STATE OF NEW JERSEY

Application for Employment

The Opportunity to Compete Act, N.J.S.A. 34:6B-11 to 19, went into effect on March 1, 2015. Under this new law, an employer cannot make any inquiry—either verbally or in writing, including in an employment application—about an applicant's criminal record during the Initial Employment Application Process, unless one of the limited exceptions below applies.

The **Initial Employment Application Process** refers to "the period beginning when an applicant for employment first makes an inquiry to an employer about a prospective employment position or job vacancy or when an employer first makes any inquiry to an applicant for employment about a prospective employment position or job vacancy, and *ending* when an employer has conducted a first interview, whether in person or by any other means, of an applicant for employment." Employers can make this inquiry ***after*** the Initial Employment Application Process has concluded (i.e., post-interview).

The Act allows employers to request criminal history information before the first interview in the following limited circumstances:

- If an applicant voluntarily discloses his or her criminal history during the Initial Employment Application Process.
- Where the applicant is seeking a position in law enforcement, corrections, the judiciary, homeland security or emergency management.
- Where the applicant is seeking a position where a criminal history record background check is required by law, rule or regulation.
- Where the applicant may be legally precluded from holding the position by virtue of his or her arrest or conviction.
- Where any law, rule or regulation restricts an employer's ability to engage in specified business activities based on the criminal records of its employees.
- Where the applicant is seeking a position designated by the employer as part of a program designed predominately to encourage the employment of persons who have a criminal record.

*** If application is used before the Initial Employment Application Process, question #11 should not be answered.** Question #11 of the application seeks information on convictions that have not been expunged. Accordingly, unless one of the above exceptions applies, the application shall only be used after the Initial Employment Application Process.

Job applicants are considered for all positions without regard to race, creed, color, national origin, sex, affectional or sexual orientation, age, religion, marital, or veterans status, or disability. The State will not tolerate any form of discrimination or sexual harassment.

The **Americans with Disabilities Act of 1990 as amended** prohibits employers from discriminating against any qualified person on the basis of a disability. The State of New Jersey makes reasonable accommodations during all aspects of the employment process, such as testing and interviews. The State also makes reasonable accommodations in the work environment to enable a person with a disability to perform the essential job functions and to participate equally with co-workers without disabilities. However, the State can only make reasonable accommodations when it is aware of a disability. **It is up to you to inform the prospective employer if you need a reasonable accommodation.** The employer may ask you for documentation to support your request for a reasonable accommodation.

The State of New Jersey is an Equal Opportunity Employer

APPLICANT -- DO NOT COMPLETE THIS SECTION

Name: (Last, First, MI.)

Position Title:

Department:

Division:

Please PRINT or TYPE answers. Feel free to add any information which will help to place you. Please be aware that misrepresentation may be cause for removal.

1. Name (Last, First, MI)	**2.** Home Phone Number (Area Code)	**3.** Work Phone Number (Area Code)

4a. Address: Number, Street, Apartment Number, etc.

City: County:

State: Zip Code:

4b. If entry in 4a is your mailing address only, enter name of street, township, city or borough in which you live.

5. Position applying for (or type of work you are interested in)

Proof of Age, Education, Military Status, and Citizenship may be required upon employment offer

6. In what state regions are you willing to work? "X" all that apply: ☐ NORTHERN ☐ CENTRAL ☐ SOUTHERN

7. Indicate preferred work schedule:
☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Days ☐ Evenings ☐ Late Nights ☐ Any Shift ☐ Rotating Shift

8. Are you 18 years old or older? (*if under 18, you will be required to submit working papers if offered employment.*) ☐ Yes ☐ No

9a. Do you possess a driver's license that is valid in New Jersey? ☐ Yes ☐ No
9b. Do you possess a Commercial Driver License? ☐ Yes ☐ No
(Answer these questions only if it is a requirement as indicated on the job announcement or job specification)

10. Are you either a U.S. citizen or an alien authorized to work in the U.S.? ☐ Yes ☐ No

***Review instructions on cover before answering this question.**
11. Have you ever been convicted of a crime or other offense which has not been expunged by the Court, either in New Jersey or in any other jurisdiction? *(A conviction will not necessarily preclude you from employment.)*
☐ Yes *(if yes, give details in Block Number 16)* ☐ No

