway side wings to be paved consistent with roadway paving. The Town of Rotterdam will provide a Flagger and Sweeper for Keyway Cuts.

METHOD OF MEASUREMENT:

The quantity under this item will be the number of square yards completed and accepted in place. The width of the pavement course will be the width shown on the plans or as otherwise directed by the Highway Superintendent. The length will be measured along the center line of each roadway or ramp. The thickness of the pavement course shall be 1.5" (135lbs. per square yard.) The quantities may be adjusted for changes and thickness. As per the approval of the Highway Superintendent of the Town of Rotterdam.

BASIS OF PAYMENT:

This work shall consist of milling out 1.5"-2" to level. All surfaces will be swept, and tack coat applied. All surfaces are to be paved with 6.3 Polymer-Modified Hot Mix Asphalt (135lbs) at a thickness of 1 ½" after completion. Town of Rotterdam will provide risers for manholes, catch basins, and water valves for the Contractor to install during paving.

NOTE:

The Asphalt Bid Price is fixed and is not subject to the formula as called for by the New York State Department of Transportation for the material purchased at the date of bid.

ADDITIONAL CONSTRUCTION:

The contract will contain a provision whereby the Town may order additional highway construction to be performed by the contractor during the 2023 paving season pursuant to and consistent with terms, conditions, and specification of the contract, provided the cost of the same is within the amount appropriated and provided for highway construction in the 2024.

DAILY WEIGHT RECORD:

The Contractor shall keep and supply a daily record of the weight of product applied by road name together with scale tickets by truck for aggregates utilized. This information shall be provided to the Highway Superintendent daily.

BID FORM

MILL & FILL WITH 6.3 Polymer-Modified Hot Mix Asphalt #2024-002

Bidder will provide and install material for a price of:

Price per Square Yard

Town Roads \$ _____ /SY

Roads to be Paved:

The Highway Superintendent of the Town of Rotterdam shall designate the specific Roads in the Town to be paved. Additional Roads may be added or deleted, contingent upon the bid results. All measurements provided by the town are only estimates and the contractor will be responsible for final measurements verified by the town.

Paving 2024

Town of Rotterdam

All road pricing will reflect the cost of paving cul de sac and side wings with transition of driveways, sidewalks, and intersections to be completed at time of paving.

BID SPECIFICATIONS

Street	Length	Width	Sq Ft	Sq Yds	Cost per Sq Yd
St Lucille Ln	1170	30	35100	3900	
Kervin Ln	1004	30	30120	3346.667	
Mary Ln	2300	35	80500	8944.444	
Glen Ct	375	30	11250	1250	
Kelly Ln	952	30	28560	3173.333	
Risoli Ln	400	30	12000	1333.333	
Lisa Ln	1160	36	41760	4640	
Anthony Dr	1810	36	65160	7240	
Serafini Dr	925	36	33300	3700	

CONTRACTOR MUST VERIFY ALL MEASUREMENTS FOR ROAD LENGTH AND WIDTH AS THESE ARE ESTIMATED AND NOT EXACT.

Bidder shall honor bid price for one year from date of bid opening by

Bidder shall honor bid price for one year from date of bid opening by Town of Rotterdam. At the mutual consent of both the Town and the Contractor, the term of the contract and or bid price may be extended to a second and third year.

_____, 2024
Legal Name of Person, Partnership or Corporation

By: _____
Authorize Signature

By: _____
Type or Print Name of Signature and Title

ADDRESS:

Street: _____

City: _____ State: _____ Zip Code _____

Phone Number: (_____) _____

Facsimile Number: _____

Federal Employer Identification Number: _____

End of bid form

In addition to the bid form, the contractor shall submit a resolution authorizing submission of bid, waiver of immunity clause, and non-collusive bidding certification.

TOWN OF ROTTERDAM

**RESOLUTION AUTHORIZING SUBMISSION OF BIDS BY
CORPORATION AND EXECUTION OF NON-COLLUSION CERTIFICATE
AND WAIVER OF IMMUNITY CLAUSE**

Resolved that _____ be authorized to sign and submit the bid proposal of this corporation for _____, Town of Rotterdam, the certificate as to non-collusion and waiver of immunity clause required by §103 of the General Municipal Law as the act and deed of such corporation, and for any inaccuracies or misstatements in such certificate this corporate bidder shall be liable under the penalties of perjury.

The foregoing is a true and correct copy of the resolution adopted by:
_____ Corporation at a meeting of its board of directors held on the
_____ day of _____, 20_____

(SEAL OF THE CORPORATION)

Signature of Corporate Secretary

TOWN OF ROTTERDAM
WAIVER OF IMMUNITY CLAUSE

The undersigned bidder agrees to sign a Waiver of Immunity Clause agreeing if called before a Grand Jury to testify concerning the bid or contract, to sign a Waiver of Immunity against Criminal transaction, bid or contract:

Name of Firm: _____

Signed by: _____ Title: _____

Date: _____

INDIVIDUAL EXECUTION OF NON-COLLUSION
CERTIFICATE AND WAIVER OF IMMUNITY CLAUSE

I, _____, hereby sign and submit this bid or proposal for _____, Town of Rotterdam, New York, Schenectady County, and to include in such bid or proposal the certificate as to non-collusion and waiver of immunity clause required by Section 103 of the General Municipal Law as the act and deed of this individual, and for any inaccuracies or misstatements in such certificate this individual bidder shall be liable under the penalties of perjury.

_____ day of _____, 20_____

Signature of Individual _____

TOWN OF ROTTERDAM

NON-COLLUSIVE BIDDING CERTIFICATION

- A. By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief:
1. The prices in this bid have been arrived at independently without collusion, consultation, communication or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor; and
 2. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly to any other bidder or to any competitor; and
 3. No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.
- B. A bid shall not be considered for award nor shall any award be made where (A) (1), (2), and (3) above have not been complied with; provided, however, that if in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefore. Where (A), (1), (2), and (3) above have not been complied with, the bid shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that the bidder (A) has published price lists, rates of tariffs governing items being procured, (B) has informed prospective customers of proposed or pending publication of new or reviewed price lists for such items or (C) has sold the same item to other customers at the same prices being bid, does not constitute without more, a disclosure within the meaning of subparagraph (A)(1).

Any bid hereafter made to any political subdivision of the state of any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, or local law, and where such bid contains the certification referred to in subdivision one (1) of the section, shall be deemed to have been authorized by the board of directors of the bidder, and such authorization shall be deemed to include the signing and submission of the bid and the inclusion therein of the certification as to non-collusion as the act and deed of the corporation.

Name of Firm: _____

Signed By: _____ Title: _____

Date: _____

RESOLUTION NO. 230.24

REVISIONS TO MERCURY LIMITS IN CHAPTER 230 SEWERS

WHEREAS, the Town Board recognizes the introduction of amendment to Chapter 230 of the Town Code; NOW

THEREFORE, UPON MOTION OF Councilmember _____,
seconded by Councilmember _____,

BE IT RESOLVED BY THE TOWN BOARD AS FOLLOWS:

SECTION 1. The Town Board hereby determines that the proposed discharge standard modifications are a Type II action under the State Environmental Quality Review Act pursuant to 6 NYCRR § 617.5 (c) (26), and therefore no further SEQRA review is required.

SECTION 2. The Town Board of the Town of Rotterdam hereby adopts the revisions to the Mercury limits from 0.05 mg/L (50,000 ng/L) to 50 ng/Ls in accordance with the New York State Department of Environmental Conservation standards for effluent discharges from the Town of Rotterdam's wastewater treatment plant.

SECTION 3. This resolution shall become effective May 22, 2024.

DATED: May 22, 2024

NAME	AYES	NOES	ABSTAIN
Dodson			
Mastroianni			
Gallucci			
Schlag			
Collins			

TOWN OF ROTTERDAM

John F. Kirvin Government Center • 1100 Sunrise Boulevard • Rotterdam, NY 12306
Telephone: 518-355-7575 • Fax: 518-355-7976 • Website: www.rotterdamny.org



LEGISLATIVE REQUEST FORM

DATE: May 15, 2024

TO: Mollie Collins, Town Supervisor

FROM: Brion Dufek, Chief WWTP Operator

TITLE OF REQUEST: Revision to Chapter 230. Sewer. Part 2. Article VII.
Discharge Standards and Limitations for Mercury.

TOWN BOARD MEETING(S): May 22, 2024

Background Information: The Town is required to update discharge limits for Mercury from 0.05 mg/L (50,000 ng/L) to 50 ng/Ls in accordance with the Town's New York State Department of Environmental Conservation (NYSDEC) SPDES Permit No. NY0020141.

Evaluation/Analysis: The NYSDEC required the Town to develop, implement and maintain a Mercury Minimization Program (MMP). A code amendment is required because the current limit exceeds the statewide water quality limit.

Recommendation(s): Modify table in Chapter 270-37(A)(1) of the Town Code to bring Mercury Limits into compliance with SPDES Permit.

Attachment/Document(s): Modification in Chapter 270-37(A)(1) of the Town Code

Town of Rotterdam requirements for Mercury Minimization Program.

Compliance with Purchasing Policy: N/A

Effect(s) on Existing Law(s): Modification of §230-37

LEGISLATION WILL BE PREPARED BY: Supervisor's Office

§ 230-37 **Limitations.**

A.

Concentration and pH limits.

(1)

No user shall discharge wastewater to the sanitary sewer system when any of the pollutant concentrations exceed the limits specified herein. These concentrations shall be applied to wastewater effluents at a point just prior to discharge into the Town's sewer system. With the express written consent of the Public Works Coordinator, users with multiple discharge outfalls may combine waste streams by calculation to report on wastewater characteristics.

Pollutant	Total Concentration Limit (mg/l)
Arsenic	0.2
Barium	4.0
BEHP	2.8
Beryllium	20
Cadmium	0.1
Chloroform	20
Chromium (hexavalent)	0.2
Chromium (total)	4.0
Copper	0.5
Cyanide	1.6
Lead	0.2
Mercury	0.05
Molybdenum	0.5
Nickel	3.5
Oil and grease	200
Phenols	4.0
Selenium	1.6
Silver	0.2
Zinc	2.0
	<u>(ng/l)</u>
Mercury	50

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MERCURY MINIMIZATION PROGRAM – High Priority POTWs

1. **General** - The permittee shall develop, implement, and maintain a Mercury Minimization Program (MMP). The MMP is required because the permit limit exceeds the statewide water quality based effluent limit (WQBEL) of 0.70 nanograms/liter (ng/L) for Total Mercury. The goal of the MMP will be to reduce mercury effluent levels in pursuit of the WQBEL. Note – The mercury-related requirements in this permit conform to the mercury Multiple Discharge Variance specified in NYSDEC policy *DOW 1.3.10*.
2. **MMP Elements** - The MMP shall be documented in narrative form and shall include any necessary drawings or maps. Other related documents already prepared for the facility may be used as part of the MMP and may be incorporated by reference. As a minimum, the MMP shall include an on-going program consisting of: periodic monitoring designed to quantify and, over time, track the reduction of mercury; an acceptable control strategy for reducing mercury discharges via cost-effective measures, which may include more stringent control of tributary waste streams; and submission of periodic status reports.
 - A. **Monitoring** - The permittee shall conduct periodic monitoring designed to quantify and, over time, track the reduction of mercury. All permit-related wastewater and stormwater mercury compliance point (outfall) monitoring shall be performed using EPA Method 1631. Use of EPA Method 1669 during sample collection is recommended. Unless otherwise specified, all samples shall be grabs. Monitoring at influent and other locations tributary to compliance points may be performed using either EPA Methods 1631 or 245.7. Monitoring of raw materials, equipment, treatment residuals, and other non-wastewater/non-stormwater substances may be performed using other methods as appropriate. Monitoring shall be coordinated so that the results can be effectively compared between internal locations and final outfalls. Minimum required monitoring is as follows:
 - i. **Sewage Treatment Plant Influent & Effluent, and Type II SSO Outfalls** - Samples at each of these locations shall be collected in accordance with the minimum frequency specified on the mercury permit limits page.
 - ii. **Key Locations in the Collection System and Potential Significant Mercury Sources** - The minimum monitoring frequency at these locations shall be semi-annual. Monitoring of properly treated dental facility discharges is not required.
 - iii. **Hauled Wastes** - Hauled wastes which may contain significant mercury levels shall be periodically tested prior to acceptance to ensure compliance with pretreatment/local limits requirements and/or determine mercury load.
 - iv. Additional monitoring shall be completed as may be required elsewhere in this permit or upon Department request.
 - B. **Control Strategy** - An acceptable control strategy is required for reducing mercury discharges via cost-effective measures, including but not limited to more stringent control of industrial users and hauled wastes. The control strategy will become enforceable under this permit and shall contain the following minimum elements:
 - i. **Pretreatment/Local Limits** - The permittee shall evaluate and revise current requirements in pursuit of the goal.
 - ii. **Periodic Inspection** - The permittee shall inspect users as necessary to support the MMP. Each dental facility shall be inspected at least once every five years to verify compliance with the wastewater treatment operation, maintenance, and notification elements of 6NYCRR Part 374.4. Other mercury sources shall also be inspected once every five years. Alternatively, the permittee may develop an outreach program which informs these users of their responsibilities once every five years and is supported by a subset of site inspections. Monitoring shall be performed as above.
 - iii. **Systems with CSO & Type II SSO Outfalls** - Priority shall be given to controlling mercury sources upstream of CSOs and Type II SSOs through mercury reduction activities and/or controlled-release discharge. Effective control is necessary to avoid the need for the Department to establish mercury permit limits at these outfalls.
 - iv. **Equipment and Materials** - Equipment and materials which may contain mercury shall be evaluated by the permittee and replaced with mercury-free alternatives where environmentally preferable.
 - v. **Bulk Chemical Evaluation** - For chemicals used at a rate which exceeds 1,000 gallons/year or 10,000 pounds/year, the permittee shall obtain a manufacturer's certificate of analysis and/or a notarized affidavit which describes the substances' mercury concentration and the detection limit achieved. The permittee shall only use bulk chemicals which contain <10 ppb mercury, if available.

MERCURY MINIMIZATION PROGRAM – High Priority POTWs (continued)

C. Annual Status Report - An annual status report shall be submitted to the Regional Water Engineer and to the Bureau of Water Permits summarizing:

- (a) all MMP monitoring results for the previous year;
- (b) a list of known and potential mercury sources;
- (c) all action undertaken pursuant to the strategy during the previous year;
- (d) actions planned for the upcoming year; and,
- (e) progress toward the goal.

The first annual status report is due in accordance with the Schedule of Submittals. A file shall be maintained containing all MMP documentation, including the dental forms required by 6NYCRR Part 374.4, which shall be available for review by NYSDEC representatives. Copies shall be provided upon request.

3. MMP Modification - The MMP shall be modified whenever:

- (a) changes at the facility or within the collection system increase the potential for mercury discharges;
- (b) actual discharges exceed 50 ng/L;
- (c) a letter from the Department identifies inadequacies in the MMP; or,
- (d) pursuant to a permit modification.

RESOLUTION NO. 231.24

TO APPROVE BUDGET TRANSFERS OF GAS AND DIESEL TO THE 2024 BUDGET

THEREFORE, UPON MOTION OF Councilmember _____,

seconded by Councilmember _____,

BE IT RESOLVED BY THE TOWN BOARD AS FOLLOWS:

SECTION 1. Pursuant to Section 36 of the General Municipal Law of the State of New York and Sections 102, 112 and 113 of Town Law of the State of New York, regarding the Uniform System of Accounts, the following **GAS** transfers to the various accounts for 2024 are hereby audited and approved:

<i>Fund</i>	<i>Account No.</i>	<i>Title</i>	<i>Amount</i>
General	A3120 4302	FROM: Patrol Vehicle Gas	-18,277.85
General	A3310 4302	FROM: Traffic Control Gas	-490.44
General	A3620 4302	FROM: Safety Insp Gas	-875.42
General	A7110 4302	FROM: Parks Gas	-1,597.51
General	A1355-4302	FROM: Assessor	-60.00
General	A3410 4302	FROM: Fire Fight Gas	-2,644.13
General	A5132 4304	INTO: Central Gas Expenditure	+23,945.35
Highway	DA5142 4304	FROM: Fuel Snow Removal	-2,792.30
Highway	DA5140 4304	FROM: Fuel Brush & Weed	-1,392.35
General	A5132 4304	INTO: Central Gas Expenditure	+4,184.65
S2	S28120 4302	FROM: S2 Gas Oil Lube	-2,125.09
General	A5132 4304	INTO: Central Gas Expenditure	+1,125.09
W5	W58340 4302	FROM: W5 Gas Oil Lube	-2,082.83
General	A5132 4304	INTO: Central Gas Expenditure	+2,082.83

SECTION 2. . Pursuant to Section 36 of the General Municipal Law of the State of New York and Sections 102, 112 and 113 of Town Law of the State of New York, regarding the Uniform System of Accounts, the following **DIESEL** transfers to the various accounts for 2024 are hereby audited and approved:

<i>Fund</i>	<i>Account No.</i>	<i>Title</i>	<i>Amount</i>
General	A8189 4302	FROM: Landfill Gas	-2,674.08
General	A4160-4162	FROM: Compost Tub Grinder	-0
General	A3410 4302	FROM: Fire Fight Gas	-974.15
Highway	DA5148 4304	INTO: Central Diesel Expenditure	+3,648.23
Highway	DA5142 4304	FROM: Fuel Snow Removal	-12,044.91
Highway	DA5140 4304	FROM: Fuel Brush & Weed	-3,388.92
Highway	A5132 4304	INTO: Central Diesel Expenditure	+15,433.83

S2	S28120 4302	FROM:	S2 Gas Oil Lube	-773.25
Highway	DA5148 4304	INTO:	Central Diesel Expenditure	+773.25
W5	W58340 4302	FROM:	W5 Gas Oil Lube	-740.71
Highway	DA5148 4304	INTO:	Central Diesel Expenditure	+740.71

SECTION 3. This resolution shall become effective May 22, 2024

DATED: May 22, 2024

NAME	AYES	NOES	ABSTAIN
Dodson			
Mastroianni			
Gallucci			
Schlag			
Collins			

TOWN OF ROTTERDAM

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LEGISLATIVE REQUEST FORM

DATE: **May 17, 2024**

TO: **Mollie A. Collins, Supervisor**

FROM: **Comptroller's Office**

TITLE OF REQUEST: To approve budget transfers to the 2024 budget.

