

APPLICATION FOR QUALIFYING EXAMINATION

NEW JERSEY CIVIL SERVICE COMMISSION

FOR APPOINTING AUTHORITY USE ONLY

Name of Appointing Authority:

Address:

Appointing Authority Signature:

Lateral

Demotional

INSTRUCTIONS: Please print or type. Answer all pertinent questions and ensure that all information is accurate and complete. Sign your name in Block 9.

Return your completed application to your Personnel Office for approval. The Civil Service Commission will only accept Qualifying Applications that are approved by and submitted directly from the Appointing Authority.

1. SOCIAL SECURITY NUMBER:

2. TITLE OF QUALIFYING EXAMINATION:

* (see block 8 for additional information)

3. NAME AND ADDRESS:

Last: First: MI:

Street:

City: State: Zip Code:

E-mail address:

County: Daytime Telephone:

(Area Code) - Number

BACKGROUND DATA

4. Education (Indicates the highest level Diploma or Degree you have earned):

High School Diploma or GED

(A) Associate's Degree

(M) Master's Degree

(S) Some College but No Degree

(B) Bachelor's Degree

(D) Doctorate

5. Check the county in which you prefer to take the examination. (Check one box only)

(1) Camden

(2) Mercer

(3) Essex

(4) Monmouth

(6) Atlantic

(7) Bergen

6. ADA ASSISTANCE:

Check the box if you would like to be contacted regarding auxiliary aid or reasonable accommodation in taking this examination in accordance with the Americans with Disabilities Act.

EMPLOYMENT INFORMATION

7. Present Permanent Title & Appointment Date:

Department/Agency:

Division, Bureau,
or Institution:

Address:

Name and Title of
Immediate Supervisor:

Telephone Number and Email Address of Immediate Supervisor:

* 8. Your Social Security number will be kept confidential and used as your applicant I.D. number to identify correctly and track all of your records and transactions associated with the application and testing process. Collecting this data is permissible under NJSA 11A:4-1, but its submission is voluntary. If you do not provide the number, a unique number will be assigned to you. However, once assigned, you will be responsible for remembering it for any inquiries you may have concerning your application or testing process.

9. SIGNATURE: I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that if my application is incomplete, it may be rejected. (WARNING: The NJ Civil Service Commission may refuse to examine, or certify after examination, any applicant who makes a false statement of any material fact per NJAC 4A:4-6.2).

NOTE: Your application may be released to the Appointing Authority for the purpose of verifying information with regard to your qualifications.

FOR CSC ONLY

Signature..... Date.....

10. EDUCATIONAL SECTION - COLLEGE AND GRADUATE SCHOOL - List any colleges, universities, and graduate schools you have attended. If it is required in the job announcement, be sure to attach a copy of your transcript or a list of courses, course descriptions, and credits completed. Foreign degrees/transcripts must be evaluated by a recognized evaluation service.

| What is the name and location of the college(s) you attended? | What yrs. did you attend? | What was your major course of study? | What type of degree did you earn? | Did you graduate? | If NO, when will you graduate? | Number of credits earned? |
|---|---------------------------|--------------------------------------|-----------------------------------|---|--------------------------------|---------------------------|
| | From: _____ To: _____ | | | <input type="checkbox"/> Y <input type="checkbox"/> N | _____ Month / Year | |
| | From: _____ To: _____ | | | <input type="checkbox"/> Y <input type="checkbox"/> N | _____ Month / Year | |

11. OTHER SCHOOLS OR TRAINING COURSES - Include business, vocational, technical, or military schools you have attended, as well as any training courses that are related to the title for which you are applying. If it is not a full-time curriculum, be specific as to the number of hours attended.

| What is the name & location of school/facility where course(s)/training was held? | What classes did you take? | What were the dates you attended? | How many hours per week did you attend? | Did you complete the program? |
|---|----------------------------|--|---|---|
| | | _____ Month/Yr. TO _____ Month/Yr. | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | _____ Month/Yr. TO _____ Month/Yr. | | <input type="checkbox"/> Y <input type="checkbox"/> N |

12. Use this space to describe any internships, licenses, certifications or registrations that you possess which are related to the position for which you are applying.

| | |
|---|--|
| <p>A. What type of license(s), certification(s), and/or registration(s) do you hold?</p> <p>In which state(s) do you hold the license(s), certification(s), and/or registration(s)? _____</p> <p>B. What was the original issue date of the license(s), certification(s), and/or registration(s)?</p> <p>What is the date of your current license(s), certification(s), and/or registration(s)? _____</p> | <p>C. What type of internship(s) have you completed?</p> <p>Where was the internship(s) completed? _____</p> <p>What were the dates of the internship(s)? _____</p> <p>How many hours per week did you take part in the internship? _____</p> <p>Was it part of a college curriculum? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>D. Certified Public Manager's Program</p> <p>Level 1 - 3 Completed ► _____ Month/Year</p> <p>Level 4 - 6 Completed ► _____ Month/Year</p> |
|---|--|

13. EMPLOYMENT RECORD - If you do not properly complete your application you may be declared ineligible. If you held different positions with the same employer, list each position separately. Make sure you give full dates of employment (month/year), indicate whether the job was full or part time, and the number of hours worked per week. Since your application may be your only "test paper," be sure it is complete and accurate. Failure to complete your application properly may cause you to fail. If more space is needed, attach separate sheets.

| | | |
|---|---|---|
| <p>A What is the name and address of your current employer?</p> <p>What dates have you been employed in this position? From _____ To _____ Month/Year Month/Year</p> | <p>What is your title in this position? _____</p> <p>Is this position: <input type="checkbox"/> FULL TIME? <input type="checkbox"/> PART TIME? (Average No. hrs. per wk.) - - - - -</p> <p>How many staff members do you supervise? Professional Staff _____ Support Staff _____</p> | <p>What duties do you perform in this position that are relevant to the position for which you are applying?</p> |
| <p>B What was the name and address of your previous employer?</p> <p>What dates were you employed in this position? From _____ To _____ Month/Year Month/Year</p> | <p>What was your title in this position? _____</p> <p>Was this position: <input type="checkbox"/> FULL TIME? <input type="checkbox"/> PART TIME? (Average No. hrs. per wk.) - - - - -</p> <p>How many staff members did you supervise? Professional Staff _____ Support Staff _____</p> | <p>What duties did you perform in this position that are relevant to the position for which you are applying?</p> |
| <p>C What was the name and address of your previous employer?</p> <p>What dates were you employed in this position? From _____ To _____ Month/Year Month/Year</p> | <p>What was your title in this position? _____</p> <p>Was this position: <input type="checkbox"/> FULL TIME? <input type="checkbox"/> PART TIME? (Average No. hrs. per wk.) - - - - -</p> <p>How many staff members did you supervise? Professional Staff _____ Support Staff _____</p> | <p>What duties did you perform in this position that are relevant to the position for which you are applying?</p> |