JOB POSTING
Computer Support Assistant/William K. Sanford Town Library

If you meet the minimum qualifications, please print your name and daytime phone number on the attached sign-up sheet.

If you are not a Town employee, you should submit a general application to the Civil Service Department.

For current employees, you must also complete a Promotional Information Form and submit it to the Library by July 5, 2019.

These forms are available in all departments.

Title, Grade, Unit: Computer Support Assistant, Full-Time, Grade 10 UPSEU

Posting Period: June 21, 2019 – July 5, 2019

Department/Division: Library/Administration

Promotional Information Form Deadline: July 5, 2019

Minimum Qualifications and Typical Work Activities (per current job description):

See attached

Other Important Notes or Comments:

This is a provisional appointment. A Civil Service examination will be required.

If you meet the minimum qualifications, please print your name and daytime phone.

Please make sure you obtain a copy of your submitted and time-stamped Promotional Information Form for your records.

Failure to provide your fully completed Promotional Information Form by the deadline may result in not being considered for the position.

Note: Preference may be given to employees with Town residency

Form 100
Job posting notice sheet

COMPUTER SUPPORT ASSISTANT
DISTINGUISHING FEATURES OF THE CLASS: The Computer Support Assistant provides assistance with users of personal computers as well as associated equipment at the William K. Sanford Library. The incumbent will be knowledgeable of the Library’s techniques, computer skills, and customer service skills. This position requires frequent independent decision-making and judgment. The incumbents’ duties include problem solving and troubleshooting wireless routers, installation and maintenance of software, minor hardware repair, web and related applications.

The work is performed under the general supervision of the Library Director. The incumbent does related work as required.

TYPICAL WORK ACTIVITIES:
Operates and maintains the Library’s public network;
Installs and maintains desktops and related software;
Will assist Library staff and patrons with problems using Library computers and software;
Assists as needed the Management Informational Systems (MIS) staff in the installation and configuration of desktop operating systems;
Maintains the file/data server and print server at a level below administrator access;
Assists Upper Hudson Library System computer support employees to install configure and support software for desktops and public network;
Provides technical support if needed to the library staffer who maintains the web site;
Installs and maintains Library wireless access;
Answers questions from Library staff and patrons to improve and expand computer usage;
Interacts as a liaison between the Library and MIS for system access for end-user move, additions or deletions;
Maintains hardware inventory, software and user count inventories;
Provides troubleshooting assistance for software and hardware related problems;
Maintains records, files and inventory information for the library.

FULL PERFORMANCE KNOWLEDGES, SKILLS AND ABILITIES AND PERSONAL CHARACTERISTICS:
Good knowledge in the installation, maintenance and support of networked desktops, printers and related equipment; ability to perform minor repairs; Working knowledge of software installation; ability to troubleshoot problems; ability to provide basic server administration functions; ability to maintain the most current principles and practices of computer program software and hardware; ability to communicate technical information both verbally and in writing; ability to create and maintain effective working relationships with the various Town departments, Library organizations and the general public.

MINIMUM QUALIFICATIONS: Graduation from a regionally accredited or NYS registered college or university with an Associate’s degree in Computer Science or a related degree AND (2) two years paid full time employment or the part time equivalent providing technical support in a networked environment.

Adopted 6/15/00
Amended 6/14/19
Town of Colonie
Personnel Officer

Job Posting Sign-Up Sheet
Department/Division: Library/Administration

Proposed Title: Computer Support Assistant, Full-Time, Grade 10 UPSEU

*This posting notice will close on: July 5, 2019

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<th>Name (Print Clearly)</th>
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PROMOTIONAL INFORMATION FORM
Applying for position of:

Last Name: ____________________ First Name: ____________________ MI: ____________________

Mailing Address/ Street Address: ____________________________________________________________

City: ______________________________ State _________ Zip Code ______________________________

Home Phone: ______________________ Work Phone: _____________________________

State Your Actual Permanent Legal Residence: (if different than Mailing Address)

Street Address: ________________________________________________________________

City: ______________________________ State _________ Zip Code ___________________________

Describe your Education/Background/Experience/Certifications/Licenses which demonstrate that you qualify for the position that you are applying for:

Attended High School (circle one) Yes or No Name of School ______________________________

Graduate – Yes or No GED – Yes or No

College/University/Technical School:

Name ____________________________________________________________

Address/Location ________________________________________________________

Dates of Attendance: From ______________ To ______________

Did you complete Program? – Yes or No

Date of Certification/Licensure/Graduation: ______________________________

Certification/Licensure/Degree obtained: ______________________________

Describe type of Course/Subject/Profession/Technical Training: ______________________________

Licenses, Certificates, or other authorization to practice a trade or profession listed as a requirement of the notice of vacancy for which you are applying:

Name of Trade of Profession ____________________ License No. ____________________

Name of Licensing Authority ________________________________________________

Address of Licensing Authority ______________________________________________

Specialty ____________________ Date License Issued ____________________

Period of License, if Granted: From (Mo./Yr.) ______ To (Mo./Yr.) ___________

If required on the notice of vacancy for the position which you are applying, do you have a valid license of the required level to operate a motor vehicle in New York State (circle one)- Yes or No

License Class: ______ Endorsements ________ License No. ____________________

12/11/01
Description of Prior Work Experience: Beginning with the most recent, describe in accurate, adequate and clear detail ALL employment, including military, volunteer, unpaid experience and special skills, abilities, interests or training which is pertinent to the position being applied for to enable a reasonable assessment of your qualifications for this position in question:

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<th>Length of Employment</th>
<th>To (Mo./Yr.)</th>
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Name of Company ________________________________
Street Address of Company ________________________________
City and State Company is Located ________________________________

Type of Business ________________________________  Your Exact Title ________________________________

Name of Your Supervisor ________________________________  Hours Worked per Week ______

Describe Duties Below:

_______________________________________________________

_______________________________________________________

_______________________________________________________

Length of Employment | To (Mo./Yr.) | From (Mo./Yr.) |

Name of Company ________________________________
Street Address of Company ________________________________
City and State Company is Located ________________________________

Type of Business ________________________________  Your Exact Title ________________________________

Name of Your Supervisor ________________________________  Hours Worked per Week ______

Describe Duties Below:

_______________________________________________________

_______________________________________________________

_______________________________________________________

Length of Employment | To (Mo./Yr.) | From (Mo./Yr.) |

Name of Company ________________________________
Street Address of Company ________________________________
City and State Company is Located ________________________________

Type of Business ________________________________  Your Exact Title ________________________________

Name of Your Supervisor ________________________________  Hours Worked per Week ______

Describe Duties Below:

_______________________________________________________

_______________________________________________________

_______________________________________________________

Attach Additional Information if required for fully explaining prior work experiences.

APPLICANT SIGNATURE ________________________________ DATE: _____________________

DEPT. USE ONLY:
STAMP DATE FORM RECEIVED
INITIAL DEPARTMENT STAFF ACCEPTING FORM ________________________________

(RETURN ONE COPY OF FORM TO APPLICANT).
12/11/01  2