

Mechanicville Civil Service Commission
Meeting Agenda
November 1, 2023
6:00 p.m.

- 1) Roll Call
- 2) Approval of minutes of October 4, 2023 meeting
- 3) Communications
- 4) **Report of Personnel Changes**

City of Mechanicville

- a) Change in salary for Lynn Meager, PT Animal Control Officer to \$10,400/yr. effective 9/14/23
- b) Gary Flynn was appointed as PT Building Inspector (NC) effective 10/17/23
- c) William Roy resigned as PT Police Officer effective 10/11/23

Mechanicville School District

- a) Cierra Gilheany was appointed as Teacher Aide (NC) Temp. 9/18/23-6/26/24
- b) Cierra Gilheany resigned as Teacher Aide effective 10/6/23
- c) David Petrie was appointed permanent Safety Liaison (C) effective 9/14/23
- d) Cherise Sullivan resigned as Network Technician effective 6/20/23
- e) Jodi Birch resigned as Business Manager effective 10/22/23
- f) Joshua Covey resigned as Laborer effective 11/9/23

- 5.) **Old Business –**
One candidate will take the Director of IT examination 12/2/23
- 6.) **New Business –**
 - a. Approval of Eligible Lists for Clerk and Typist
 - b. Approval of change in title from Automotive Mechanic to Automotive Mechanic/Motor Equipment Operator
 - c. Announcement has been posted for Code Enforcement Officer examination to be held on January 13, 2024
- 7.) Appearances
- 8.) Next Meeting December 6, 2023
- 9.) Adjournment

**Supplementary Payroll Certification
and Report of Personnel Change**

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Code Enforcement

Name And Title of Last Employee In Position :

Name of Employee: Gary Flynn Social Security Number:

Address:

Title of Position: Building Inspector PT Salary: \$25.00 per hour

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> Substitute	From To	Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input checked="" type="checkbox"/> Non-Competitive Class	<u>10-17-2023</u>	Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	

Remarks:

Appointing Officer: Michael Butler R. Lindemann

Title: MAYOR **MECHANICVILLE CIVIL SERVICE COMMISSION**

Address: 36 North Main St. **RECEIVED**

Certificate valid until: DATE _____ Date: 10/17/23

*This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law.
Subject to any limitation or condition specified above.*

By: Michael J. Butler Date: 10-17-2023

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

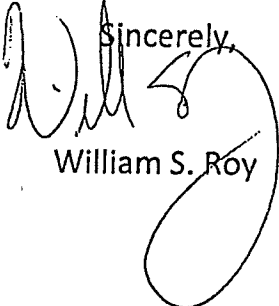
From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>				
Mechanicville				
Department: Mechanicville Police Department				
Name And Title of Last Employee In Position :				
Name of Employee: William S. Roy		Social Security Number:		
Address:				
Title of Position: Patrol Officer Part Time Non-Competitive			Salary: \$20.15	
Non-Veteran <input type="checkbox"/> Veteran <input checked="" type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary		From To	State Length of Employment
	<input type="checkbox"/> Substitute		From To	Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
Terminations	<input checked="" type="checkbox"/> Resignation		10/11/2023	Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
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	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
<input type="checkbox"/> Change in Name			Give Facts Under Remarks	
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
MECHANICVILLE CIVIL SERVICE COMMISSION				
RECEIVED				
Appointing Officer: Michael Butler				
Title: Mayor				
Address: 36 North Main Street, Mechanicville, NY 12118				
Certificate valid until:			Date: R. Lindemann	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <i>Michael J. Butler</i>			Date: 10-20-2023	

William S. Roy
1088 Madison Ave
Troy NY, 12180

COPY

To: Chief Rabbitt
From: Officer Roy

Sir, This letter is to inform you that my last day with the Mechanicville Police Department will be 10/11/2023. I appreciate the opportunity you have provided my over the past 3 years.

Sincerely,

William S. Roy

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Cierra Gilheany		Social Security Number:	
Address:			
Title of Position: Teacher Aide			Salary: \$14.63
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input checked="" type="checkbox"/> Temporary	From 9/18/23 To 6/26/24	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input checked="" type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
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	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION	
Title: Business Manager		RECEIVED	
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE 10/6/23 R-Lindeman	
Certificate valid until:			Date:
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>Jodi A Birch</i>			Date: 9/18/23

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From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Cierra Gilheany		Social Security Number:	
Address:			
Title of Position: Teacher Aide			Salary:
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
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Remarks:			
Appointing Officer: Jodi A. Birch		<i>R. Lindemann</i> MECHANICVILLE CIVIL SERVICE COMMISSION	
Title: Business Manager		RECEIVED	
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE <u>10/17/23</u>	
Certificate valid until:		Date: _____	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law, Subject to any limitation or condition specified above.</i>			
By: <i>Jodi A. Birch</i>		Date: <u>10/12/23</u>	