TOWN BOARD MEETING: To be placed on the Town Board Meeting of May 22, 2024

Background Information: Budget transfers are needed to correct lines.

Evaluation/Analysis: Lines with expenditures currently being appropriated to them need to be funded properly and budget transfers need to be made in order to do so.

Recommendation(s): To be placed on the Town Board meeting of May 22, 2024 and approve the transfer.

Attachment/Document(s): N/A

Compliance with Purchasing Policy: N/A

Effect(s) on Existing Law(s): Town Law 102, 113 & 113

LEGISLATION WILL BE PREPARED BY: Supervisor's Office

RESOLUTION NO. 232.24

**TO NEGOTIATE AND EXECUTE AN AGREEMENT WITH KB ENGINEERING &
ARCHITECTURE, P.C. FOR PROFESSIONAL ENGINEERING SERVICES RELATED
TO THE MERCURY MINIMIZATION PLAN**

THEREFORE, UPON MOTION OF Councilmember _____,
seconded by Councilmember _____,

BE IT RESOLVED BY THE TOWN BOARD AS FOLLOWS:

SECTION 1. The Town Board of the Town of Rotterdam hereby authorizes the Supervisor to negotiate and execute an agreement with, KB Engineering & Architecture, P.C., located at 100 Great Oaks Boulevard, Suite 114, Albany, New York 12203, for professional engineering services to draft and compile the Mercury Minimization Program (MMP) for 2023-2024, required to be submitted to NYSDEC, in an amount not to exceed three thousand three hundred and 00/100 (\$3,300.00) dollars.

SECTION 2. This resolution shall become effective May 22, 2024.

DATED: May 22, 2024

NAME	AYES	NOES	ABSTAIN
Dodson			
Mastroianni			
Gallucci			
Schlag			
Collins			

TOWN OF ROTTERDAM

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LEGISLATIVE REQUEST FORM

DATE: May 20, 2024

TO: Mollie Collins, Town Supervisor

FROM: Charles Jack Dodson, Deputy Supervisor

TITLE OF REQUEST: Proposal for Engineering Services-Mercury
Minimization Program Annual Report

TOWN BOARD MEETING: May 22, 2024

Background Information: KB Engineering/Prime AE has provided Mercury
Minimization Program services since its inception.

Evaluation/Analysis: KB Engineering will draft and compile the MMP
Annual Report for 2023-2024.

Recommendation(s): Authorize the Supervisor to enter into an agreement
with KB Engineering for an amount not to exceed
\$3,300.00

Attachment/Document(s): KD Engineering proposal dated May 17, 2024.

Compliance with Purchasing Policy: Yes

Effect(s) on Existing Law(s): N/A

LEGISLATION WILL BE PREPARED BY: Supervisors Office

May 17, 2024

Mollie Collins
Supervisor
Town of Rotterdam
1100 Sunrise Blvd., Town Hall
Rotterdam, NY 12306

**Re: Town of Rotterdam
MMP Annual Report
Proposal for Engineering Services**

Dear Mrs. Collins:

We are pleased to submit this Proposal to provide Professional Engineering Services related to drafting and compiling the MMP Annual Report for 2023 – 2024 which is required to be submitted to NYSDEC in accordance with the Mercury Minimization Plan (MMP) approved in July 2021. We propose the following scope of engineering services:

A. Base Services

Provide technical assistance for preparation of the Mercury Minimization Plan Annual Report for submission to NYSDEC utilizing information provided by the Town. The following services are included under this fee:

- Review of WWTP influent and effluent mercury test results provided by the Town.
- Review of semi-annual sampling conducted at the identified key sampling location provided by the Town.
- Coordinating with the Town to obtain data pertaining to the annual report based on the tasks listed in the 2023 annual report:
 - i. Documentation that all the mercury containing devices have been replaced or are planned to be replaced.
 - ii. Inventories from the identified medical/veterinary clinics.
- Attend one meeting with the Town representatives to discuss the actions proposed for the upcoming year.
- Draft and submit the 2024 Annual Report to NYSDEC once Town comments have been incorporated.

B. Fee

We propose to complete the above tasks for a lump sum fee not to exceed \$3,300.00 to be billed monthly as a percentage of the work completed.

C. Exceptions and Limitations

1. Coordination and implementation of the MMP on behalf of the Town.

D. Additional Services

Additional projects and services will be the subject of a mutually agreed and separately executed Change Order. In the event that you request additional routine services that substantively relate to the subject of this Proposal and which in our judgement do not rise to the level of a Change Order or require a new proposal, (“Out-of-Scope Services”), our fees for such services will be based on the time required for the work performed at our standard rates, plus expenses. All such services will be subject to the terms of this Proposal, including KB Engineering’s Standard Terms and Conditions, attached hereto.

E. Access to Client Facilities.

In providing the Services, KB Engineering may from time to time need to test, access, or use the Client’s systems, applications, or hardware (collectively, “Client Network”). Client shall provide KB Engineering in advance of the commencement of the affected Services with a copy of Client’s safety, security, and facilities policies which are applicable to the use of, and access to, the Client Network and KB Engineering shall use commercially reasonable efforts to abide by such communicated policies as appropriate under the circumstances. If compliance with such policies will prevent or impair KB Engineering from performing the Services or its obligations under this Agreement, the Parties shall work in good faith to develop reasonable exceptions to such policies. If such exceptions cannot be agreed upon, the applicable Statement(s) of Work will be modified to excuse KB Engineering’s performance of the affected Services. If KB Engineering’s adherence to Client’s policies increases KB Engineering’s costs of providing the Services, KB Engineering shall notify Client of the foregoing and Client shall pay KB Engineering for the increased costs associated with adherence to such policies.

F. Terms & Conditions

Our work under this Proposal shall be performed in accordance with KB Engineering’s Standard Terms and Conditions, attached hereto and hereby incorporated herein and made a part of this Proposal for all purposes as if fully set forth herein.

If you agree with this Proposal, please return an executed copy of this Proposal. If you have any questions, please feel free to contact me.

Sincerely,



Douglas P. Cole, P.E.
Senior Director of Water and Wastewater

cc: Jack Dodson, Deputy Supervisor

Enclosure: Standard Terms & Conditions

AGREED TO BY TOWN OF ROTTERDAM:

Mollie Collins, Supervisor

DATE: _____

AGREED TO BY KB ENGINEERING &
ARCHITECTURE, PC:



Kumar Buvanendaran – President & CEO

DATE: 5/17/2024

1. **General.** These Standard SUBCONSULTANT Terms & Conditions, together with the Subconsultant Agreement, and its exhibits, constitute the full and complete Agreement between KB Engineering & Architecture, PC ("KB") and the entity or person identified as the SUBCONSULTANT in the Subconsultant Agreement. KB hereby gives notice that it objects to and expressly rejects the inclusion of any additional or different terms proposed by SUBCONSULTANT, and any reference to SUBCONSULTANT'S proposal is solely for the purpose of incorporating the description and specifications of any goods, materials or services contained therein. SUBCONSULTANT shall diligently perform all services, furnish all labor and materials and perform all tasks necessary to produce all of the deliverables required and perform all of the Services reasonably implied, incidental or inferred under the terms of this Agreement, its Exhibits, as well as all other documents attached to or incorporated by reference as forming a part of this Agreement ("Services"). The SUBCONSULTANT is not entitled to request a change order if the changes do not "materially" increase the Scope of Work. SUBCONSULTANT, its employees, and its agents are not the agents, representatives, or employees of KB, and SUBCONSULTANT is and shall be an independent contractor with regard to the Services. KB and the SUBCONSULTANT may be referred to collectively herein as "the parties", and any one of them may be referred to as "a party".

2. **Standard of Care.** SUBCONSULTANT'S Services will be performed in accordance with generally accepted practices and ordinary skill and care of architects, engineers, scientists, and/or technical professionals providing similar services at the same time, in the same locale, and under like circumstances. SUBCONSULTANT agrees to promptly reperform, repair or replace, at KB's option and at SUBCONSULTANT'S cost and expense, any Services which fail to conform to such requirements or in the event such a degree of skill and care is not exercised.

3. **Compliance.** SUBCONSULTANT shall comply with all applicable laws and regulations of any governmental agency having jurisdiction (including any requirement to obtain and maintain any permits, licenses, or approvals) to complete the Services. SUBCONSULTANT certifies compliance with all applicable federal, provincial, state, local, occupational, health and safety, labor, and other anti-discrimination

laws, the standards and regulations issued thereunder, and the amendments thereto. The SUBCONSULTANT represents it shall comply, to the extent applicable, with all applicable provisions of the standards and regulations issued thereunder. Such rules and regulations are incorporated herein by reference with the same force and effect as if set forth herein verbatim. Furthermore, SUBCONSULTANT shall abide by the requirements of 41 CFR 60-300.5(a) and 41 CFR 60-741 (a), regulations that prohibit discrimination against qualified individuals and protected veterans on the basis of disability or veteran status, and requires affirmative action by covered prime contractors and subconsultants to employ and advance in employment qualified individuals with disabilities and protected veterans.

4. **Schedule.** Time is of the essence in the performance of the obligations created by this Agreement if required by the Prime Contract between KB and KB's Client. Otherwise, SUBCONSULTANT agrees to commence and complete the Services in accordance with any schedule incorporated into this Agreement, or any schedule submitted by SUBCONSULTANT and otherwise accepted in writing by KB; and with respect to any changes, out of scope or additional Services, SUBCONSULTANT shall expeditiously perform such Services according to any schedule therefore agreed to by the parties. In addition, no Services shall be delayed and SUBCONSULTANT shall be required to proceed diligently with the performance of the Services under this Agreement during all disputes pending final resolution for any request for relief, claim, appeal or action arising under this Agreement.

5. **Compensation.** (a) SUBCONSULTANT may invoice KB after it has completed the Services, or portions thereof, and any required corrections to the satisfaction of KB, and delivered in accordance with the terms of this Agreement all maintenance and operating instructions, schedules, guarantees, bonds, certificates or other evidence of insurance required hereunder, certificates of inspection, marked-up record documents, required itemizations and other documents required for progress payments. INVOICES MUST BE SUBMITTED TO SUBINVOICES@PRIMEENG.COM. INVOICES SUBMITTED TO KB SHALL INCLUDE A VALID, CURRENT COPY OF THE CERTIFICATE OF INSURANCE REQUIRED UNDER THIS AGREEMENT (IF NOT PREVIOUSLY PROVIDED DURING THE CURRENT YEAR). (b) KB agrees to

pay SUBCONSULTANT within thirty (30) days of KB's receipt of payment from Client for SUBCONSULTANT's satisfactory Services which has been accepted by the Client. SUBCONSULTANT expressly agrees that it shall be a condition to any payment that KB shall have received payment from the Client for such Services of the SUBCONSULTANT, and that such payment by the Client shall be a condition precedent to KB's obligations hereunder, and that KB shall have no obligation to SUBCONSULTANT unless payment for such Services is made to KB by the Client. However, in the event KB's Client disputes or otherwise withholds a payment to KB, which payment includes some non-disputed portion due SUBCONSULTANT, KB will make all reasonable efforts to secure release of non-disputed portion of payment from its Client. (c) SUBCONSULTANT warrants that title to and ownership of the Services shall transfer to KB free and clear of all liens or rights of liens. No payment shall be made to SUBCONSULTANT without a duly executed Agreement and a valid, current Certificate of Insurance in compliance with this Agreement. Payments made to the SUBCONSULTANT will include compensation for all applicable sales, use, gross receipts, or excises taxes. (d) In recognition that KB's Client requires the prompt submission of invoices for payment, the parties agree that all invoices must be submitted by SUBCONSULTANT to KB within ninety (90) days of the date costs are incurred or the scheduled completion date whichever occurs first. SUBCONSULTANT waives its right to receive payment on all invoices which are not submitted within that time. KB may set-off or counterclaim against amounts payable to SUBCONSULTANT, or asserted to be payable to SUBCONSULTANT, under this or any other contract, any claim KB may have against SUBCONSULTANT, including any failure to comply with any terms herein.

6. Changes. No changes to this Agreement and no extra charges will be allowed unless a duly authorized representative of KB specifically agrees to them in writing. As a condition precedent to SUBCONSULTANT's recovery on any claim for an increase in the cost of the Services or for an extension of time to complete the Services (a "Claim"), SUBCONSULTANT shall, immediately after the occurrence of the event which SUBCONSULTANT believes may give rise to a Claim, give KB written notice of the claim, which notice shall contain a verified statement that supports the claim and details the estimated change in the Subcontract cost and the time to

complete the Services. SUBCONSULTANT's failure to provide notice as required by this paragraph shall be a waiver of SUBCONSULTANT's right to recovery under the Agreement and on a Claim. In no event shall SUBCONSULTANT be entitled to compensation for changes which are not reimbursable to KB by its Client. Any determination by KB or Client regarding same shall be binding upon SUBCONSULTANT.

7. Insurance. SUBCONSULTANT shall provide and maintain during the term of this Agreement and for three (3) years after completion of Services, at SUBCONSULTANT's expense, the minimum limits of insurance described below. SUBCONSULTANT's failure to procure the required types and limits of insurance as set forth herein, shall not relieve SUBCONSULTANT of its indemnification obligations hereunder. (a) *Workers' Compensation, Disability Benefit, and Employer's Liability Insurance* in at least the minimum amounts required by and in compliance with the laws of the State(s) where the Services is to be performed. (b) *Commercial General Liability Insurance*, including contractual liability, completed operations, hazards and explosion, collapse, and underground hazard coverage, with a limit of not less than \$1,000,000 per occurrence, \$2,000,000 aggregate. All such insurance policies shall provide (unless by specific statute applicable thereto it is otherwise provided) coverage for: (i) damage to above-ground or underground property; (ii) collapse of structures; (iii) damage resulting from explosion or blasting; (iv) damages or losses arising out of liabilities assumed, except infringement, under the indemnity provision of this Agreement; and (v) damage to completed operations. If the Services to be performed is within or near a railroad right-of-way and other railroad facilities, SUBCONSULTANT's insurance shall not include any exclusions of coverage for any claims or liabilities associated with Services, occurrences or incidents occurring within 50 feet of railroad right-of-way and other railroad facilities. (c) *Automobile Liability Insurance* covering owned, non-owned, and hired vehicles used by SUBCONSULTANT in connection with the Services with a limit of not less than \$1,000,000 per accident combined single limit, \$1,000,000 aggregate. If/when transporting waste motor carrier endorsement form MCS-90 will be required. (d) *Following form Excess Umbrella Liability Insurance* extending coverage under SUBCONSULTANT's comprehensive general, automobile and Employer's Liability insurance policies with a limit of \$2,000,000

per occurrence and in the aggregate. (e) If the Services involves the handling, transportation or use of chemicals or contaminants or Services areas containing pollutants or hazardous materials, Pollution Liability with a limit of not less than \$1,000,000 per incident, \$1,000,000 aggregate to coverage damage or losses relating to environmental impairment as may have been caused by the SUBCONSULTANT. (f) For professional services, including but not limited to engineering, architectural, laboratory analysis and/or surveying services, are part of the Work, *Professional Liability (Errors and Omissions) Insurance* with a limit of not less than \$1,000,000 per claim, \$2,000,000 aggregate.

8. Certificates of Insurance (COI). (a) *General Information.* SUBCONSULTANT's proof of coverage shall be in the form of a duly executed and properly endorsed insurance certificate from an insurance carrier licensed to transact insurance business in the state in which the Services is to be performed. Each certificate shall certify that all the required insurance, in Section 7, has been effected and that the SUBCONSULTANT is covered thereby. SUBCONSULTANT shall provide KB with the certificate of insurance (COI) indicating that the minimum types and limits of insurance have been procured by SUBCONSULTANT prior to final execution of this Agreement and include said COI as an exhibit to the Agreement. All certificates must contain the applicable KB project manager contact name (first and last name), project name and project number to ensure timely payment. Refer to the Subconsultant Agreement for project manager, project name and project number. (b) *Additional Insureds.* SUBCONSULTANT agrees to name "KB Engineering & Architecture, PC, its Client, and their respective affiliates, directors, officers, employees, and agents" as additional insured as their interests may apply on all policies as required by Section 7 (with the exception of the Workers' Compensation, Employer's Liability, and any Professional Liability Policy). SUBCONSULTANT shall provide this specific language endorsement on the Certificate of Insurance under the additional insured section of the COI.

9. Insurance Miscellaneous. (a) *Waiver of Subrogation.* SUBCONSULTANT shall cause the underwriters of each of the insurance coverage required above waive all rights of subrogation against "KB Engineering & Architecture, PC, its Client and their affiliates, directors, officers, employees, and agents" where allowed by law under each of the foregoing

policies. (b) *Thirty (30) Day Cancellation Notice.* SUBCONSULTANT shall provide KB and Client with a minimum of thirty (30) days written notice prior to the effective date of cancellation of, or diminution in the coverage provided by, all such policies. (c) *Insurance Policies.* Upon request SUBCONSULTANT shall provide KB with certified copies of its insurance policies. (d) *Claims or losses or potential losses.* SUBCONSULTANT agrees to promptly notify KB of any claims or losses or potential claims or losses resulting from or arising out of SUBCONSULTANT's performance of the Services and shall, within three (3) days of occurrence, provide KB with copies of SUBCONSULTANT's correspondence pertaining to the incident, including any and all SUBCONSULTANT accident reports. (e) *Primary and non-contributory.* Any coverage provided KB by SUBCONSULTANT'S insurance under this Agreement is primary insurance and shall not be considered contributory insurance with any insurance policies of KB, its members, subsidiaries, and affiliated companies. (f) *Incident Notices.* Whenever an employee of SUBCONSULTANT suffers an occupational injury or disease as a result of the Services and such injury or disease is required by the Workman's Compensation or Occupational Disease Laws to be reported to the proper authorities, SUBCONSULTANT shall promptly furnish a copy of such report to KB. SUBCONSULTANT also shall require all SUBCONSULTANTS to furnish copies of such reports to KB in connection with occupational injuries or diseases sustained by their employees.

