

**TOWN OF COEYMANS**  
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June 23, 2025

POSTING FOR VACANCY IN THE HIGHWAY DEPARTMENT

The Town of Coeymans has a job opening for a full-time Equipment Operator I in the Highway Department.

Starting hourly rate is \$25.88 per hour.

Job description and Town of Coeymans application is attached.

If interested please complete an application and submit it to the Town Highway Superintendent.

Application submittal deadline is July 23, 2025

## EQUIPMENT OPERATOR I

**DISTINGUISHING FEATURES OF THE CLASS:** This is routine work in the operation of the less complex types of automotive equipment and in the performance of related manual tasks. An employee in this class is responsible for operating a single chassis vehicle, frequently with mechanical attachments requiring the manipulation of simple controls on the vehicle and the attachment. Supervision may be exercised over a small crew working with the vehicle. Employees normally receive close supervision and detailed instructions except when performing routine or repetitive assignments. Does related work as required.

### **TYPICAL WORK ACTIVITIES:**

- Operates dump truck hauling sand, gravel, cement, stone, dirt, and other materials on highway construction projects;
- Operates truck in spreading sand or salt on icy roads; hauling snow to a dumping point; plows snow with a blade attached to his truck;
- May perform traffic control and flagging duties when required;
- Performs manual task on highway construction and maintenance work;
- Hauls material from storage yard, to various locations where street repair crews are working and may be required to help load and unload truck;
- Operates truck collecting garbage, drives slowly along street while laborer walking beside truck picks up garbage and loads it in body of vehicle;
- Drives power tractor with grass mowing attachments on the shoulder of roads and in parks;
- Seasonal activities may include the assignment to building construction projects;
- Washes, lubricates and services truck with water, gas, and oil, and makes minor repairs.

### **FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:**

- Good knowledge of the principles of automotive equipment operation; working knowledge of the geography of area served and traffic laws of New York State;
- Working knowledge of the component parts of automotive vehicles;
- Skill in operating a single chassis truck, or a type of automotive equipment of equal complexity, safely and efficiently in traffic and under adverse climatic conditions;
- Ability to service and to make minor repairs to motor vehicles;
- Ability to perform heavy labor for prolonged periods under adverse climatic conditions;
- Ability to understand and carry out written or oral instructions;
- Physical condition commensurate with the demands of the position.

**MINIMUM QUALIFICATIONS:** One (1) year of experience in the operation of a truck requiring a Class B license to operate.

**NOTE:** One (1) year of public works experience can be substituted for the one (1) year experience in the operation of a truck requiring a Class B license to operate.

### **SPECIAL REQUIREMENT:**

1. Possession of a CDL Class B license issued by the New York State Department of Motor Vehicles at time of appointment.
2. In the Albany County Department of Public Works only: The driver must be able to operate a standard transmission. License cannot indicate an E restriction. License also cannot indicate any air brake restrictions.

Juris. Class: Non-Competitive (All Civil Divisions)

ACCS Adopted: Reviewed and readopted by ACCS resolution on 2/10/11

Revised: 04/05, 02/08, 12/09, 12/10, 11/15, 03/18

# TOWN OF COEYMANS

## APPLICATION FOR EMPLOYMENT

Please **TYPE** or **PRINT** clearly. *This application must be completed and signed personally by the applicant.* Each question must be answered in full. If answer is NO or NONE, indicate same. The Town of Coeymans is an Equal Opportunity Employer and subscribes to all Federal and State statutes which prohibit discrimination. The Town of Coeymans considers all applications for all positions without regard to race, color, religion, gender, national origin, age, disability, marital status, sexual orientation, veteran status, or any other legally protected status. *This application is for internal use only by the Town of Coeymans and should not be filed with the Albany County Civil Service Department unless so authorized.*

Name: Last First M.I. Social Security Number

**PERMANENT ADDRESS:**

Street City State Zip Code

Phone E-mail address

**MAILING ADDRESS (IF DIFFERENT):**

Street City State Zip Code

1. Are you eighteen (18) years of age or older? ☐ yes ☐ no

2. Are you employed now? ☐ yes ☐ no

If so, may we inquire of your present employer? ☐ yes ☐ no

3. Position applied for: \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ /wk

4. Other position(s) qualified for: \_\_\_\_\_

5. Are you legally eligible for employment in the United States? ☐ yes ☐ no

6. Check shift(s) you can work: ☐ Full-Time ☐ Part-Time ☐ Day ☐ Evening ☐ Night

7. Special Licenses or Certifications: \_\_\_\_\_

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

8. Have you ever been employed by the Town of Coeymans? ☐ yes ☐ no

9. **American with Disabilities Act Clarification:** If a job description has been provided, can you perform the essential job functions of the position you have applied for with or without reasonable accommodation?

☐ yes ☐ no

**EDUCATION:**

Circle Highest Grade Completed: Grade School High School College Graduate  
1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

Name and Location Course Degree

High School \_\_\_\_\_

College \_\_\_\_\_

Other Graduate, Business or Vocational School, or Other Training Skills: \_\_\_\_\_

Military Service Branch: \_\_\_\_\_ Years Served: \_\_\_\_\_ Rank: \_\_\_\_\_

**EMPLOYMENT RECORD** *(List most recent first.)*

Name of Company \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_ Start: \$ \_\_\_\_\_ per \_\_\_\_\_

Type of Business: \_\_\_\_\_ Last: \$ \_\_\_\_\_ per \_\_\_\_\_

Your Position/Title \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Briefly Describe Your Duties and Responsibilities: \_\_\_\_\_

Name of Company \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_ Start: \$ \_\_\_\_\_ per \_\_\_\_\_

Type of Business: \_\_\_\_\_ Last: \$ \_\_\_\_\_ per \_\_\_\_\_

Your Position/Title \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Briefly Describe Your Duties and Responsibilities: \_\_\_\_\_

Name of Company \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_ Start: \$ \_\_\_\_\_ per \_\_\_\_\_

Type of Business: \_\_\_\_\_ Last: \$ \_\_\_\_\_ per \_\_\_\_\_

Your Position/Title \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Briefly Describe Your Duties and Responsibilities: \_\_\_\_\_

**BUSINESS REFERENCES: (Other than relatives or former supervisors) (List Three)**

Name	Complete Address	Phone	Occupation	Years Known
Name	Complete Address	Phone	Occupation	Years Known
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I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I authorize investigation of any information provided on this application form. I also authorize investigation of my employment record, references, and job required motor vehicle license, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, subject to applicable federal, state or local rules and regulations and/or collective bargaining agreements. For positions subject to the Town of Coeymans Controlled Substances and Alcohol Testing Policy, I understand that as a condition for employment with the Town of Coeymans, a pre-employment controlled substance test will be required and must be passed.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_