Bornt, Beth <bbornt@mechanicville.org>

Fwd:

2 messages

O'Brien, Catherine <cobrien@mechanicville.org> Thu, Oct 12, 2023 at 9:46 AM
To: James DeVito <jdevito@mechanicville.org>, "Bornt, Beth" <bbornt@mechanicville.org>, Jodi Birch <jbirch@mechanicville.org>, helpdesk desk <helpdesk@mechanicville.org>

See below

----- Forwarded message -----

From: Hazelton, Brianne <bhazelton@mechanicville.org>
Date: Thu, Oct 12, 2023 at 9:43 AM
Subject: Fwd:
To: O'Brien, Catherine <cobrien@mechanicville.org>
Cc: Michael Mitchell <mmitchell@mechanicville.org>, Tracy Germain <tgermain@mechanicville.org>

Hi Cathy,
Cierra Gilheany has resigned from her position as of 10/6/23.

Thank you,
Brianne

Brianne Hazelton
Director of Student Support Services
Mechanicville City School District
518-664-5727 x 2027

--
Cathy O'Brien
Executive Assistant to the Superintendent
District Clerk
(518) 664-5727 ext. 1103



O'Brien, Catherine <cobrien@mechanicville.org> Thu, Oct 12, 2023 at 9:50 AM
To: "Bornt, Beth" <bbornt@mechanicville.org>

----- Forwarded message -----

From: Hazelton, Brianne <bhazelton@mechanicville.org>
Date: Thu, Oct 12, 2023 at 9:43 AM
Subject: Fwd:
To: O'Brien, Catherine <cobrien@mechanicville.org>
Cc: Michael Mitchell <mmitchell@mechanicville.org>, Tracy Germain <tgermain@mechanicville.org>

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From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>				
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Cherise Sullivan		Social Security Number:		
Address:				
Title of Position: Network Tech			Salary:	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
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	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
Appointing Officer: Kevin Kolakowski		<i>R. Lindeman</i> MECHANICVILLE CIVIL SERVICE COMMISSION		
Title: Superintendent		RECEIVED		
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE 10/20/23		
Certificate valid until:			Date:	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <i>Kevin W. Kolakowski</i>			Date: 10/20/23	



Bornt, Beth <bbornt@mechanicville.org>

Fwd: Resignation

1 message

O'Brien, Catherine <cobrien@mechanicville.org>

Tue, Jun 27, 2023 at 12:29 PM

To: "Bornt, Beth" <bbornt@mechanicville.org>, James DeVito <jdevito@mechanicville.org>, Jodi Birch <jbirch@mechanicville.org>

----- Forwarded message -----

From: **Cherise Sullivan** <cherise.sullivan10@gmail.com>

Date: Wed, Jun 21, 2023 at 8:18 AM

Subject: Resignation

To: **Gidley, Brian** <bgidley@mechanicville.org>

Brian -

I apologize for doing this but I have to resign effective immediately. It's not something I want to do but I do not have a choice. I appreciate everything you've done for both my family and the school and I know you will find a stellar replacement. I wish circumstances were different, you have truly been one of my favorite bosses ever.

Sincerely,

Cherise

--
Kevin W. Kolakowski
Superintendent
Mechanicville City School District
518-664-5727



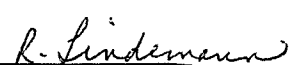
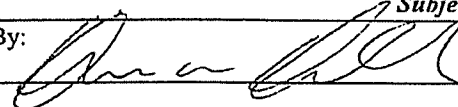
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--
Cathy O'Brien
Executive Assistant to the Superintendent
District Clerk
(518) 664-5727 ext. 1103



Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Jodi Birch		Social Security Number:	
Address:			
Title of Position: Business Manager			Salary:
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input checked="" type="checkbox"/> Resignation	10/22/23	Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Kevin Kolakowski		 MECHANICVILLE CIVIL SERVICE COMMISSION	
Title: Superintendent		RECEIVED	
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE: <u>10/20/23</u>	
Certificate valid until:		Date: _____	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: 		Date: <u>10/20/2023</u>	

September 15, 2023

Dear Kevin,

Please accept this letter as my formal resignation from my position as School Business Manager at Mechanicville City School District, effective October 22, 2023.

I am grateful for the opportunities and experiences I have had at Mechanicville City School District over the past four years. I have learned a great deal and grown professionally during my time here.

I am committed to making the transition as smooth as possible for the team and the school district. Please let me know if there is anything I can do to help during this time.

I wish you and the school district all the best.