10. Indemnity. (a) *With respect to non-professional services (General Liability Insurance),* SUBCONSULTANT agrees to indemnify, defend and hold KB and Client and their respective owners, partners, directors, officers and employees harmless from all suits, actions, claims, demands, judgments, and liabilities including property damage and bodily injury or death, including claims of SUBCONSULTANT's employees, to the extent caused by the act, error, omission, breach of contract, recklessness, wrongful acts, intentional misconduct, willful misconduct and gross negligence of or by SUBCONSULTANT, or its subconsultants, in providing the Services hereunder. (b) *With respect to professional services (Professional Liability Insurance),* SUBCONSULTANT agrees to indemnify and hold the KB and Client and their respective owners, partners, directors, officers and employees ("Indemnitees") harmless from judgments and liabilities, including property damage and bodily

injury or death ("Damages"), including claims of SUBCONSULTANT's employees, to the proportionate extent caused by the negligent act, error, omission, breach of contract, recklessness, wrongful acts, intentional misconduct, willful misconduct and gross negligence of or by SUBCONSULTANT, or its subconsultants, in providing the Services hereunder. SUBCONSULTANT's defense obligations hereunder, including any actual or implied up-front duty to defend, with respect to professional negligence-based claims shall mean the reimbursement of reasonable attorneys' fees incurred by Indemnitees to the proportionate extent such Damages are caused by SUBCONSULTANT's negligence as proven in a Court with competent jurisdiction and recoverable under applicable law on account of negligence.

11. Assignment / Subcontracts. SUBCONSULTANT shall not assign any proceeds or subcontract any of the Services to be performed hereunder without the express written consent of KB. SUBCONSULTANT will be fully responsible to KB for the acts and omissions of its lower-tier subconsultants and of persons either directly or indirectly employed by all SUBCONSULTANT's lower-tier subconsultants.

12. Termination / Survival. KB may terminate this Agreement with or without cause upon delivery of written notice to SUBCONSULTANT. In the event KB shall terminate without cause, KB shall be liable to SUBCONSULTANT in accordance with the terms of this Agreement, inclusive of the limitations set forth in the contract between KB and its Client, for any outstanding amount owing to SUBCONSULTANT for Services provided to KB's satisfaction through the effective date of termination. All express representations, confidentiality obligations, waivers, and the indemnifications included in this Agreement will survive its completion or termination for any reason. If this Agreement is terminated for cause, KB may procure, upon such terms as it shall deem appropriate, supplies or services like those so terminated. SUBCONSULTANT shall continue performance under this Agreement to the extent not terminated and shall be liable to KB for any excess cost for such similar supplies or services, and for any other costs, expenses, or liabilities incurred by KB and/or its Client(s) as a result of SUBCONSULTANT's default. KB reserves the right to offset any such costs, expenses, or liabilities against monies due to SUBCONSULTANT under this or any other AGREEMENT. In the event the

amount of damage exceeds the balance due to SUBCONSULTANT, SUBCONSULTANT shall pay to KB the amount of such excess. The rights and remedies of KB set forth in this Paragraph shall not be exclusive and are in addition to all other rights and remedies of KB.

13. Use of Documents / Confidentiality / Ownership. SUBCONSULTANT shall maintain complete and accurate working files and/or documentation of the Services, including new data, calculations, estimates, assumptions, logs, maps, drawings, plans, specifications, diaries, interpretations, notes and calibrations, for a period of ten (10) years following final payment under this Agreement or until final conclusion of any litigation or administrative proceeding arising under or materially concerning this Agreement or the Services, and shall provide KB unrestricted access to such items and dispose of them only as directed by KB. All documents provided by SUBCONSULTANT pursuant to this Agreement are instruments of service of SUBCONSULTANT, and SUBCONSULTANT shall retain an ownership and property interest therein (including the right of reuse) until KB has made payment to SUBCONSULTANT for such documents pursuant to this Agreement. Notwithstanding the foregoing, upon termination of this Agreement or at an earlier time if KB requests, SUBCONSULTANT will deliver to KB any data, materials or information received or generated in the performance of this Agreement. Except to the extent required by law or government order, or as expressly permitted by the prior written consent of KB, SUBCONSULTANT agrees not to disclose any third party data, information, or documentation obtained, created, compiled, or prepared (in whatever form) by SUBCONSULTANT in connection with the performance of Services under this Agreement or any Services Authorization issued hereunder. SUBCONSULTANT and its SUBCONSULTANTS will not use or designate for use in connection with the Services any patented or patent-pending article, method or device which involves or requires payment of any license, fee or royalty in addition to the purchase price without KB's prior written approval. SUBCONSULTANT agrees to indemnify KB against any cost or expense incurred in connection with the payment of such license, fee or royalty in the event that KB's prior approval is not obtained and SUBCONSULTANT shall defend any suit or proceeding brought against KB based on a claim that

any item or part of an item furnished under this Agreement constitutes an infringement of any patent, trademark, service mark, or copyright, and shall pay all damages and costs awarded against KB or required to be paid in settlement of the claim. If the use of an item or part of an item is enjoined, SUBCONSULTANT shall at its own expense either procure for KB the right to continue using the item or part or replace it with a non-infringing item or part or modify the item or part so that it becomes non-infringing.

14. Governing Law/ Severability and Waiver. Governing law shall be as set forth in the prime contract between KB and its Client. In the absence of such provision, the laws of the State in which the Site is located shall govern this Agreement and the legal relations of the parties. No waiver of the terms, conditions, or covenants of this Agreement shall be binding and effective unless the same shall be in writing, signed by both parties. If any portion of this Agreement is held invalid or inoperative, then so far as is reasonable and possible, the remainder of this Agreement shall be deemed valid and operative, and effect shall be given to the intent manifested by the portion held invalid or inoperative.

15. Entire Agreement. This Agreement constitutes the entire agreement between the parties with respect to the Services, and supersedes all prior negotiations, representations or agreements relating thereto, written, or oral, except to the extent they are expressly incorporated herein. Unless otherwise provided for herein, no amendments, changes, alterations or modifications of this Agreement shall be effective unless in writing, executed by KB and SUBCONSULTANT. No other waiver, alteration, or modification of any provision in this Agreement will be binding on either party. Any course of prior dealings or usage of the trade not expressly incorporated in this Agreement shall not be binding on either party. The parties represent and warrant that each has had the opportunity to review and negotiate the terms of this Agreement, with the benefit of counsel if desired, and agree that any ambiguity shall not be construed against the drafter.

16. Non-Solicitation. During the period commencing on the Effective Date of the Agreement and ending one year following the termination of Agreement, for whatever cause, neither party shall, without the other party's prior written consent, directly or indirectly,

solicit or encourage any person to leave the employment or other service of the other party or its affiliates. During the period commencing on the date hereof through and ending one year following the termination of this Agreement, for whatever cause, neither party will, whether for its own account or for the account of any other person, intentionally interfere with the relationship of the other party or its affiliates with a tenant, co-investor, co-developer, joint venturer or other customer of the other party or its affiliates.

17. Dispute Resolution. Except for SUBCONSULTANT's breach of Section 16 of this Agreement, if a dispute arises out of or relates to this Agreement or breach thereof, the parties will attempt in good faith to resolve the dispute through negotiation. If the dispute is not resolved by these negotiations, prior to the initiation of legal proceedings, the parties agree to submit all claims and disputes arising out of this Agreement to non-binding mediation with a mutually agreed upon mediator. The parties agree that they will share equally in its costs, and that neither party will commence a civil action until after the completion of the initial mediation session.

RESOLUTION NO. 233.24

**TO APPOINT MICHAEL ISABELLA TO THE POSITION OF TRAFFIC SAFETY
COORDINATOR**

THEREFORE, UPON MOTION OF Councilmember _____,
seconded by Councilmember _____,

BE IT RESOLVED BY THE TOWN BOARD AS FOLLOWS:

SECTION 1. Michael Isabella, of Schenectady, New York 12306, is hereby appointed to the position of Traffic Safety Coordinator, full time, provisionally, with full employee benefits, and subject to pre-employment background checks, at an annual salary of fifty-eight thousand nine hundred sixty-five and 07/100 (\$58,965.07) dollars, commencing May 27, 2024.

SECTION 2. This resolution shall become effective May 22, 2024.

DATED: May 22, 2024

NAME	AYES	NOES	ABSTAIN
Dodson			
Mastroianni			
Gallucci			
Schlag			
Collins			

TOWN OF ROTTERDAM

John F. Kirvin Government Center • 1100 Sunrise Boulevard • Rotterdam, NY 12306
Telephone: 518-355-7575 • Fax: 518-355-7976 • Website: www.rotterdamny.org



LEGISLATIVE REQUEST FORM

DATE: May 20, 2024

TO: Town Board

FROM: Mollie Collins, Supervisor

TITLE OF REQUEST: Appoint Michael Isabella to the position of Traffic Safety Coordinator

TOWN BOARD MEETING: May 22, 2024

Background Information: Mr. Isabella has been a Town employee for 9 years and has experience in sign maintenance and traffic control. Mr. Isabella has worked with the Water/Sewer, Parks and Highway Departments as traffic control.

Evaluation/Analysis: Mr. Isabella has the experience and knowledge needed to perform the tasks associated with this title.

Recommendation(s): Appoint Michael Isabella to the position of Traffic Safety Coordinator.

Attachment/Document(s): Civil Service Application and Job Description

Compliance with Purchasing Policy: N/A

Effect(s) on Existing Law(s): N/A

LEGISLATION WILL BE PREPARED BY: Supervisors Office

Schenectady County is an Equal Opportunity Employer. Schenectady County does not unlawfully discriminate in employment because of age, race, creed, color, national origin, sex, sexual orientation, disability, marital status, arrest and/or criminal conviction record unless based on a bona fide occupational qualification or other exception, genetic predisposition, or domestic violence victim status.



Schenectady County

Human Resources & Civil Service

620 State Street

Schenectady, NY 12305-2114

APPLICATION FOR EXAMINATION OR EMPLOYMENT

FOR COUNTY OFFICES, TOWNS, VILLAGES, SCHOOL DISTRICTS
LIBRARIES AND SPECIAL DISTRICTS

Date Received _____ Approved _____

Conditional _____ Disapproved _____

CIVIL SERVICE DEPT.
USE ONLY

RECEIVED

APR 15 2024

Town of Rotterdam
SUPERVISORS OFFICE

1. Traffic Safety Coordinator

POSITION/TITLE

EXAM NUMBER

This application is part of your examination. Answer all questions fully. A resume, if submitted, cannot substitute for the application. You are encouraged to read the General Conditions and Instructions for more information.

2. Name and Legal Residence

Isabella Jr Michael

A

Middle Initial

Street Address or Road

R.D. # or P.O. Box #

Schenectady, Rotterdam

NY

12306

County

City, Town, Village

State

Zip

Home Phone Number

Cell Phone

Email Address:

If mailing address is different:

Street Address or Road

R.D. # or P.O. Box #

County

City, Town, Village

State

Zip

Social Security Number

3. Police Officer & Firefighter Candidates Only:

Date of Birth (MM/DD/YYYY) ____/____/____

4. **Residency Requirements:** Candidates must meet the Residency Requirements as stated on the examination announcement. You must complete the following to determine if you meet these residency requirements. Indicate how long this has been your legal residence, up to the date of this application, showing that you meet the residency requirements as announced.

	Name	Years	Months
State of:	<u>New York</u>		
County of:	<u>Schenectady</u>		
Village of:			
Town of:	<u>Rotterdam</u>		
City of:			
School District	<u>Schalmont</u>		

5. Citizenship

A. Are you currently a U.S. Citizen? YES ☒ NO ☐

B. If not, do you have the legal right to accept Employment in the United States? YES ☐ NO ☐
Please give alien registration number: _____

C. Are you a retiree from New York State or any civil division thereof? YES ☐ NO ☒

6. **Special Testing Arrangements** (Refer to General Conditions and Instructions). If you need Special Accommodations to take the examination, contact the Civil Service Office at (518) 388-4233.

Religious ☐ Military ☐ Disability ☐

7. **Crossfiler** - If you have filed or are filing SEPARATE applications for Civil Service Examinations being held on the same date, attach the CROSSFILER APPLICATION. Call to make arrangements no later than two weeks before the test date.

8. **Driver's License:** Complete the following if a license to operate a motor vehicle is required for the position that you are applying.

License #:	
Restrictions:	
Expiration Date:	
Endorsements:	
Class of License:	<u>D</u>
Is this License Currently Valid	YES ☒ NO ☐

RECEIVED
APR 08 2024
BY: [Signature]

9. Veterans Credits: If you wish to apply for Veterans Credits, complete the following questions and complete the Application for Veterans Credits (Refer to General Conditions and Instructions).

	YES	NO
Have you ever served in the Armed Forces of the United States? (The Armed Forces means the Army, Navy, Marine Corps, Air Force, and Coast Guard, including all components thereof and the National Guard when in the service of the US pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes).		☒
Have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?		☒
Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above.		☒
After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs?		☒
Are you currently a resident of New York State?	☒	

10. Additional Questions: Check the appropriate box to the right of each question.

	YES	NO
Were you dismissed or discharged from any employment for reasons other than lack of work or funds?		☒
Did you ever resign from any employment rather than face dismissal?		☒
Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under the other than honorable circumstances?		☒
Have you ever been convicted of any crime (felony or misdemeanor)?		☒
Are you now under charges for any crime?		☒
Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charge?		☒

If you answered yes to any of the above questions, you may give specifics below. If you elect not to provide specifics, or if such explanation is insufficient, you may be required to submit further information. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the position (s) for which you are applying.

REMARKS: _____

11. Licenses: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination (s) for which you are applying.

Name of Trade or Profession:		Specialty:	
License Number:			
Granted by (Licensing Agency):		City/State	
Date License First Issued:		Registered From:	Registered To:

12. Education: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet.

High School

Have you ever graduated from High School or do you have possession of a High School Equivalency Diploma?

YES ☒

NO ☐

If Yes, Name and Location of High School or Issuing Government Authority:

Mohonasen

Equivalency Diploma Number:

005026529

College, University, Professional or Technical School

Name of School	Number of College Credits	Degree Earned	Major Subject/ Courses	Did You Graduate?		Date Degree Expected or Received
				Yes	No	

13. Experience: All sections must be filled out completely even if you attach a resume. Begin with the most recent employment. List all employment or military service that shows that you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. Under *Description of Duties*, clearly describe the nature of work which you personally performed. Part-time experience will be prorated unless otherwise stated on the examination announcement. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. *If you move to a different position within the same organization, indicate so in a separate employment box.* You may attach additional sheets if you need more space.

Length of Employment	Firm Name:	Town of Rotterdam
From: [REDACTED]	Firm Address:	40 W Campbell Rd
To: [REDACTED]	Description of Duties:	
Employment Details	To Fix and repair road signs in the town of Rotterdam. Perform traffic safety for all departments in the Town of Rotterdam as needed.	
Your Exact Title	Sign Maintenance worker/Traffic Safety	
Name of Your Supervisor	Larry Lemora	
Supervisor's Title	Highway Superintendent	
Hours worked / wk. (exclusive of overtime)	40 hrs	
Reason for Leaving		

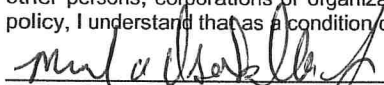
Length of Employment	Firm Name:	
From: [REDACTED]	Firm Address:	
To: [REDACTED]	Description of Duties:	
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

Length of Employment	Firm Name:	
From:	Firm Address:	
To: Month/Year (mm/yyyy)	Description of Duties:	
To: Month/Year (mm/yyyy)		
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

Length of Employment	Firm Name:	
From:	Firm Address:	
To: Month/Year (mm/yyyy)	Description of Duties:	
To: Month/Year (mm/yyyy)		
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

THIS AFFIRMATION MUST BE COMPLETED

I affirm, subject to the penalties of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I give the employer the right to investigate all references and to secure additional job related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. If the position I am applying for is covered by the employer's drug testing policy, I understand that as a condition of appointment to this position, I will be required to take and successfully pass a pre-employment drug test.


Signature of Applicant

Michael A Isabella Jr
Print Name

4/8/24
Date

(State below any other name by which you have been known)

NOTICE
(As of April 5, 2024)

POSITION OPENING

In accordance with the Agreement between the Town of Rotterdam and the Town of Rotterdam Unit of the Schenectady County Chapter of the CSEA, Inc., the following position is open:

Traffic Safety Coordinator

Compensation

Title		Salary Range
Traffic Safety Coordinator	*(2023)	\$58,965.07

**The Town is currently negotiating a cost-of-living increase for 2024 which will eventually be applied to the 2023 salary range above and any increase will be paid retroactively to all wages earned in 2024 prior to reaching an agreement.*

The above title is classified as a competitive position and does require a competitive examination under Civil Service Law.

Location:

Town of Rotterdam Highway Department

Qualifications:

See attached Civil Service Job Description.

Possession of a New York State Driver's License, which must be maintained throughout duration of appointment. Permanent appointment to positions in Schenectady County is contingent upon the successful completion of a criminal background check. All interested parties should complete and submit a standard Civil Service application form available on the Town's website at <https://www.rotterdamny.org/whats-new/employment-opportunities>. Application forms must be filed with the Town Supervisor's Office no later than close of business on **Friday, April 19, 2024**. Applications can be sent via USPS to Town of Rotterdam, Supervisor's Office, 1100 Sunrise Boulevard, Schenectady, New York 12306 or by email to Supervisor@rotterdamny.org.

The Town of Rotterdam is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin or any other protected class or category.

cc: Town Supervisor
Town Board
Town Clerk
Comptroller
CSEA President
All Departments

Post this notice in all Town Buildings and Departments

TRAFFIC SAFETY COORDINATOR

DISTINGUISHING FEATURES OF THE CLASS: The work involves the installation, maintenance, and repair of traffic, street and building signs. The incumbent will also be responsible for the installation, maintenance, and repair of traffic counter equipment, pavement markings, and signs for work/safety zones and traffic/speed control. General supervision is received from the Uniform Division Lieutenant, with considerable leeway allowed for planning, initiating and completing work. Does related work as required.