Sincerely,

A handwritten signature in cursive script that reads "Jodi A. Birch". The signature is written in black ink and is positioned above the printed name.

Jodi A. Birch

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Joshua Covey		Social Security Number:	
Address:			
Title of Position: Laborer			Salary:
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input checked="" type="checkbox"/> Resignation	11/9/23	Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Kevin Kolakowski		<i>R. Lendemann</i> MECHANICVILLE CIVIL SERVICE COMMISSION	
Title: Superintendent		RECEIVED	
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE: 10/27/23	
Certificate valid until:		Date:	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>[Signature]</i>		Date: 10/27/23	

10/23/2023

I Joshua Covey will be leaving for a school district closer to home. I have enjoyed working here. I love all the staff and kids. I would like to leave here with no regrets. I can't thank everyone enough for everything you've done for me. A couple years back I took my exams for New York State and they pulled my name off the list for a Supervisor position. I was able to pass all my exams including my NYS Facility Director Exam. I can't thank all the board members and all of the Admin here at Mechanicville. Please always know I'm only a phone call away. My exit date will be 11/9/23.

My Best Joshua Covey *Joshua Covey*
#OneMechanicville!

TITLE OF ELIGIBLE LIST
Clerk - 23-2

Prepared by Rose Ann Lindemann *RL*
 Checked by Dawnmarie Robens *DR*

**MECHANICVILLE
 CIVIL SERVICE COMMISSION**

Date List Established: 1-Nov-23
 Expiration Date: 1-Nov-26
 By Commission Action

Standing on List	NAME	ADDRESS	Exam Score	Vet's Pts	Final Score	Canvass Result	Certifications	Date and Nature of Appt.
1	Amy DeMarco		90	0	90			

TITLE OF ELIGIBLE LIST Typist - 23-3		MECHANICVILLE CIVIL SERVICE COMMISSION					Date List Established: 1-Nov-23 Expiration Date: 1-Nov-26 By Commission Action	
Standing on List	NAME	ADDRESS	Exam Score	Vet's Pts	Final Score	Canvass Result	Certifications	Date and Nature of Appt.
1	Beth Maioriello-Bornt		70	0	70			

Prepared by Rose Ann Lindemann *RL*
 Checked by Dawnmarie Robens *DR*

AUTOMOTIVE MECHANIC/MOTOR EQUIPMENT OPERATOR

DISTINGUISHING FEATURES OF THE CLASS: The work involves responsibility for the efficient and complete overhaul and repair of a wide variety of automotive equipment. The work is performed under general supervision with considerable leeway allowed for the exercise of independent judgment in carrying out the details of the work. Supervision may be exercised over assigned staff. Does related work as required.

TYPICAL WORK ACTIVITIES: (Illustrative only)

Performs skilled operations in the diagnosis, repair, and maintenance of gasoline and diesel motor equipment including trucks and snow' plowing equipment;

Replaces or repairs motors, pumps, fuel pumps, generators, carburetors and shock absorbers;

Repairs ignition systems, transmissions, brake systems, differentials, and front and rear axles; Air brakes; Tunes engine and sets the timing;

Makes minor welding repairs to automotive and related equipment;

Attaches and removes snow plow blades and other auxiliary equipment;

Inspects machinery and equipment for needed repairs, overhauling, adjustment or replacement of parts;

Operates various types of equipment in connection with repair work;

Adjusts steering mechanisms and aligns wheels;

May perform motor vehicle inspections;

May be assigned to other maintenance activities when not working on automotive equipment;

* May operate vehicles which require CDL including trucks, snow plows, vac truck, street sweeper, and may instruct employees to use above vehicles on streets.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Good knowledge of standard automotive repair methods and of the terminology, tools, and safety precautions of the trade; skill in performing automotive maintenance and repair tasks; skill in the safe and efficient operation of motor equipment; ability to operate a variety of automotive and construction equipment; ability to operate acetylene cutting and welding equipment; ability to work from plans and rough sketches; ability to understand written and oral instructions; physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS: Either:

- (a) Graduation from a New York State registered or regionally accredited technical school or community college with an associate's degree or certificate in automotive technology, or mechanics; or
 - (b) Graduation from a high school technical or vocation program in automotive mechanics and one year of experience in an automotive repair shop performing repair and maintenance of automotive equipment; or
 - (c) Two years of experience as defined in (b); or
 - (d) An equivalent combination of training and experience as defined by the limits of (a), (b) or (c).
- * AND One year of experience in the operation of highway construction and maintenance equipment

SPECIAL REQUIREMENT: Possession of an appropriate level New York State driver's license at the time of appointment.

- a) Must have NYS inspection certification.
- b) Must have NYS Class A or B Commercial Driver's License.