TYPICAL WORK ACTIVITIES:

- Operates computerized sign fabrication equipment;
- Fabricates and installs highway and related signs;
- Places and operates various traffic counting and speed survey equipment;
- Assists police and other town departments with signage for safety/work zone patterns for emergency vehicle re-routes;
- Makes recommendations regarding installation of highway signs;
- Conducts regular inspections of town-wide sign and marking systems;
- Investigates and corrects problems related to handicapped parking zones;
- Assists Police department with signage for temporary no-parking zones and detours due to events such as parades, carnivals and other mass gatherings;
- Investigates concerns of residents as they relate to signage;
- Records all maintenance related to the sign and pavement marking system;
- Keeps inventory of signs and related materials used for sign fabrication and installation;
- Keeps inventory of safety materials and equipment for safety zones and work zones;
- Maintains Traffic Safety facility and equipment;
- Applies striping and lettering to all town vehicles, including police vehicles;
- Operates a variety of medium motor equipment necessary to complete tasks;
- May participate in snow plowing and removal as needed;
- May assist other departments with related work.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS: Good knowledge of common practices, tools, terminology and safety precautions as they relate to sign-making and placement; Working knowledge of principles of public safety as applied to the placement of traffic signs and markings; Skill in the making and maintenance of signs; Mechanical aptitude; Ability to work from written and diagrammed instructions; Ability to keep simple records; Ability to deal constructively with the public.

MINIMUM QUALIFICATIONS: Graduation from high school or possession of a high school equivalency diploma and five years of experience in signs/markings, three years of which shall have been in street marking and sign preparation and placement for traffic control.

Adopted CSC 1/11/00

Revised CSC 10/3/00; CSC 09/10/01

RESOLUTION NO. 234.24

TO APPOINT SEASONAL PARK ATTENDANTS TO THE PARKS DEPARTMENT

THEREFORE, UPON MOTION OF Councilmember _____,

seconded by Councilmember _____,

BE IT RESOLVED BY THE TOWN BOARD AS FOLLOWS:

SECTION 1. The following individuals are hereby appointed to the seasonal position of Park Attendant in the Parks Department on an as needed basis, with no employee benefits, at the hourly rate of \$17.00 for the periods indicated.

<u>Name</u>	<u>Title</u>	<u>Period</u>
Joseph Baker	Park Attendant	5/28/24-8/23/24
Cole Contompasis	Park Attendant	5/28/24-8/23/24
Ethan Coom	Park Attendant	5/28/24-8/23/24
Gabriel Romano	Park Attendant	5/28/24-8/23/24
Michael Romano	Park Attendant	5/28/24-8/23/24

SECTION 2. These appointments are contingent upon completion of a DCJS background check and compliance with New York State Correction Law Article 23-A.

SECTION 3. The Town Board of the Town of Rotterdam hereby agrees to reimburse the costs incurred from the DCJS background check for the individuals referenced above upon approval of the Coordinator of Parks at the completion of employment.

SECTION 4. This resolution shall become effective May 22, 2024.

DATED: May 22, 2024

NAME	AYES	NOES	ABSTAIN
Dodson			
Mastroianni			
Gallucci			
Schlag			
Collins			

TOWN OF ROTTERDAM

John F. Kirvin Government Center • 1100 Sunrise Boulevard • Rotterdam, NY 12306
Telephone: 518-355-7575 • Fax: 518-355-7976 • Website: www.rotterdamny.org



LEGISLATIVE REQUEST FORM

DATE: May 20, 2024

TO: Mollie Collins, Town Supervisor

FROM: James Keith, Senior Building Inspector

TITLE OF REQUEST: To appoint summer seasonal park attendants to the Parks Department.

TOWN BOARD MEETING: May 22, 2024

Background Information: Parks dept. to employ students during the summer season to assist the parks department crews.

Evaluation/Analysis: Park maintenance during the summer months require more time on each park and Town properties, and with current employees taking summer vacations, hiring temporary summer help is necessary.

Recommendation(s): To appoint five summer employees;
Joseph Baker: 5/28/24-8/21/24
Ethan Coom: 5/28/24-8/18/24
Gabriel Romano: 5/28/24-8/9/24
Michael Romano: 5/28/24-8/16/24
Cole Contompasis: 5/28/24-8/20/24

providing the completion of a DCJS Background check in the amount of \$88.50, and that upon completion of summer help, employees will be refunded \$88.50 upon approval of the Coordinator of Parks.

Attachment/Document(s): Employment Applications

Compliance with Purchasing Policy: N/A

Effect(s) on Existing Law(s): None

LEGISLATION WILL BE PREPARED BY: Supervisor's Office

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Schenectady County

Human Resources & Civil Service
620 State Street
Schenectady, NY 12305-2114

APPLICATION FOR EXAMINATION OR EMPLOYMENT

FOR COUNTY OFFICES, TOWNS, VILLAGES, SCHOOL DISTRICTS
LIBRARIES AND SPECIAL DISTRICTS

1. _____
POSITION TITLE EXAM NUMBER

Date Received _____ Approved _____

Conditional _____ Disapproved _____

CIVIL SERVICE DEPT.
USE ONLY

This application is part of your examination. Answer all questions fully. A resume, if submitted, cannot substitute for the application. You are encouraged to read the General Conditions and Instructions for more information.

2. Name and Legal Residence

Baker Joseph P
Last Name First Name Middle Initial

Street Address or Road R.D. # or P.O. Box #

Schenectady Rotterdam NY 12306
County City, Town, Village State

Home Phone N _____

Email Address: _____

If mailing address _____

Street Address or Road R.D. # or P.O. Box #

County City, Town, Village State Zip

Social Security Number _____

3. Police Officer & Firefighter Candidates Only:

Date of Birth (MM/DD/YYYY) ____/____/____

4. **Residency Requirements:** Candidates must meet the Residency Requirements as stated on the examination announcement. You must complete the following to determine if you meet these residency requirements. Indicate how long this has been your legal residence, up to the date of this application, showing that you meet the residency requirements as announced.

	Name	Years	Months
State of:	<u>New York</u>		
County of:	<u>Schenectady</u>		
Village of:			
Town of:	<u>Rotterdam</u>		
City of:			
School District	<u>Schalmont</u>		

5. Citizenship

A. Are you currently a U.S. Citizen? YES ☒ NO ☐

B. If not, do you have the legal right to accept Employment in the United States? YES ☐ NO ☐
Please give alien registration number: _____

C. Are you a retiree from New York State or any civil division thereof? YES ☐ NO ☐

6. **Special Testing Arrangements** (Refer to General Conditions and Instructions). If you need Special Accommodations to take the examination, contact the Civil Service Office at (518) 388-4233.

Religious ☐ Military ☐ Disability ☐

7. **Crossfiler** - If you have filed or are filing SEPARATE applications for Civil Service Examinations being held on the same date, attach the CROSSFILER APPLICATION. Call to make arrangements no later than two weeks before the test date.

8. **Driver's License:** Complete the following if a license to operate a motor vehicle is required for the position that you are applying.

License #:	
Restrictions:	
Expiration Date:	
Endorsements:	
Class of License:	
Is this License Currently Valid	YES ☐ NO ☐

9. Veterans Credits: If you wish to apply for Veterans Credits, complete the following questions and complete the Application for Veterans Credits (Refer to General Conditions and Instructions).

	YES	NO
Have you ever served in the Armed Forces of the United States? (The Armed Forces means the Army, Navy, Marine Corps, Air Force, and Coast Guard, including all components thereof and the National Guard when in the service of the US pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes).		
Have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?		
Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above.		
After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs?		
Are you currently a resident of New York State?		

10. Additional Questions: Check the appropriate box to the right of each question.

	YES	NO
Were you dismissed or discharged from any employment for reasons other than lack of work or funds?		X
Did you ever resign from any employment rather than face dismissal?		X
Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under the other than honorable circumstances?		X
Have you ever been convicted of any crime (felony or misdemeanor)?		X
Are you now under charges for any crime?		X
Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charge?		X

If you answered yes to any of the above questions, you may give specifics below. If you elect not to provide specifics, or if such explanation is insufficient, you may be required to submit further information. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the position (s) for which you are applying.

REMARKS: _____

11. Licenses: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination (s) for which you are applying.

Name of Trade or Profession:		Specialty:	
License Number:			
Granted by (Licensing Agency):		City/State	
Date License First Issued:		Registered From:	Registered To:

12. Education: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet.

High School						
Have you ever graduated from High School or do you have possession of a High School Equivalency Diploma?					YES ☒ NO ☐	
If Yes, Name and Location of High School or Issuing Government Authority:			Schalmont High School 4 Sabre Dr, Schenectady NY			
Equivalency Diploma Number:						
College, University, Professional or Technical School						
Name of School	Number of College Credits	Degree Earned	Major Subject/ Courses	Did You Graduate?		Date Degree Expected or Received
				Yes	No	
Hudson Valley	61	A.S	Criminal Justice	X		

13. Experience: All sections must be filled out completely even if you attach a resume. Begin with the most recent employment. List all employment or military service that shows that you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. Under *Description of Duties*, clearly describe the nature of work which you personally performed. Part-time experience will be prorated unless otherwise stated on the examination announcement. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. If you move to a different position within the same organization, indicate so in a separate employment box. You may attach additional sheets if you need more space.

Length of Employment		Firm Name:	Deckers Pondsapes
From:		Firm Address:	1632 Main St Pattersonville, NY 12137
To:		Description of Duties:	
Employment Details		• Created large ponds and hardscapes for customers • Worked in various outside conditions • Worked in collaborative groups to complete projects	
Your Exact Title			
Laborer			
Name of Your Supervisor			
Supervisor's Title			
Hours worked / wk. (exclusive of overtime)			
40			
Reason for Leaving			
School			
Length of Employment		Firm Name:	South Colonie Central School District
From:		Firm Address:	1 Raider Blvd Albany NY 12205
To:		Description of Duties:	
Employment Details		• Worked as maintenance crew member • Moved heavy items around district • Maintained lawn and outside of buildings	
Your Exact Title			
Laborer			
Name of Your Supervisor			
Supervisor's Title			
Hours worked / wk. (exclusive of overtime)			
40			
Reason for Leaving			
School			

Length of Employment	Firm Name:	
From:	Firm Address:	
To: Month/Year (mm/yyyy)	Description of Duties:	
To: Month/Year (mm/yyyy)		
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

Length of Employment	Firm Name:	
From:	Firm Address:	
To: Month/Year (mm/yyyy)	Description of Duties:	
To: Month/Year (mm/yyyy)		
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

THIS AFFIRMATION MUST BE COMPLETED

I affirm, subject to the penalties of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I give the employer the right to investigate all references and to secure additional job related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. If the position I am applying for is covered by the employer's drug testing policy, I understand that as a condition of appointment to this position, I will be required to take and successfully pass a pre-employment drug test.

Joseph Baker
Signature of Applicant

Joseph Baker
Print Name

5/19/24
Date

(State below any other name by which you have been known)

Schenectady County is an Equal Opportunity Employer. Schenectady County does not unlawfully discriminate in employment because of age, race, creed, color, national origin, sex, sexual orientation, disability, marital status, arrest and/or criminal conviction record unless based on a bona fide occupational qualification or other exception, genetic predisposition, or domestic violence victim status.



Schenectady County

Human Resources & Civil Service
620 State Street
Schenectady, NY 12305-2114

APPLICATION FOR EXAMINATION OR EMPLOYMENT

FOR COUNTY OFFICES, TOWNS, VILLAGES, SCHOOL DISTRICTS
LIBRARIES AND SPECIAL DISTRICTS

Date Received _____ Approved _____

Conditional _____ Disapproved _____

CIVIL SERVICE DEPT.
USE ONLY

1. _____
POSITION TITLE EXAM NUMBER

This application is part of your examination. Answer all questions fully. A resume, if submitted, cannot substitute for the application. You are encouraged to read the General Conditions and Instructions for more information.

2. Name and Legal Residence

Contompas Cole P.

Last Name First Name Middle Initial

Street Address or Road R.D. # or P.O. Box #

Schenectady Rotterdam NY

County City, Town, Village State Zip

Home Phone Number - Cell Phone

Email Address:

If mailing address is different:

Street Address or Road R.D. # or P.O. Box #

County City, Town, Village State Zip

Social Security Number

3. Police Officer & Firefighter Candidates Only:

Date of Birth (MM/DD/YYYY) ____/____/____

4. **Residency Requirements:** Candidates must meet the Residency Requirements as stated on the examination announcement. You must complete the following to determine if you meet these residency requirements. Indicate how long this has been your legal residence, up to the date of this application, showing that you meet the residency requirements as announced.

	Name	Years	Months
State of:	New York		
County of:	Schenectady		
Village of:			
Town of:	Rotterdam		
City of:			
School District	Schalmont		

5. Citizenship

A. Are you currently a U.S. Citizen? YES ☒ NO ☐

B. If not, do you have the legal right to accept Employment in the United States? YES ☐ NO ☐
Please give alien registration number: _____

C. Are you a retiree from New York State or any civil division thereof? YES ☐ NO ☒

6. **Special Testing Arrangements** (Refer to General Conditions and Instructions). If you need Special Accommodations to take the examination, contact the Civil Service Office at (518) 388-4233.

Religious ☐ Military ☐ Disability ☐

7. **Crossfiler** - If you have filed or are filing SEPARATE applications for Civil Service Examinations being held on the same date, attach the CROSSFILER APPLICATION. Call to make arrangements no later than two weeks before the test date.

8. **Driver's License:** Complete the following if a license to operate a motor vehicle is required for the position that you are applying.

License #:	
Restrictions:	
Expiration Date:	
Endorsement:	
Class of License:	D
Is this License Currently Valid	YES ☒ NO ☐

9. Veterans Credits: If you wish to apply for Veterans Credits, complete the following questions and complete the Application for Veterans Credits (Refer to General Conditions and Instructions).

	YES	NO
Have you ever served in the Armed Forces of the United States? (The Armed Forces means the Army, Navy, Marine Corps, Air Force, and Coast Guard, including all components thereof and the National Guard when in the service of the US pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes).		
Have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?		
Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above.		
After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs?		
Are you currently a resident of New York State?		

10. Additional Questions: Check the appropriate box to the right of each question.

	YES	NO
Were you dismissed or discharged from any employment for reasons other than lack of work or funds?		X
Did you ever resign from any employment rather than face dismissal?		X
Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under the other than honorable circumstances?		X
Have you ever been convicted of any crime (felony or misdemeanor)?		X
Are you now under charges for any crime?		X
Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charge?		X

If you answered yes to any of the above questions, you may give specifics below. If you elect not to provide specifics, or if such explanation is insufficient, you may be required to submit further information. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the position (s) for which you are applying.

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Name of Trade or Profession:		Specialty:	
License Number:			
Granted by (Licensing Agency):		City/State	
Date License First Issued:		Registered From:	Registered To:

12. Education: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet.

High School						
Have you ever graduated from High School or do you have possession of a High School Equivalency Diploma?					YES ☒	NO ☐
If Yes, Name and Location of High School or Issuing Government Authority:				Schalmont CSD , 1 Sabre Dr		
Equivalency Diploma Number:						
College, University, Professional or Technical School						
Name of School	Number of College Credits	Degree Earned	Major Subject/ Courses	Did You Graduate?		Date Degree Expected or Received
				Yes	No	
chester Institute of Technolo	64	BS	Computer Engineering		X	

13. Experience: All sections must be filled out completely even if you attach a resume. Begin with the most recent employment. List all employment or military service that shows that you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. Under *Description of Duties*, clearly describe the nature of work which you personally performed. Part-time experience will be prorated unless otherwise stated on the examination announcement. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. If you move to a different position within the same organization, indicate so in a separate employment box. You may attach additional sheets if you need more space.

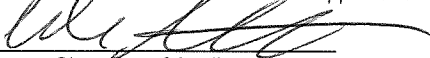
Length of Employment	Firm Name:	Parks Department
From: [REDACTED]	Firm Address:	40 W Campbell Rd, Schenectady, NY 12306
To: [REDACTED]	Description of Duties:	
Worked in a team to uphold the maintenance of various parks around Rotterdam.		
Employment Details		
Your Exact Title Summer Employment		
Name of Your Supervisor Chad Propper		
Supervisor's Title Parks Manager		
Hours worked / wk. (exclusive of overtime) 40		
Reason for Leaving End of Summer/Start of College		
Length of Employment	Firm Name:	
From: [REDACTED]	Firm Address:	
To: [REDACTED]	Description of Duties:	
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

Length of Employment	Firm Name:	
From:	Firm Address:	
To: Month/Year (mm/yyyy)	Description of Duties:	
To: Month/Year (mm/yyyy)		
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

Length of Employment	Firm Name:	
From:	Firm Address:	
To: Month/Year (mm/yyyy)	Description of Duties:	
To: Month/Year (mm/yyyy)		
Employment Details		
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Supervisor's Title		
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	<u>Cole Contompasis</u>	<u>20/5/2024</u>
Signature of Applicant	Print Name	Date

(State below any other name by which you have been known)

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Schenectady County

Human Resources & Civil Service
620 State Street
Schenectady, NY 12305-2114

APPLICATION FOR
EXAMINATION OR EMPLOYMENT

FOR COUNTY OFFICES, TOWNS, VILLAGES, SCHOOL DISTRICTS
LIBRARIES AND SPECIAL DISTRICTS

1. _____
POSITION TITLE EXAM NUMBER

Date Received _____ Approved _____

Conditional _____ Disapproved _____

CIVIL SERVICE DEPT.
USE ONLY

This application is part of your examination. Answer all questions fully. A resume, if submitted, cannot substitute for the application. You are encouraged to read the General Conditions and Instructions for more information.

2. Name and Legal Residence

Coom Ethan M
Last Name First Name Middle Initial

Street Address or Road R.D. # or P.O. Box #
Schenectady, Rotterdam, NY, 12306

County City, Town, Village State Zip

Home Phone Number Cell Phone: _____

Email Address: _____

If mailing address is different:

Street Address or Road R.D. # or P.O. Box #

County City, Town, Village State Zip

Social Security Number _____

3. Police Officer & Firefighter Candidates Only
Date of Birth (MM/DD/YYYY) _____

4. Residency Requirements: Candidates must meet the Residency Requirements as stated on the examination announcement. You must complete the following to determine if you meet these residency requirements. Indicate how long this has been your legal residence, up to the date of this application, showing that you meet the residency requirements as announced.

	Name	Years	Months
State of:	New York		
County of:	Schenectady		
Village of:			
Town of:	Rotterdam		
City of:			
School District	Schalmont		

5. Citizenship

A. Are you currently a U.S. Citizen? YES ☐ NO ☐

B. If not, do you have the legal right to accept Employment in the United States? YES ☐ NO ☐
Please give alien registration number: _____

C. Are you a retiree from New York State or any civil division thereof? YES ☐ NO ☐

6. Special Testing Arrangements (Refer to General Conditions and Instructions). If you need Special Accommodations to take the examination, contact the Civil Service Office at (518) 388-4233.

Religious ☐ Military ☐ Disability ☐

7. Crossfiler - If you have filed or are filing SEPARATE applications for Civil Service Examinations being held on the same date, attach the CROSSFILER APPLICATION. Call to make arrangements no later than two weeks before the test date.

8. Driver's License: Complete the following if a license to operate a motor vehicle is required for the position that you are applying.

License #:	
Restrictions:	
Expiration Date:	
Endorsements:	
Class of License:	
Is this License Currently Valid	YES ☐ NO ☐

9. Veterans Credits: If you wish to apply for Veterans Credits, complete the following questions and complete the Application for Veterans Credits (Refer to General Conditions and Instructions).

	YES	NO
Have you ever served in the Armed Forces of the United States? (The Armed Forces means the Army, Navy, Marine Corps, Air Force, and Coast Guard, including all components thereof and the National Guard when in the service of the US pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes).		
Have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?		
Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above.		
After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs?		
Are you currently a resident of New York State?		

10. Additional Questions: Check the appropriate box to the right of each question.

	YES	NO
Were you dismissed or discharged from any employment for reasons other than lack of work or funds?		X
Did you ever resign from any employment rather than face dismissal?		X
Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under the other than honorable circumstances?		X
Have you ever been convicted of any crime (felony or misdemeanor)?		X
Are you now under charges for any crime?		X
Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charge?		X

If you answered yes to any of the above questions, you may give specifics below. If you elect not to provide specifics, or if such explanation is insufficient, you may be required to submit further information. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the position (s) for which you are applying.

REMARKS: _____

11. Licenses: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination (s) for which you are applying.

Name of Trade or Profession:		Specialty:	
License Number:			
Granted by (Licensing Agency):		City/State	
Date License First Issued:		Registered From:	Registered To:

12. Education: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet.

High School						
Have you ever graduated from High School or do you have possession of a High School Equivalency Diploma?					YES ☐ NO ☐	
If Yes, Name and Location of High School or Issuing Government Authority:			Schalmont			
Equivalency Diploma Number:						
College, University, Professional or Technical School						
Name of School	Number of College Credits	Degree Earned	Major Subject/ Courses	Did You Graduate?		Date Degree Expected or Received
				Yes	No	
Rochester Intitute of Technology			Exercise Science		X	

13. Experience: All sections must be filled out completely even if you attach a resume. Begin with the most recent employment. List all employment or military service that shows that you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. Under *Description of Duties*, clearly describe the nature of work which you personally performed. Part-time experience will be prorated unless otherwise stated on the examination announcement. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. *If you move to a different position within the same organization, indicate so in a separate employment box.* You may attach additional sheets if you need more space.

Length of Employment	Firm Name:	Rochester institute of technology
From: [REDACTED]	Firm Address:	1 lomb memorial dr, rochester, NY 14623
To: [REDACTED] Month/Year (mm/yyyy)	Insert text here	
Employment Details		
Your Exact Title: Fitness Center Employee		
Name of Your Supervisor: Michelle Wilcox		
Supervisor's Title: Fitness center supervisor		
Hours worked / wk. (exclusive of overtime): 12		
Reason for Leaving: Summer break		
Length of Employment	Firm Name:	
From: [REDACTED] Month/Year (mm/yyyy)	Firm Address:	
To: [REDACTED] Month/Year (mm/yyyy)	Insert text here	
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

Length of Employment	Firm Name:	
From:	Firm Address:	
To: Month/Year (mm/yyyy)	Description of Duties:	
To: Month/Year (mm/yyyy)		
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

Length of Employment	Firm Name:	
From:	Firm Address:	
To: Month/Year (mm/yyyy)	Description of Duties:	
To: Month/Year (mm/yyyy)		
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

THIS AFFIRMATION MUST BE COMPLETED

I affirm, subject to the penalties of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I give the employer the right to investigate all references and to secure additional job related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. If the position I am applying for is covered by the employer's drug testing policy, I understand that as a condition of appointment to this position, I will be required to take and successfully pass a pre-employment drug test.

 Signature of Applicant	Ethan Coom Print Name	05/19/2024 Date
--	---------------------------------	---------------------------

(State below any other name by which you have been known)

Schenectady County is an Equal Opportunity Employer. Schenectady County does not unlawfully discriminate in employment because of age, race, creed, color, national origin, sex, sexual orientation, disability, marital status, arrest and/or criminal conviction record unless based on a bona fide occupational qualification or other exception, genetic predisposition, or domestic violence victim status.



Schenectady County

Human Resources & Civil Service
620 State Street
Schenectady, NY 12305-2114

APPLICATION FOR EXAMINATION OR EMPLOYMENT

FOR COUNTY OFFICES, TOWNS, VILLAGES, SCHOOL DISTRICTS
LIBRARIES AND SPECIAL DISTRICTS

Date Received _____ Approved _____

Conditional _____ Disapproved _____

CIVIL SERVICE DEPT.
USE ONLY

1. _____
POSITION TITLE EXAM NUMBER

This application is part of your examination. Answer all questions fully. A resume, if submitted, cannot substitute for the application. You are encouraged to read the General Conditions and Instructions for more information.

2. Name and Legal Residence

Romano Gabriel F
Last Name First Name Middle Initial

Street Address or Road R.D. # or P.O. Box #

Schenectady Rotterdam NY 12303
County City, Town, Village State Zip

Home Phone Number _____ Cell Phone _____

Email Address: _____

If mailing address is different:

Street Address or Road R.D. # or P.O. Box #

County City, Town, Village State Zip

Social Security Number _____

3. Police Officer & Firefighter Candidates Only:

Date of Birth (MM/DD/YYYY) ____/____/____

4. Residency Requirements: Candidates must meet the Residency Requirements as stated on the examination announcement. You must complete the following to determine if you meet these residency requirements. Indicate how long this has been your legal residence, up to the date of this application, showing that you meet the residency requirements as announced.

	Name	Years	Months
State of:			
County of:			
Village of:			
Town of:	Rotterdam, NY		
City of:			
School District			

5. Citizenship

A. Are you currently a U.S. Citizen? YES ☒ NO ☐

B. If not, do you have the legal right to accept Employment in the United States? YES ☐ NO ☐
Please give alien registration number: _____

C. Are you a retiree from New York State or any civil division thereof? YES ☐ NO ☒

6. Special Testing Arrangements (Refer to General Conditions and Instructions). If you need Special Accommodations to take the examination, contact the Civil Service Office at (518) 388-4233.

Religious ☐ Military ☐ Disability ☐

7. Crossfiler - If you have filed or are filing SEPARATE applications for Civil Service Examinations being held on the same date, attach the CROSSFILER APPLICATION. Call to make arrangements no later than two weeks before the test date.

8. Driver's License: Complete the following if a license to operate a motor vehicle is required for the position that you are applying.

License #:	_____
Restrictions:	_____
Expiration Date:	_____
Endorsements:	None
Class of License:	D
Is this License Currently Valid	YES ☒ NO ☐

Veterans Credits: If you wish to apply for Veterans Credits, complete the following questions and complete the Application for Veterans Credits (Refer to General Conditions and Instructions).

Have you ever served in the Armed Forces of the United States? (The Armed Forces means the Army, Navy, Marine Corps, Air Force, and Coast Guard, including all components thereof and the National Guard when in the service of the US pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes).	YES	NO
Did you serve in the Armed Forces during any of the following periods:		X
February 28, 1961 – May 7, 1975		
August 2, 1990 – end of hostilities		
*Lebanon: June 1, 1983 – December 1, 1987		
*Grenada: October 23, 1983 – November 21, 1983		
*Panama: December 20, 1989 – January 31, 1990		
*Credit for Lebanon, Grenada and Panama is limited to those who received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal, or the Marine Corps Expeditionary Medal.		
Have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?		
Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above.		
After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs?		
Are you currently a resident of New York State?		

10. Additional Questions: Check the appropriate box to the right of each question.

	YES	NO
Were you dismissed or discharged from any employment for reasons other than lack of work or funds?		X
Did you ever resign from any employment rather than face dismissal?		X
Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under the other than honorable circumstances?		X
Have you ever been convicted of any crime (felony or misdemeanor)?		X
Are you now under charges for any crime?		X
Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charge?		X

If you answered yes to any of the above questions, you may give specifics below. If you elect not to provide specifics, or if such explanation is insufficient, you may be required to submit further information. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the position (s) for which you are applying.

REMARKS: _____

11. Licenses: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination (s) for which you are applying.

Name of Trade or Profession:			Specialty:		
License Number:					
Granted by (Licensing Agency):			City/State:		
Date License First Issued:		Registered From:		Registered To:	

Education: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet.

High School	
Have you ever graduated from High School or do you have possession of a High School Equivalency Diploma?	YES ☒ NO ☐
If Yes, Name and Location of High School or Issuing Government Authority:	Moharssen Senior High School
Equivalency Diploma Number:	

College, University, Professional or Technical School						
Name of School	Number of College Credits	Degree Earned	Major Subject/ Courses	Did You Graduate?		Date Degree Expected or Received
				Yes	No	
Binghamton University		BS	Applied Physics		X	
Binghamton University		BA	Mathematics		X	

13. Experience: All sections must be filled out completely even if you attach a resume. Begin with the most recent employment. List all employment or military service that shows that you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. Under *Description of Duties*, clearly describe the nature of work which you personally performed. Part-time experience will be prorated unless otherwise stated on the examination announcement. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. If you move to a different position within the same organization, indicate so in a separate employment box. You may attach additional sheets if you need more space.

Length of Employment From: [REDACTED] To: [REDACTED] Month/Year (mm/yyyy)	Firm Name: Town of Rotterdam Parks Dept. Firm Address: 40 W Campbell Rd. Schenectady, NY 12306	Description of Duties: - Weed whacking at and garbage removal at town-owned parks and properties. - Other duties as needed
Employment Details Your Exact Title: Summer Worker Name of Your Supervisor: Chad Propper Supervisor's Title: Supervisor Hours worked / wk. (exclusive of overtime): 40 Reason for Leaving: End of summer		

Length of Employment From: [REDACTED] To: [REDACTED]	Firm Name: Town of Rotterdam Parks Dept. Firm Address: 40 W Campbell Rd. Schenectady, NY 12306	Description of Duties: - Weed whacking and garbage removal at town-owned parks and properties. - Other duties as needed.
Employment Details Your Exact Title: Summer Worker Name of Your Supervisor: Chad Propper Supervisor's Title: Supervisor Hours worked / wk. (exclusive of overtime): 40 Reason for Leaving: End of summer		

Length of Employment		Firm Name:	Price Chopper / Market 32
From:	[REDACTED]	Firm Address:	1879 Altamont Ave. Schenectady, NY 12303
To:	[REDACTED]	Description of Duties:	
Employment Details		- Restock shelves with merchandise as needed. - Other duties as assigned	
Your Exact Title		Stocker	
Name of Your Supervisor		Joseph Warlik	
Supervisor's Title		Grocery Manager	
Hours worked / wk. (exclusive of overtime)		25	
Reason for Leaving		End of summer	

Length of Employment		Firm Name:	
From:		Firm Address:	
To:	Month/Year (mm/yyyy)	Description of Duties:	
Month/Year (mm/yyyy)			
Employment Details			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
Hours worked / wk. (exclusive of overtime)			
Reason for Leaving			

THIS AFFIRMATION MUST BE COMPLETED

I affirm, subject to the penalties of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I give the employer the right to investigate all references and to secure additional job related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. If the position I am applying for is covered by the employer's drug testing policy, I understand that as a condition of appointment to this position, I will be required to take and successfully pass a pre-employment drug test.

<u>Sahil Dano</u>	<u>Gabriel Romano</u>	<u>5/20/2024</u>
Signature of Applicant	Print Name	Date

(State below any other name by which you have been known)

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Schenectady County

Human Resources & Civil Service
620 State Street
Schenectady, NY 12305-2114

APPLICATION FOR EXAMINATION OR EMPLOYMENT FOR COUNTY OFFICES, TOWNS, VILLAGES, SCHOOL DISTRICTS LIBRARIES AND SPECIAL DISTRICTS

Date Received _____ Approved _____

Conditional _____ Disapproved _____

CIVIL SERVICE DEPT.
USE ONLY

1. _____
POSITION TITLE EXAM NUMBER

This application is part of your examination. Answer all questions fully. A resume, if submitted, cannot substitute for the application. You are encouraged to read the General Conditions and Instructions for more information.

2. Name and Legal Residence

ROMMO Michael V
Last Name First Name Middle Initial

Schenectady Rotterdam NY 12303
Street Address or Road R.D. # or P.O. Box #
County City, Town, Village State Zip

Home Phone Number Cell Phone

Email Address:

If mailing address is different:

Street Address or Road R.D. # or P.O. Box #
County City, Town, Village State Zip

Social Security Number

3. Police Officer & Firefighter Candidates Only:

Date of Birth (MM/DD/YYYY) ____/____/____

4. Residency Requirements: Candidates must meet the Residency Requirements as stated on the examination announcement. You must complete the following to determine if you meet these residency requirements. Indicate how long this has been your legal residence, up to the date of this application, showing that you meet the residency requirements as announced.

	Name	Years	Months
State of:	NEW YORK		
County of:	Schenectady		
Village of:			
Town of:	Rotterdam		
City of:	Schenectady		
School District	Mohonasen		

5. Citizenship

A. Are you currently a U.S. Citizen? YES ☒ NO ☐

B. If not, do you have the legal right to accept Employment in the United States? YES ☐ NO ☐
Please give alien registration number: _____

C. Are you a retiree from New York State or any civil division thereof? YES ☐ NO ☒

6. Special Testing Arrangements (Refer to General Conditions and Instructions). If you need Special Accommodations to take the examination, contact the Civil Service Office at (518) 388-4233.

Religious ☐ Military ☐ Disability ☐

7. Crossfiler - If you have filed or are filing SEPARATE applications for Civil Service Examinations being held on the same date, attach the CROSSFILER APPLICATION. Call to make arrangements no later than two weeks before the test date.

8. Driver's License: Complete the following if a license to operate a motor vehicle is required for the position that you are applying.

License #:	
Restrictions:	
Expiration Date:	
Endorsements:	NONE
Class of License:	D
Is this License Currently Valid	YES ☒ NO ☐

9. Veterans Credits: If you wish to apply for Veterans Credits, complete the following questions and complete the Application for Veterans Credits (Refer to General Conditions and Instructions).

	YES	NO
Have you ever served in the Armed Forces of the United States? (The Armed Forces means the Army, Navy, Marine Corps, Air Force, and Coast Guard, including all components thereof and the National Guard when in the service of the US pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes).		
Did you serve in the Armed Forces during any of the following periods:		
February 28, 1961 – May 7, 1975		
August 2, 1990 – end of hostilities		
*Lebanon: June 1, 1983 – December 1, 1987		
*Granada: October 23, 1983 – November 21, 1983		
*Panama: December 20, 1989 – January 31, 1990		
*Credit for Lebanon, Grenada and Panama is limited to those who received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal, or the Marine Corps Expeditionary Medal.		
Have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?		
Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above.		
After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs?		
Are you currently a resident of New York State?		

10. Additional Questions: Check the appropriate box to the right of each question.

	YES	NO
Were you dismissed or discharged from any employment for reasons other than lack of work or funds?		X
Did you ever resign from any employment rather than face dismissal?		X
Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under the other than honorable circumstances?		X
Have you ever been convicted of any crime (felony or misdemeanor)?		X
Are you now under charges for any crime?		X
Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charge?		X

If you answered yes to any of the above questions, you may give specifics below. If you elect not to provide specifics, or if such explanation is insufficient, you may be required to submit further information. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the position (s) for which you are applying.

REMARKS:

11. Licenses: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination (s) for which you are applying.

Name of Trade or Profession:		Specialty:	
License Number:			
Granted by (Licensing Agency):		City/State	
Date License First Issued:		Registered From:	Registered To:

12. Education: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet.

High School						
Have you ever graduated from High School or do you have possession of a High School Equivalency Diploma?						YES ☒ NO ☐
If Yes, Name and Location of High School or Issuing Government Authority:				Mohonasen High School / 2072 Curry Road Schenectady, NY 12303		
Equivalency Diploma Number:						
College, University, Professional or Technical School						
Name of School	Number of College Credits	Degree Earned	Major Subject/ Courses	Did You Graduate?		Date Degree Expected or Received
				Yes	No	
Suny Polytechnic	101	IN Progress	Computer Engineering Tech.		X	

13. Experience: All sections must be filled out completely even if you attach a resume. Begin with the most recent employment. List all employment or military service that shows that you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. Under *Description of Duties*, clearly describe the nature of work which you personally performed. Part-time experience will be prorated unless otherwise stated on the examination announcement. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. If you move to a different position within the same organization, indicate so in a separate employment box. You may attach additional sheets if you need more space.

Length of Employment	Firm Name:	Town of Rotterdam Parks Department
From:	Firm Address:	40 W Campbell Rd Schenectady, NY 12306
To:	Description of Duties:	
Employment Details	Worked with the Parks Department Maintenance Crew	
Your Exact Title	Performing all laborer tasks. Weed Wack'g, Mowing,	
Name of Your Supervisor	Leaf Pickup, trash Collection, etc.	
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving:		
Seasonal Position		
Length of Employment	Firm Name:	
From:	Firm Address:	
To:	Description of Duties:	
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

Length of Employment	Firm Name:	
From:	Firm Address:	
To: Month/Year (mm/yyyy)	Description of Duties:	
To: Month/Year (mm/yyyy)		
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

Length of Employment	Firm Name:	
From:	Firm Address:	
To: Month/Year (mm/yyyy)	Description of Duties:	
To: Month/Year (mm/yyyy)		
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

THIS AFFIRMATION MUST BE COMPLETED

I affirm, subject to the penalties of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I give the employer the right to investigate all references and to secure additional job related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. If the position I am applying for is covered by the employer's drug testing policy, I understand that as a condition of appointment to this position, I will be required to take and successfully pass a pre-employment drug test.


 Signature of Applicant

Michael Romano
 Print Name

5-20-24
 Date

(State below any other name by which you have been known)

RESOLUTION NO. 235.24

TO APPOINT SEASONAL LABORERS TO THE HIGHWAY DEPARTMENT

THEREFORE, UPON MOTION OF Councilmember _____,

seconded by Councilmember _____,

BE IT RESOLVED BY THE TOWN BOARD AS FOLLOWS:

SECTION 1. The following individuals are hereby appointed to the seasonal position of Laborer at the Highway Department on an as needed basis, with no employee benefits, at the hourly rate \$17.00 for the periods indicated.

<u>Name</u>	<u>Title</u>	<u>Period</u>
Nicolas DiLallo	Laborer	5/28/24-8/31/24
Jonathan Enright	Laborer	5/28/24-8/31/24
Jared Hawkins	Laborer	5/28/24-8/9/24
Nicholas DeLucia	Laborer	6/3/24-8/16/24
Kristopher Frederick	Laborer	6/13/24-8/18/24
Evan Krenav	Laborer	7/5/24-8/27/24

SECTION 2. These appointments are contingent upon completion of a DCJS background check and compliance with New York State Correction Law Article 23-A.

SECTION 3. The Town Board of the Town of Rotterdam hereby agrees to reimburse the costs incurred from the DCJS background check for the individuals referenced above upon approval of the Highway Superintendent at the completion of employment.

SECTION 4. This resolution shall become effective May 22, 2024.

DATED: May 22, 2024

NAME	AYES	NOES	ABSTAIN
Dodson			
Mastroianni			
Gallucci			
Schlag			
Collins			

TOWN OF ROTTERDAM

John F. Kirvin Government Center • 1100 Sunrise Boulevard • Rotterdam, NY 12306
Telephone: 518-355-7575 • Fax: 518-355-7976 • Website: www.rotterdamny.org



LEGISLATIVE REQUEST FORM

DATE: May 17, 2024

TO: Town Board

FROM: Larry Lamora, Highway Superintendent

TITLE OF REQUEST: Appoint Seasonal Laborers: Highway Department

TOWN BOARD MEETING: May 22, 2024

Background Information: Highway dept. to employ students during the summer season to assist the highway department crews.

Evaluation/Analysis: See attached employment applications.

Recommendation(s): To appoint 6 part-time summer employees: Nicholas Diallo, Nicholas DeLucia, Jonathan Enright, Kristopher Frederick, Jared Hawkins & Evan Krenav, providing the completion of a DCJS Background check in the amount of \$88.50 & that upon completion of summer employment, employees will be refunded \$88.50 upon approval of Highway Superintendent.

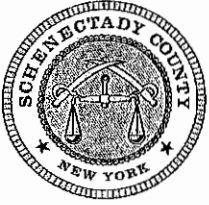
Attachment/Document(s): Employment Applications

Compliance with Purchasing Policy: N/A

Effect(s) on Existing Law(s): None

LEGISLATION WILL BE PREPARED BY: Supervisors Office

Schenectady County is an Equal Opportunity Employer. Schenectady County does not unlawfully discriminate in employment because of age, race, creed, color, national origin, sex, sexual orientation, disability, marital status, arrest and/or criminal conviction record unless based on a bona fide occupational qualification or other exception, genetic predisposition, or domestic violence victim status.



Schenectady County

Human Resources & Civil Service
620 State Street
Schenectady, NY 12305-2114

APPLICATION FOR EXAMINATION OR EMPLOYMENT

FOR COUNTY OFFICES, TOWNS, VILLAGES, SCHOOL DISTRICTS
LIBRARIES AND SPECIAL DISTRICTS

Date Received _____ Approved _____

Conditional _____ Disapproved _____

CIVIL SERVICE DEPT.
USE ONLY

1. _____
POSITION TITLE EXAM NUMBER

This application is part of your examination. Answer all questions fully. A resume, if submitted, cannot substitute for the application. You are encouraged to read the General Conditions and Instructions for more information.

2. Name and Legal Residence

DeLucia Nicholas J
Last Name First Name Middle Initial

Street Address or Road R.D. # or P.O. Box #

Schenectady Rotterdam NY 12306

County

Home Phone Number

Email Address

If mailing address is different:

Street Address or Road R.D. # or P.O. Box #

County City, Town, Village State Zip

Social Security Number

3. Police Officer & Firefighter Candidates Only:

Date of Birth (MM/DD/YYYY) ____/____/____

4. **Residency Requirements:** Candidates must meet the Residency Requirements as stated on the examination announcement. You must complete the following to determine if you meet these residency requirements. Indicate how long this has been your legal residence, up to the date of this application, showing that you meet the residency requirements as announced.

	Name	Years	Months
State of:	New York		
County of:	Schenectady		
Village of:			
Town of:	Rotterdam		
City of:	Schenectady		
School District	Schalmont		

5. Citizenship

A. Are you currently a U.S. Citizen? YES ☒ NO ☐

B. If not, do you have the legal right to accept Employment in the United States? YES ☐ NO ☐
Please give alien registration number: _____

C. Are you a retiree from New York State or any civil division thereof? YES ☐ NO ☒

6. **Special Testing Arrangements** (Refer to General Conditions and Instructions). If you need Special Accommodations to take the examination, contact the Civil Service Office at (518) 388-4233.

Religious ☐ Military ☐ Disability ☐

7. **Crossfiler** - If you have filed or are filing SEPARATE applications for Civil Service Examinations being held on the same date, attach the CROSSFILER APPLICATION. Call to make arrangements no later than two weeks before the test date.

8. **Driver's License:** Complete the following if a license to operate a motor vehicle is required for the position that you are applying.

License #:	
Restrictions:	
Expiration Date:	
Endorsements:	
Class of License:	D
Is this License Currently Valid	YES ☒ NO ☐

9. Veterans Credits: If you wish to apply for Veterans Credits, complete the following questions and complete the Application for Veterans Credits (Refer to General Conditions and Instructions).

	YES	NO
Have you ever served in the Armed Forces of the United States? (The Armed Forces means the Army, Navy, Marine Corps, Air Force, and Coast Guard, including all components thereof and the National Guard when in the service of the US pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes).		X
Have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?		X
Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above.		X
After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs?		X
Are you currently a resident of New York State?	X	

10. Additional Questions: Check the appropriate box to the right of each question.

	YES	NO
Were you dismissed or discharged from any employment for reasons other than lack of work or funds?		X
Did you ever resign from any employment rather than face dismissal?		X
Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under the other than honorable circumstances?		X
Have you ever been convicted of any crime (felony or misdemeanor)?		X
Are you now under charges for any crime?		X
Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charge?		X

If you answered yes to any of the above questions, you may give specifics below. If you elect not to provide specifics, or if such explanation is insufficient, you may be required to submit further information. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the position (s) for which you are applying.

REMARKS: _____

11. Licenses: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination (s) for which you are applying.

Name of Trade or Profession:		Specialty:	
License Number:			
Granted by (Licensing Agency):		City/State	
Date License First Issued:		Registered From:	Registered To:

12. Education: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet.

High School

Have you ever graduated from High School or do you have possession of a High School Equivalency Diploma?

YES ☒

NO ☐

If Yes, Name and Location of High School or Issuing Government Authority:

Schalmont highschool

Equivalency Diploma Number:

College, University, Professional or Technical School

Name of School	Number of College Credits	Degree Earned	Major Subject/ Courses	Did You Graduate?		Date Degree Expected or Received
				Yes	No	
Utica University	88		Physical education/health		X	

13. Experience: All sections must be filled out completely even if you attach a resume. Begin with the most recent employment. List all employment or military service that shows that you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. Under *Description of Duties*, clearly describe the nature of work which you personally performed. Part-time experience will be prorated unless otherwise stated on the examination announcement. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. If you move to a different position within the same organization, indicate so in a separate employment box. You may attach additional sheets if you need more space.

Length of Employment	Firm Name:	Rotterdam Highway
From:	Firm Address:	
To:	Description of Duties:	
	Summer help laborer	
Employment Details		
Your Exact Title Summer Help		
Name of Your Supervisor Larry Lamorda		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime) 40 hours		
Reason for Leaving Summer help was over Went back to school		
Length of Employment	Firm Name:	
From:	Firm Address:	
To:	Description of Duties:	
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

Length of Employment	Firm Name:	
From:	Firm Address:	
To: Month/Year (mm/yyyy)	Description of Duties:	
Month/Year (mm/yyyy)		
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

Length of Employment	Firm Name:	
From:	Firm Address:	
To: Month/Year (mm/yyyy)	Description of Duties:	
Month/Year (mm/yyyy)		
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

THIS AFFIRMATION MUST BE COMPLETED

I affirm, subject to the penalties of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I give the employer the right to investigate all references and to secure additional job related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. If the position I am applying for is covered by the employer's drug testing policy, I understand that as a condition of appointment to this position, I will be required to take and successfully pass a pre-employment drug test.

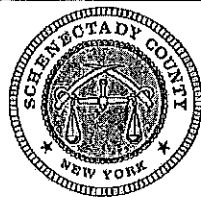
Nick Delucia
Signature of Applicant

Nick Delucia
Print Name

05/19/2024
Date

(State below any other name by which you have been known)

Schenectady County is an Equal Opportunity Employer. Schenectady County does not unlawfully discriminate in employment because of age, race, creed, color, national origin, sex, sexual orientation, disability, marital status, arrest and/or criminal conviction record unless based on a bona fide occupational qualification or other exception, genetic predisposition, or domestic violence victim status.



Schenectady County

Human Resources & Civil Service
620 State Street
Schenectady, NY 12305-2114

APPLICATION FOR EXAMINATION OR EMPLOYMENT

FOR COUNTY OFFICES, TOWNS, VILLAGES, SCHOOL DISTRICTS
LIBRARIES AND SPECIAL DISTRICTS

Date Received _____ Approved _____

Conditional _____ Disapproved _____

CIVIL SERVICE DEPT.
USE ONLY

1. Rotterdam Highway Department
POSITION TITLE EXAM NUMBER

This application is part of your examination. Answer all questions fully. A resume, if submitted, cannot substitute for the application. You are encouraged to read the General Conditions and Instructions for more information.

2. Name and Legal Residence

Enright Jonathan J
Last Name First Name Middle Initial

Street Address or Road R.D. # or P.O. Box #

Schenectady NY 12306
County City, Town, Village State Zip

Home Phone Number Cell Phone Number

Email Address

If mailing address is different:

Street Address or Road R.D. # or P.O. Box #

County City, Town, Village State Zip

Social Security Number

3. Police Officer & Firefighter Candidates Only:

Date of Birth (MM/DD/YYYY)

4. Residency Requirements: Candidates must meet the Residency Requirements as stated on the examination announcement. You must complete the following to determine if you meet these residency requirements. Indicate how long this has been your legal residence, up to the date of this application, showing that you meet the residency requirements as announced.

	Name	Years	Months
State of:	<u>New York</u>		
County of:	<u>Schenectady</u>		
Village of:			
Town of:	<u>Rotterdam</u>		
City of:	<u>Schenectady</u>		
School District			

5. Citizenship

A. Are you currently a U.S. Citizen? YES ☒ NO ☐

B. If not, do you have the legal right to accept Employment in the United States? YES ☐ NO ☐
Please give alien registration number: _____

C. Are you a retiree from New York State or any civil division thereof? YES ☐ NO ☒

6. Special Testing Arrangements (Refer to General Conditions and Instructions). If you need Special Accommodations to take the examination, contact the Civil Service Office at (518) 388-4233.

Religious ☐ Military ☐ Disability ☐

7. Crossfiler - If you have filed or are filing SEPARATE applications for Civil Service Examinations being held on the same date, attach the CROSSFILER APPLICATION. Call to make arrangements no later than two weeks before the test date.

8. Driver's License: Complete the following if a license to operate a motor vehicle is required for the position that you are applying.

License #:	
Restrictions:	
Expiration Date:	
Endorsements:	
Class of License:	
Is this License Currently Valid	YES ☐ NO ☐

RECEIVED
MAY 20 2024

BY: [Signature]

9. Veterans Credits: If you wish to apply for Veterans Credits, complete the following questions and complete the Application for Veterans Credits (Refer to General Conditions and Instructions).

	YES	NO
Have you ever served in the Armed Forces of the United States? (The Armed Forces means the Army, Navy, Marine Corps, Air Force, and Coast Guard, including all components thereof and the National Guard when in the service of the US pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes).		
Did you serve in the Armed Forces during any of the following periods:		
February 28, 1961 – May 7, 1975		
August 2, 1990 – end of hostilities		
*Lebanon: June 1, 1983 – December 1, 1987		
*Granada: October 23, 1983 – November 21, 1983		
*Panama: December 20, 1989 – January 31, 1990		
*Credit for Lebanon, Grenada and Panama is limited to those who received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal, or the Marine Corps Expeditionary Medal.		
Have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?		
Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above.		
After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs?		
Are you currently a resident of New York State?		

10. Additional Questions: Check the appropriate box to the right of each question.

	YES	NO
Were you dismissed or discharged from any employment for reasons other than lack of work or funds?		X
Did you ever resign from any employment rather than face dismissal?	X	
Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under the other than honorable circumstances?		X
Have you ever been convicted of any crime (felony or misdemeanor)?		X
Are you now under charges for any crime?		X
Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charge?		X

If you answered yes to any of the above questions, you may give specifics below. If you elect not to provide specifics, or if such explanation is insufficient, you may be required to submit further information. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the position (s) for which you are applying.

REMARKS: I left the prior job of Shoe Dept. because I needed to
finish school. I also left Luvisa because it was a temporary Holiday
job.

11. Licenses: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination (s) for which you are applying.

Name of Trade or Profession:			Specialty:		
License Number:					
Granted by (Licensing Agency):			City/State		
Date License First Issued:		Registered From:		Registered To:	

12. Education: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet.

High School						
Have you ever graduated from High School or do you have possession of a High School Equivalency Diploma?					YES ☒ NO ☐	
If Yes, Name and Location of High School or Issuing Government Authority:			Schalmont High School 1 Sabre Dr, Schenectady, NY 12306			
Equivalency Diploma Number:						
College, University, Professional or Technical School						
Name of School	Number of College Credits	Degree Earned	Major Subject/ Courses	Did You Graduate?		Date Degree Expected or Received
				Yes	No	

13. Experience: All sections must be filled out completely even if you attach a resume. Begin with the most recent employment. List all employment or military service that shows that you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. Under *Description of Duties*, clearly describe the nature of work which you personally performed. Part-time experience will be prorated unless otherwise stated on the examination announcement. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. If you move to a different position within the same organization, indicate so in a separate employment box. You may attach additional sheets if you need more space.

Length of Employment		Firm Name:	Lovisa
From:		Firm Address:	1 Crossgates Mall Rd, Albany, NY 12203
To:		Description of Duties:	
Employment Details		Assisting Manager, Responsibilities included:	
Your Exact Title		- Ringing	
Name of Your Supervisor		- Shipment Sorting	
Supervisor's Title		- Tracking Sales	
Hours worked / wk. (exclusive of overtime)		- Opening and Closing Store	
Reason for Leaving		- Money Handling	
Temporary Holiday Job		- Straightening Store	
Length of Employment		Firm Name:	Shoe Show Inc.
From:		Firm Address:	22 Clifton Country Rd, Clifton Park, NY 12065
To:		Description of Duties:	
Employment Details		Assisting Manager, Responsibilities included:	
Your Exact Title		- Ringing	
Name of Your Supervisor		- Shipment Sorting	
Supervisor's Title		- Tracking Sales	
Hours worked / wk. (exclusive of overtime)		- Opening and Closing Store	
Reason for Leaving		- Money Handling	
Wanted to focus on finishing High school		- Customer Service	

Length of Employment	Firm Name:	
From:	Firm Address:	
To: Month/Year (mm/yyyy)	Description of Duties:	
To: Month/Year (mm/yyyy)		
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

Length of Employment	Firm Name:	
From:	Firm Address:	
To: Month/Year (mm/yyyy)	Description of Duties:	
To: Month/Year (mm/yyyy)		
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

THIS AFFIRMATION MUST BE COMPLETED

I affirm, subject to the penalties of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I give the employer the right to investigate all references and to secure additional job related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. If the position I am applying for is covered by the employer's drug testing policy, I understand that as a condition of appointment to this position, I will be required to take and successfully pass a pre-employment drug test.

Jonathan Enright
Signature of Applicant

Jonathan Enright
Print Name

05/18/24
Date

(State below any other name by which you have been known)

Schenectady County is an Equal Opportunity Employer. Schenectady County does not unlawfully discriminate in employment because of age, race, creed, color, national origin, sex, sexual orientation, disability, marital status, arrest and/or criminal conviction record unless based on a bona fide occupational qualification or other exception, genetic predisposition, or domestic violence victim status.



Schenectady County

Human Resources & Civil Service
620 State Street
Schenectady, NY 12305-2114

APPLICATION FOR EXAMINATION OR EMPLOYMENT FOR COUNTY OFFICES, TOWNS, VILLAGES, SCHOOL DISTRICTS LIBRARIES AND SPECIAL DISTRICTS

Date Received _____ Approved _____

Conditional _____ Disapproved _____

CIVIL SERVICE DEPT.
USE ONLY

1. _____
POSITION TITLE EXAM NUMBER

This application is part of your examination. Answer all questions fully. A resume, if submitted, cannot substitute for the application. You are encouraged to read the General Conditions and Instructions for more information.

2. Name and Legal Residence

Last Name: Hawkins First Name: Jared Middle Initial: A

Street Address or Road: Schenectady Rotterdam R.D. # or P.O. Box #: NY 12303
County: _____ City, Town, Village: _____ State: _____

Home Phone Number: _____ Cell Phone: _____

Email Address: _____

If mailing address is different:

Street Address or Road: _____ R.D. # or P.O. Box #: _____
County: _____ City, Town, Village: _____ State: _____ Zip: _____

Social Security Number: _____

3. Police Officer & Firefighter Candidates Only

Date of Birth (MM/DD/YYYY): _____

4. Residency Requirements: Candidates must meet the Residency Requirements as stated on the examination announcement. You must complete the following to determine if you meet these residency requirements. Indicate how long this has been your legal residence, up to the date of this application, showing that you meet the residency requirements as announced.

	Name	Years	Months
State of:	<u>New York</u>		
County of:	<u>Schenectady</u>		
Village of:	<u>Rotterdam</u>		
Town of:	<u>Rotterdam</u>		
City of:	<u>Schenectady</u>		
School District:	<u>Mohonasen</u>		

5. Citizenship

A. Are you currently a U.S. Citizen? YES ☒ NO ☐

B. If not, do you have the legal right to accept Employment in the United States? YES ☐ NO ☐
Please give alien registration number: _____

C. Are you a retiree from New York State or any civil division thereof? YES ☐ NO ☒

6. Special Testing Arrangements (Refer to General Conditions and Instructions). If you need Special Accommodations to take the examination, contact the Civil Service Office at (518) 388-4233.

Religious ☐ Military ☐ Disability ☐

7. Crossfiler - If you have filed or are filing SEPARATE applications for Civil Service Examinations being held on the same date, attach the CROSSFILER APPLICATION. Call to make arrangements no later than two weeks before the test date.

8. Driver's License: Complete the following if a license to operate a motor vehicle is required for the position that you are applying.

License #:	_____
Restrictions:	_____
Expiration Date:	_____
Endorsements:	_____
Class of License:	<u>D</u>
Is this License Currently Valid	YES ☒ NO ☐

9. Veterans Credits: If you wish to apply for Veterans Credits, complete the following questions and complete the Application for Veterans Credits (Refer to General Conditions and Instructions).

	YES	NO
Have you ever served in the Armed Forces of the United States? (The Armed Forces means the Army, Navy, Marine Corps, Air Force, and Coast Guard, including all components thereof and the National Guard when in the service of the US pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes).		X
Did you serve in the Armed Forces during any of the following periods:		X
February 28, 1961 – May 7, 1975		X
August 2, 1990 – end of hostilities		X
*Lebanon: June 1, 1983 – December 1, 1987		X
*Granada: October 23, 1983 – November 21, 1983		X
*Panama: December 20, 1989 – January 31, 1990		X
*Credit for Lebanon, Grenada and Panama is limited to those who received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal, or the Marine Corps Expeditionary Medal.		X
Have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?		X
Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above.		X
After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs?	X	
Are you currently a resident of New York State?		

10. Additional Questions: Check the appropriate box to the right of each question.

	YES	NO
Were you dismissed or discharged from any employment for reasons other than lack of work or funds?		X
Did you ever resign from any employment rather than face dismissal?		X
Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under the other than honorable circumstances?		X
Have you ever been convicted of any crime (felony or misdemeanor)?		X
Are you now under charges for any crime?		X
Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charge?		X

If you answered yes to any of the above questions, you may give specifics below. If you elect not to provide specifics, or if such explanation is insufficient, you may be required to submit further information. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the position (s) for which you are applying.

REMARKS:

11. Licenses: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination (s) for which you are applying.

Name of Trade or Profession:		Specialty:	
License Number:			
Granted by (Licensing Agency):		City/State:	
Date License First Issued:		Registered From:	Registered To:

12. Education: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet.

High School						
Have you ever graduated from High School or do you have possession of a High School Equivalency Diploma?						YES ☒ NO ☐
If Yes, Name and Location of High School or Issuing Government Authority:						Mohonasen High School, Rotterdam, NY
Equivalency Diploma Number:						
College, University, Professional or Technical School						
Name of School	Number of College Credits	Degree Earned	Major Subject/ Courses	Did You Graduate?		Date Degree Expected or Received
				Yes	No	
Hartwick College	82		Sociology		X	

13. Experience: All sections must be filled out completely even if you attach a resume. Begin with the most recent employment. List all employment or military service that shows that you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. Under *Description of Duties*, clearly describe the nature of work which you personally performed. Part-time experience will be prorated unless otherwise stated on the examination announcement. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. If you move to a different position within the same organization, indicate so in a separate employment box. You may attach additional sheets if you need more space.

Length of Employment	Firm Name:	Town of Rotterdam
From:	Firm Address:	Highway Dept
To:	Description of Duties:	Summer Job
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		
Length of Employment	Firm Name:	Lighthouse Restaurant
From:	Firm Address:	Freemans bridge Rd Glenville
To:	Description of Duties:	Dishwasher
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

Length of Employment	Firm Name:	
From: Month/Year (mm/yyyy)	Firm Address:	
To: Month/Year (mm/yyyy)	Description of Duties:	
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

Length of Employment	Firm Name:	
From: Month/Year (mm/yyyy)	Firm Address:	
To: Month/Year (mm/yyyy)	Description of Duties:	
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

THIS AFFIRMATION MUST BE COMPLETED

I affirm, subject to the penalties of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I give the employer the right to investigate all references and to secure additional job related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. If the position I am applying for is covered by the employer's drug testing policy, I understand that as a condition of appointment to this position, I will be required to take and successfully pass a pre-employment drug test.

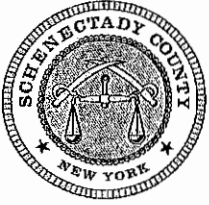
Tared Hawkins
Signature of Applicant

Tared Hawkins
Print Name

5/20/24
Date

(State below any other name by which you have been known)

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Schenectady County

Human Resources & Civil Service
620 State Street
Schenectady, NY 12305-2114

APPLICATION FOR EXAMINATION OR EMPLOYMENT

FOR COUNTY OFFICES, TOWNS, VILLAGES, SCHOOL DISTRICTS
LIBRARIES AND SPECIAL DISTRICTS

Date Received _____ Approved _____

Conditional _____ Disapproved _____

CIVIL SERVICE DEPT.
USE ONLY

1. _____
POSITION TITLE EXAM NUMBER

This application is part of your examination. Answer all questions fully. A resume, if submitted, cannot substitute for the application. You are encouraged to read the General Conditions and Instructions for more information.

2. Name and Legal Residence

DeLucia Nicholas J
Last Name First Name Middle Initial

Street Address or Road R.D. # or P.O. Box #

Schenectady Rotterdam NY 12306

County

Home Phone Number

Email Address

If mailing address is different:

Street Address or Road R.D. # or P.O. Box #

County City, Town, Village State Zip

Social Security Number

3. Police Officer & Firefighter Candidates Only:

Date of Birth (MM/DD/YYYY) ____/____/____

4. **Residency Requirements:** Candidates must meet the Residency Requirements as stated on the examination announcement. You must complete the following to determine if you meet these residency requirements. Indicate how long this has been your legal residence, up to the date of this application, showing that you meet the residency requirements as announced.

	Name	Years	Months
State of:	New York		
County of:	Schenectady		
Village of:			
Town of:	Rotterdam		
City of:	Schenectady		
School District	Schalmont		

5. Citizenship

A. Are you currently a U.S. Citizen? YES ☒ NO ☐

B. If not, do you have the legal right to accept Employment in the United States? YES ☐ NO ☐
Please give alien registration number: _____

C. Are you a retiree from New York State or any civil division thereof? YES ☐ NO ☒

6. **Special Testing Arrangements** (Refer to General Conditions and Instructions). If you need Special Accommodations to take the examination, contact the Civil Service Office at (518) 388-4233.

Religious ☐ Military ☐ Disability ☐

7. **Crossfiler** - If you have filed or are filing SEPARATE applications for Civil Service Examinations being held on the same date, attach the CROSSFILER APPLICATION. Call to make arrangements no later than two weeks before the test date.

8. **Driver's License:** Complete the following if a license to operate a motor vehicle is required for the position that you are applying.

License #:	
Restrictions:	
Expiration Date:	
Endorsements:	
Class of License:	D
Is this License Currently Valid	YES ☒ NO ☐

9. Veterans Credits: If you wish to apply for Veterans Credits, complete the following questions and complete the Application for Veterans Credits (Refer to General Conditions and Instructions).

	YES	NO
Have you ever served in the Armed Forces of the United States? (The Armed Forces means the Army, Navy, Marine Corps, Air Force, and Coast Guard, including all components thereof and the National Guard when in the service of the US pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes).		X
Have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?		X
Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above.		X
After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs?		X
Are you currently a resident of New York State?	X	

10. Additional Questions: Check the appropriate box to the right of each question.

	YES	NO
Were you dismissed or discharged from any employment for reasons other than lack of work or funds?		X
Did you ever resign from any employment rather than face dismissal?		X
Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under the other than honorable circumstances?		X
Have you ever been convicted of any crime (felony or misdemeanor)?		X
Are you now under charges for any crime?		X
Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charge?		X

If you answered yes to any of the above questions, you may give specifics below. If you elect not to provide specifics, or if such explanation is insufficient, you may be required to submit further information. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the position (s) for which you are applying.

REMARKS: _____

11. Licenses: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination (s) for which you are applying.

Name of Trade or Profession:		Specialty:	
License Number:			
Granted by (Licensing Agency):		City/State	
Date License First Issued:		Registered From:	Registered To:

12. Education: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet.

High School

Have you ever graduated from High School or do you have possession of a High School Equivalency Diploma?

YES ☒ NO ☐

If Yes, Name and Location of High School or Issuing Government Authority:

Schalmont highschool

Equivalency Diploma Number:

College, University, Professional or Technical School

Name of School	Number of College Credits	Degree Earned	Major Subject/ Courses	Did You Graduate?		Date Degree Expected or Received
				Yes	No	
Utica University	88		Physical education/health		X	

13. Experience: All sections must be filled out completely even if you attach a resume. Begin with the most recent employment. List all employment or military service that shows that you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. Under *Description of Duties*, clearly describe the nature of work which you personally performed. Part-time experience will be prorated unless otherwise stated on the examination announcement. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. If you move to a different position within the same organization, indicate so in a separate employment box. You may attach additional sheets if you need more space.

Length of Employment	Firm Name:	Rotterdam Highway
From:	Firm Address:	
To:	Description of Duties:	
	Summer help laborer	
Employment Details		
Your Exact Title Summer Help		
Name of Your Supervisor Larry Lamorda		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime) 40 hours		
Reason for Leaving Summer help was over Went back to school		
Length of Employment	Firm Name:	
From:	Firm Address:	
To:	Description of Duties:	
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

Length of Employment	Firm Name:	
From:	Firm Address:	
To: Month/Year (mm/yyyy)	Description of Duties:	
Month/Year (mm/yyyy)		
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

Length of Employment	Firm Name:	
From:	Firm Address:	
To: Month/Year (mm/yyyy)	Description of Duties:	
Month/Year (mm/yyyy)		
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

THIS AFFIRMATION MUST BE COMPLETED

I affirm, subject to the penalties of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I give the employer the right to investigate all references and to secure additional job related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. If the position I am applying for is covered by the employer's drug testing policy, I understand that as a condition of appointment to this position, I will be required to take and successfully pass a pre-employment drug test.

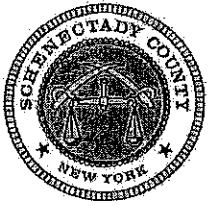
Nick Delucia
Signature of Applicant

Nick Delucia
Print Name

05/19/2024
Date

(State below any other name by which you have been known)

Schenectady County is an Equal Opportunity Employer. Schenectady County does not unlawfully discriminate in employment because of age, race, creed, color, national origin, sex, sexual orientation, disability, marital status, arrest and/or criminal conviction record unless based on a bona fide occupational qualification or other exception, genetic predisposition, or domestic violence victim status.



Schenectady County

Human Resources & Civil Service

620 State Street

Schenectady, NY 12305-2114

APPLICATION FOR EXAMINATION OR EMPLOYMENT

FOR COUNTY OFFICES, TOWNS, VILLAGES, SCHOOL DISTRICTS
LIBRARIES AND SPECIAL DISTRICTS

Date Received _____ Approved _____

Conditional _____ Disapproved _____

CIVIL SERVICE DEPT.
USE ONLY

1. laborer

POSITION TITLE

EXAM NUMBER

This application is part of your examination. Answer all questions fully. A resume, if submitted, cannot substitute for the application. You are encouraged to read the General Conditions and Instructions for more information.

2. Name and Legal Residence

Frederick Kristopher M.

5. Citizenship

A. Are you currently a U.S. Citizen? YES ☒ NO ☐

B. If not, do you have the legal right to accept
Employment in the United States? YES ☐ NO ☐
Please give alien registration number: _____

C. Are you a retiree from New York State or any
civil division thereof? YES ☐ NO ☒

6. Special Testing Arrangements (Refer to General Conditions and Instructions). If you need Special Accommodations to take the examination, contact the Civil Service Office at (518) 388-4233.

Religious ☐ Military ☐ Disability ☒

7. Crossfiler - If you have filed or are filing SEPARATE applications for Civil Service Examinations being held on the same date, attach the CROSSFILER APPLICATION. Call to make arrangements no later than two weeks before the test date.

8. Driver's License: Complete the following if a license to operate a motor vehicle is required for the position that you are applying.

License #:	
Restrictions:	
Expiration Date:	
Endorsements:	<u>xNone</u>
Class of License:	<u>D</u>
Is this License Currently Valid	YES ☒ NO ☐

Street Address or Road _____ R.D. # or P.O. Box # _____

Schenectady Rotterdam Jct NY 12150

County _____ City, Town, Village _____ State _____ Zip _____

Home Phone Number _____ Cell Phone _____

Email Address _____

If mailing address is different:

Street Address or Road _____ R.D. # or P.O. Box # _____

County _____ City, Town, Village _____ State _____ Zip _____

Social Security Number _____

3. Police Officer & Firefighter Candidates Only

Date of Birth (MM/DD/YYYY) _____

4. Residency Requirements: Candidates must meet the Residency Requirements as stated on the examination announcement. You must complete the following to determine if you meet these residency requirements. Indicate how long this has been your legal residence, up to the date of this application, showing that you meet the residency requirements as announced.

	Name	Years	Months
State of:	<u>New York</u>		
County of:	<u>Schenectady</u>		
Village of:	<u>Rotterdam Jct</u>		
Town of:	<u>Rotterdam</u>		
City of:	<u>Schenectady</u>		
School District:	<u>Schalmont</u>		

RECEIVED
MAY 20 2024

BY: [Signature]

9. Veterans Credits: If you wish to apply for Veterans Credits, complete the following questions and complete the Application for Veterans Credits (Refer to General Conditions and Instructions).

	YES	NO
Have you ever served in the Armed Forces of the United States? (The Armed Forces means the Army, Navy, Marine Corps, Air Force, and Coast Guard, including all components thereof and the National Guard when in the service of the US pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes).		X
Did you serve in the Armed Forces during any of the following periods:		X
February 28, 1961 – May 7, 1975		X
August 2, 1990 – end of hostilities		X
*Lebanon: June 1, 1983 – December 1, 1987		X
*Granada: October 23, 1983 – November 21, 1983		X
*Panama: December 20, 1989 – January 31, 1990		X
*Credit for Lebanon, Grenada and Panama is limited to those who received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal, or the Marine Corps Expeditionary Medal.		X
Have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?		X
Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above.		X
After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs?		X
Are you currently a resident of New York State?	X	

10. Additional Questions: Check the appropriate box to the right of each question.

	YES	NO
Were you dismissed or discharged from any employment for reasons other than lack of work or funds?		X
Did you ever resign from any employment rather than face dismissal?		X
Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under the other than honorable circumstances?		X
Have you ever been convicted of any crime (felony or misdemeanor)?		X
Are you now under charges for any crime?		X
Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charge?		X

If you answered yes to any of the above questions, you may give specifics below. If you elect not to provide specifics, or if such explanation is insufficient, you may be required to submit further information. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the position(s) for which you are applying.

REMARKS:

11. Licenses: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) for which you are applying.

Name of Trade or Profession:		Specialty:	
License Number:			
Granted by (Licensing Agency):		City/State:	
Date License First Issued:		Registered From:	Registered To:

12. Education: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet.

High School		<i>Graduating this year 2024</i>
Have you ever graduated from High School or do you have possession of a High School Equivalency Diploma?		YES ☒ NO ☐
If Yes, Name and Location of High School or Issuing Government Authority:	<i>Schaalmont High School</i>	
Equivalency Diploma Number:		

College, University, Professional or Technical School						
Name of School	Number of College Credits	Degree Earned	Major Subject/ Courses	Did You Graduate?		Date Degree Expected or
				Yes	No	
<i>Capital Region Boes Albany</i>			<i>Diesel Mechanics</i>	<i>x</i>		

13. Experience: All sections must be filled out completely even if you attach a resume. Begin with the most recent employment. List all employment or military service that shows that you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. Under *Description of Duties*, clearly describe the nature of work which you personally performed. Part-time experience will be prorated unless otherwise stated on the examination announcement. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. *If you move to a different position within the same organization, indicate so in a separate employment box.* You may attach additional sheets if you need more space.

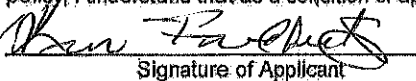
Length of Employment	Firm Name:	
From: <i>1</i>	Firm Address:	
Month/Year (mm/yyyy)	Description of Duties:	
To: <i>1</i>		
Month/Year (mm/yyyy)		
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		
Length of Employment	Firm Name:	
From:	Firm Address:	
Month/Year (mm/yyyy)	Description of Duties:	
To:		
Month/Year (mm/yyyy)		
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

Length of Employment	Firm Name:	
From:	Firm Address:	
To: Month/Year (mm/yyyy)	Description of Duties:	
Month/Year (mm/yyyy)		
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

Length of Employment	Firm Name:	
From:	Firm Address:	
To: Month/Year (mm/yyyy)	Description of Duties:	
Month/Year (mm/yyyy)		
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

THIS AFFIRMATION MUST BE COMPLETED

I affirm, subject to the penalties of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I give the employer the right to investigate all references and to secure additional job related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. If the position I am applying for is covered by the employer's drug testing policy, I understand that as a condition of appointment to this position, I will be required to take and successfully pass a pre-employment drug test.


Signature of Applicant

Kristopher Frederick
Print Name

5/20/24
Date

(State below any other name by which you have been known)

Schenectady County is an Equal Opportunity Employer. Schenectady County does not unlawfully discriminate in employment because of age, race, creed, color, national origin, sex, sexual orientation, disability, marital status, arrest and/or criminal conviction record unless based on a bona fide occupational qualification or other exception, genetic predisposition, or domestic violence victim status.



Schenectady County

Human Resources & Civil Service
620 State Street
Schenectady, NY 12305-2114

APPLICATION FOR EXAMINATION OR EMPLOYMENT

FOR COUNTY OFFICES, TOWNS, VILLAGES, SCHOOL DISTRICTS
LIBRARIES AND SPECIAL DISTRICTS

Date Received _____ Approved _____

Conditional _____ Disapproved _____

CIVIL SERVICE DEPT.
USE ONLY

1. LABORER
POSITION TITLE

EXAM NUMBER

This application is part of your examination. Answer all questions fully. A resume, if submitted, cannot substitute for the application. You are encouraged to read the General Conditions and Instructions for more information.

Krenav and Legal Residence

KRENAV Evan T.
Last Name First Name Middle Initial

Street Address or Road Schenectady Delanson R.D. # or P.O. Box # NY

County City, Town, Village State Zip

Home Phone Number Cell Phone

Email Address:

If mailing address is different:

Street Address or Road R.D. # or P.O. Box #

County City, Town, Village State Zip

Social Security Number

3. Police Officer & Firefighter Candidates Only:

Date of Birth (MM/DD/YYYY) ____/____/____

4. Residency Requirements: Candidates must meet the Residency Requirements as stated on the examination announcement. You must complete the following to determine if you meet these residency requirements. Indicate how long this has been your legal residence, up to the date of this application, showing that you meet the residency requirements as announced.

	Name	Years	Months
State of:	New York		
County of:	Schenectady		
Village of:	Delanson		
Town of:	Duanesburg		
City of:	Schenectady		
School District	Schalmont CSD		

5. Citizenship

A. Are you currently a U.S. Citizen? YES ☒ NO ☐

B. If not, do you have the legal right to accept Employment in the United States? YES ☐ NO ☐
Please give alien registration number: _____

C. Are you a retiree from New York State or any civil division thereof? YES ☐ NO ☒

6. Special Testing Arrangements (Refer to General Conditions and Instructions). If you need Special Accommodations to take the examination, contact the Civil Service Office at (518) 388-4233.

Religious ☐ Military ☐ Disability ☐

7. Crossfiler - If you have filed or are filing SEPARATE applications for Civil Service Examinations being held on the same date, attach the CROSSFILER APPLICATION. Call to make arrangements no later than two weeks before the test date.

8. Driver's License: Complete the following if a license to operate a motor vehicle is required for the position that you are applying.

License #:	
Restrictions:	
Expiration Date:	
Endorsements:	
Class of License:	D
Is this License Currently Valid	YES ☒ NO ☐

18

9. Veterans Credits: If you wish to apply for Veterans Credits, complete the following questions and complete the Application for Veterans Credits (Refer to General Conditions and Instructions).

	YES	NO
Have you ever served in the Armed Forces of the United States? (The Armed Forces means the Army, Navy, Marine Corps, Air Force, and Coast Guard, including all components thereof and the National Guard when in the service of the US pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes).		
Did you serve in the Armed Forces during any of the following periods:		
February 28, 1961 – May 7, 1975		
August 2, 1990 – end of hostilities		
*Lebanon: June 1, 1983 – December 1, 1987		
*Granada: October 23, 1983 – November 21, 1983		
*Panama: December 20, 1989 – January 31, 1990		
*Credit for Lebanon, Grenada and Panama is limited to those who received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal, or the Marine Corps Expeditionary Medal.		
Have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?		
Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above.		
After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs?		
Are you currently a resident of New York State?		

10. Additional Questions: Check the appropriate box to the right of each question.

	YES	NO
Were you dismissed or discharged from any employment for reasons other than lack of work or funds?		✓
Did you ever resign from any employment rather than face dismissal?		✓
Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under the other than honorable circumstances?		✓
Have you ever been convicted of any crime (felony or misdemeanor)?		✓
Are you now under charges for any crime?		✓
Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charge?		✓

If you answered yes to any of the above questions, you may give specifics below. If you elect not to provide specifics, or if such explanation is insufficient, you may be required to submit further information. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the position (s) for which you are applying.

REMARKS: _____

11. Licenses: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination (s) for which you are applying.

Name of Trade or Profession:		Specialty:	
License Number:			
Granted by (Licensing Agency):		City/State	
Date License First Issued:		Registered From:	Registered To:

12. Education: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet.

High School						
Have you ever graduated from High School or do you have possession of a High School Equivalency Diploma?					YES ☒ NO ☐	
If Yes, Name and Location of High School or Issuing Government Authority:			Schalmont High School			
Equivalency Diploma Number:						
College, University, Professional or Technical School						
Name of School	Number of College Credits	Degree Earned	Major Subject/ Courses	Did You Graduate?		Date Degree Expected or Received
				Yes	No	

13. Experience: All sections must be filled out completely even if you attach a resume. Begin with the most recent employment. List all employment or military service that shows that you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. Under *Description of Duties*, clearly describe the nature of work which you personally performed. Part-time experience will be prorated unless otherwise stated on the examination announcement. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. If you move to a different position within the same organization, indicate so in a separate employment box. You may attach additional sheets if you need more space.

Length of Employment	Firm Name:	
From: /	Firm Address:	
To: Month/Year (mm/yyyy)	Description of Duties:	
To: /		
Month/Year (mm/yyyy)		
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		
Length of Employment	Firm Name:	
From: /	Firm Address:	
To: Month/Year (mm/yyyy)	Description of Duties:	
To: /		
Month/Year (mm/yyyy)		
Employment Details		
Your Exact Title		
Name of Your Supervisor		
Supervisor's Title		
Hours worked / wk. (exclusive of overtime)		
Reason for Leaving		

Length of Employment		Firm Name:	Colonial Acres Nursery
From:		Firm Address:	2552 Western Ave, Altamont, NY 12009
To:		Description of Duties:	
Employment Details		Was responsible for taking care of and selling various plants (i.e. watering, fertilizing, potting, & loading vehicles). Was also required to maintain positive communication skills to build good rapport with customers and the community. Occasional work with power tools, such as lawn mower, weed whacker, and saw.	
Your Exact Title	Nursery Worker		
Name of Your Supervisor	Gary Gillespie		
Supervisor's Title	Owner		
Hours worked / wk. (exclusive of overtime)	40 hrs.		
Reason for Leaving			
Needed more time for school & sports.			

Length of Employment		Firm Name:	
From:		Firm Address:	
To:		Description of Duties:	
Employment Details			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
Hours worked / wk. (exclusive of overtime)			
Reason for Leaving			

THIS AFFIRMATION MUST BE COMPLETED

I affirm, sub
understand
or fraud may
secure addit
other perso
policy, I und

of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I made by me in connection with this application are subject to investigation and verification and that a material misstatement appointment and/or lead to revocation of my appointment. I give the employer the right to investigate all references and to information about me. I hereby release from liability the employer and its representatives for seeking such information and all organizations for furnishing such information. If the position I am applying for is covered by the employer's drug testing addition of appointment to this position, I will be required to take and successfully pass a pre-employment drug test.

Evan T. Krenav

05/20/2024

Signature of Applicant

Print Name

Date

(State below any other name by which you have been known)

**TO AMEND RESOLUTION 18.24 OF THE YEAR 2024;
APPOINT LETEFA LANG AS A PART-TIME CLERK**

seconded by Councilmember _____,

SECTION 1. Section 1 of Resolution 18.24, as amended, is hereby amended, and restated to read as follows: The following individuals are hereby appointed/reappointed to various additional duties and/or part time positions at the indicated rates of pay, on an as needed basis as directed by the Supervisor or his/her designee, with no employee benefits for the year 2024 as follows:

Water Treatment Plant Operator (1 on call)
 Ian Bonthron Hourly Rate \$35.00

Water Treatment Plant Operator (2nd on call)

Clark Collins Hourly Rate \$35.00

Building Inspector – Part Time

Lloyd Denny Hourly Rate \$40.00

(Maximum 3 days per week)

Bingo Inspector

William Purcell Hourly Rate \$17.00

Safety Inspector (FEMA)

Kathy Fisher Hourly Rate \$35.00

Accountant – Part Time

Sarah Morrison Hourly Rate \$50.00

Senior Citizens Center Bus Driver

Mark D'Alessandro Hourly Rate \$20.00

Project Coordinator, Office of the Aging– Part Time

Linda Testa Hourly Rate \$35.00

(Not to exceed \$32,000.00 dollars annually)

Fire Inspector-Part Time

Chris Amorosi Hourly Rate \$25.00

(Maximum 15 hours per week)

Dog Control Officers-Part Time

Darla Gullotta Annual Salary \$15,000.00

Heather Newell Annual Salary \$15,000.00

Clerk-Part Time

Jody Binkley Hourly Rate \$25.00

Senior Citizens Center Bus Driver(Backup Driver)

Frederick Waller Hourly Rate \$20.00

Clerk-Part Time

Latefa Lang Hourly Rate \$20.00

SECTION 2. This resolution shall become effective May 22, 2024.

DATED: May 22, 2024

NAME	AYES	NOES	ABSTAIN
Dodson			
Mastroianni			
Gallucci			
Schlag			
Collins			

TOWN OF ROTTERDAM

John F. Kirvin Government Center • 1100 Sunrise Boulevard • Rotterdam, NY 12306
Telephone: 518-355-7575 • Fax: 518-355-7976 • Website: www.rotterdamny.org



LEGISLATIVE REQUEST FORM

DATE: May 20, 2024

TO: Town Board

FROM: Mollie Collins, Supervisor

TITLE OF LEGISLATIVE REQUEST: Appointment of Letefa Lang as a Part Time Clerk

TO BE PLACED ON TOWN BOARD MEETING OF: May 22, 2024

Background Information: Letefa Lang has been previously employed at the Senior Center as a computer teacher, she has also been employed at local school districts and Schenectady County Community College.

Evaluation/Analysis: There is a need for a Part Time clerk to help at the Senior Citizens Center, and as needed in other buildings to cover vacations and help day to day business needs.

Recommendation(s): Appoint Letefa Lang as a Part Time Clerk.

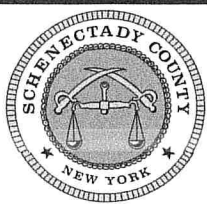
Attachment/Documents(s): Application attached.

Compliance with Purchasing Policy: N/A

Effect(s) on Existing Law(s): N/A

LEGISLATION WAS PREPARED BY: Supervisor's Office

Schenectady County is an Equal Opportunity Employer. Schenectady County does not unlawfully discriminate in employment because of age, race, creed, color, national origin, sex, sexual orientation, disability, marital status, arrest and/or criminal conviction record unless based on a bona fide occupational qualification or other exception, genetic predisposition, or domestic violence victim status.



Schenectady County

Human Resources & Civil Service
620 State Street
Schenectady, NY 12305-2114

APPLICATION FOR EXAMINATION OR EMPLOYMENT

FOR COUNTY OFFICES, TOWNS, VILLAGES, SCHOOL DISTRICTS
LIBRARIES AND SPECIAL DISTRICTS

1. Part Time Clerk

POSITION TITLE

EXAM NUMBER

Date Received _____ Approved _____

Conditional _____ Disapproved _____

CIVIL SERVICE DEPT.
USE ONLY

This application is part of your examination. Answer all questions fully. A resume, if submitted, cannot substitute for the application. You are encouraged to read the General Conditions and Instructions for more information.

2. Name and Legal Residence

Lang _____ Latefa _____ A _____

Last Name _____ First Name _____ Middle Initial _____

Street Address or Road _____ R.D. # or P.O. Box # _____
Schenectady NY 12306

County _____ City, Town, Village _____ State _____ Zip _____

Home Phone Number _____ Cell Phone: _____

Email Address: _____

If mailing address is different:

Street Address or Road _____ R.D. # or P.O. Box # _____

County _____ City, Town, Village _____ State _____ Zip _____

Social Security Number _____

3. Police Officer & Firefighter Candidates Only:

Date of Birth (MM/DD/YYYY) ____/____/____

4. **Residency Requirements:** Candidates must meet the Residency Requirements as stated on the examination announcement. You must complete the following to determine if you meet these residency requirements. Indicate how long this has been your legal residence, up to the date of this application, showing that you meet the residency requirements as announced.

	Name	Years	Months
State of:	New York		
County of:			
Village of:			
Town of:	Rotterdam		
City of:	Schenectady		
School District	Mohonasen		

5. Citizenship

A. Are you currently a U.S. Citizen? YES ☒ NO ☐

B. If not, do you have the legal right to accept Employment in the United States? YES ☐ NO ☐
Please give alien registration number: _____

C. Are you a retiree from New York State or any civil division thereof? YES ☐ NO ☐

6. **Special Testing Arrangements** (Refer to General Conditions and Instructions). If you need Special Accommodations to take the examination, contact the Civil Service Office at (518) 388-4233.

Religious ☐ Military ☐ Disability ☐

7. **Crossfiler** - If you have filed or are filing SEPARATE applications for Civil Service Examinations being held on the same date, attach the CROSSFILER APPLICATION. Call to make arrangements no later than two weeks before the test date.

8. **Driver's License:** Complete the following if a license to operate a motor vehicle is required for the position that you are applying.

License #:	
Restrictions:	
Expiration Date:	
Endorsements:	
Class of License:	D
Is this License Currently Valid	YES ☒ NO ☐

9. Veterans Credits: If you wish to apply for Veterans Credits, complete the following questions and complete the Application for Veterans Credits (Refer to General Conditions and Instructions).

	YES	NO
Have you ever served in the Armed Forces of the United States? (The Armed Forces means the Army, Navy, Marine Corps, Air Force, and Coast Guard, including all components thereof and the National Guard when in the service of the US pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes).		
Did you serve in the Armed Forces during any of the following periods:		
February 28, 1961 – May 7, 1975		
August 2, 1990 – end of hostilities		
*Lebanon: June 1, 1983 – December 1, 1987		
*Granada: October 23, 1983 – November 21, 1983		
*Panama: December 20, 1989 – January 31, 1990		
*Credit for Lebanon, Grenada and Panama is limited to those who received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal, or the Marine Corps Expeditionary Medal.		
Have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?		
Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above.		
After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs?		
Are you currently a resident of New York State?		

10. Additional Questions: Check the appropriate box to the right of each question.

	YES	NO
Were you dismissed or discharged from any employment for reasons other than lack of work or funds?		
Did you ever resign from any employment rather than face dismissal?		
Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under the other than honorable circumstances?		
Have you ever been convicted of any crime (felony or misdemeanor)?		
Are you now under charges for any crime?		
Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charge?		

If you answered yes to any of the above questions, you may give specifics below. If you elect not to provide specifics, or if such explanation is insufficient, you may be required to submit further information. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the position (s) for which you are applying.

REMARKS: _____

11. Licenses: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination (s) for which you are applying.

Name of Trade or Profession:	Public School Teacher Certificate		Specialty:	Business Ed K-12	
License Number:	120464067				
Granted by (Licensing Agency):	New York State		City/State:		
Date License First Issued:	1983	Registered From:		Registered To:	

12. Education: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet.

High School						
Have you ever graduated from High School or do you have possession of a High School Equivalency Diploma?					YES ☒	NO ☐
If Yes, Name and Location of High School or Issuing Government Authority:				Catholic Central High School/Troy		
Equivalency Diploma Number:						
College, University, Professional or Technical School						
Name of School	Number of College Credits	Degree Earned	Major Subject/ Courses	Did You Graduate?		Date Degree Expected or Received
				Yes	No	
HVCC	60	AAS	Secretarila	x		
ST. Rose	60	BS	Secondary Education	x		
SUNYA	36	MS	Secondary Education	x		
ST. Rose	30	MS	School District Admisitration	x		

13. Experience: All sections must be filled out completely even if you attach a resume. Begin with the most recent employment. List all employment or military service that shows that you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. Under *Description of Duties*, clearly describe the nature of work which you personally performed. Part-time experience will be prorated unless otherwise stated on the examination announcement. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. *If you move to a different position within the same organization, indicate so in a separate employment box.* You may attach additional sheets if you need more space.

Length of Employment	Firm Name:	Lansingburg School District
From: [REDACTED]	Firm Address:	Troy, NY
To: [REDACTED]	Description of Duties: Business Teacher grades 9 - 12	
Employment Details		
Your Exact Title: Teacher		
Name of Your Supervisor: Marilyn Hart		
Supervisor's Title: Business Supervisor		
Hours worked / wk. (exclusive of overtime): 40		
Reason for Leaving: Permanent Substitute		
Length of Employment	Firm Name:	Broadalbin/Perth Middle School
From: [REDACTED]	Firm Address:	Broadalbin, NY
To: [REDACTED]	Description of Duties: Taught Computers grade 6, 7 and 8	
Employment Details		
Your Exact Title: Computer Teacher		
Name of Your Supervisor: Deb Topper		
Supervisor's Title: IT Supervisor		
Hours worked / wk. (exclusive of overtime): 40		
Reason for Leaving: To teach at Mohonasen		

Length of Employment	Firm Name:	Mohonasen High School
From: [REDACTED]	Firm Address:	Schenectady, NY
To: [REDACTED]	Description of Duties: Taught business to grades 9 - 12	
Employment Details		
Your Exact Title	Business Teacher	
Name of Your Supervisor	Dave Collins	
Supervisor's Title	Principal	
Hours worked / wk. (exclusive of overtime)	40	
Reason for Leaving	Retired	

Length of Employment	Firm Name:	Schenectady County Community College
From: [REDACTED]	Firm Address:	Schenectady, NY
To: [REDACTED]	Description of Duties: Taught Word Processing, Business Communications, Intro to Business, Computer Applications, Intro to Computers	
Employment Details		
Your Exact Title	Adjunct/Business	
Name of Your Supervisor	Judy Spitz	
Supervisor's Title	Dept. Head	
Hours worked / wk. (exclusive of overtime)	12	
Reason for Leaving	Retired	

THIS AFFIRMATION MUST BE COMPLETED

I affirm, subject to the penalties of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I give the employer the right to investigate all references and to secure additional job related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. If the position I am applying for is covered by the employer's drug testing policy, I understand that as a condition of appointment to this position, I will be required to take and successfully pass a pre-employment drug test.

Latefa A. Lang
Signature of Applicant

Latefa A. Lang
Print Name

5/21/24
Date

(State below any other name by which you have been known)