12. Are you a Veteran? ☐ Yes ☐ No
If yes, have you established Civil Service Veteran's Preference with the NJ Civil Service Commission between April 1, 1980 and March 1, 2001 or with the NJ Department of Military and Veteran after March 1, 2001? ☐ Yes ☐ No

13. Are you now or have you ever been a member of any Public Employee's Retirement System? ☐ Yes ☐ No
(If yes, indicate system name and membership number in Block Number 16)

14. Have you ever worked or been educated under a different name? ☐ Yes *(if yes, specify here*: _____ ☐ No

15. Are you currently on a special or regular reemployment list, or any list resulting from an examination administered by the New Jersey Civil Service Commission? ☐ Yes ☐ No *If yes, indicate Titles and Symbols here: _____

16. Explanations *(Use this block for explanations to questions. Attach additional sheets if necessary.)*

17. EDUCATION/SKILL HISTORY: Please list all vocational, technical, correspondence schools, colleges and universities you have attended. Upon employment be prepared to provide supporting documentation of schools attended. **Attach additional sheets** if necessary.

● Circle the number indicating the highest grade of school you have completed:
1 2 3 4 5 6 7 8 HIGH SCHOOL ▶ 9 10 11 12 GED ▶ COLLEGE ▶ 1 2 3 4 Graduate ▶ 1 2 3 4 5 6

Name and Address of School	Did you Graduate?	Credit Hours Earned	Major Subject	Number of Credits in Major	Degree Received
High School last attended:	☐ Yes ☐ No				
College or University:	☐ Yes ☐ No				
Graduate School:	☐ Yes ☐ No				
Other Formal Training (include Military):	☐ Yes ☐ No				

18. FOREIGN LANGUAGE ABILITIES: (Answer is Optional) If there are any foreign languages, including sign languages, in which you are proficient enough to communicate on a job, and are willing to use on the job (now and in the future), please list them here.

▶

19. CLERICAL SKILLS:	Office machines operated, computer systems/software used, and/or special skills
(a) Typing? ☐ Yes ☐ No WPM: _____	
(b) Stenography? ☐ Yes ☐ No WPM: _____	

20. List all employment starting with present or last position and work back, including military experience.
▶ PLEASE PRINT OR TYPE, USE ADDITIONAL SHEETS IF NECESSARY.

From:	To:	Position Title:	Supervisor's Name:	Salary or Wage:
Month: Year:	Month: Year:	Give number of staff supervised if any:	Telephone Number:	Starting: Ending:
Employer's Name and Complete Address:			☐ Full Time ☐ Part Time List number of hours per week: _____ Reason for Leaving:	
Description of Duties:				

From:	To:	Position Title:	Supervisor's Name:	Salary or Wage:
Month: Year:	Month: Year:	Give number of staff supervised if any:	Telephone Number:	Starting: Ending:
Employer's Name and Complete Address:			☐ Full Time ☐ Part Time List number of hours per week:_____ Reason for Leaving:	
Description of Duties:				

From:	To:	Position Title:	Supervisor's Name:	Salary or Wage:
Month: Year:	Month: Year:	Give number of staff supervised if any:	Telephone Number:	Starting: Ending:
Employer's Name and Complete Address:			☐ Full Time ☐ Part Time List number of hours per week:_____ Reason for Leaving:	
Description of Duties:				

● May we contact all employer/supervisors listed? ☐ Yes ☐ No (Indicate exceptions):	**21.** Attach additional sheets to describe any **internships, licenses, certifications or registrations** related to the position for which you are applying. Give name of the State in which license, certification or registration is held or dates and location of internship. If specific license or certification is required for your position, you will be required to present the appropriate credential(s) prior to employment, and you will be responsible to renew the credential(s) and advise the personnel office if the credential(s) expires or is revoked.

GENERAL INFORMATION *(Please print or type. Use additional sheets if necessary.)*

22. Are you engaged in any business activity or employment which you plan to continue if employed by the State?
If yes, your outside employment will be subject to further review regarding conflicts of interest.

☐ No ☐ Yes

If yes, explain:

23. Please add any additional information which will help in placing you where you are best qualified. Include such items as: honors, hobbies, publications, volunteer work, public speaking and writing experience, membership in professional or scientific societies.

24. List three people unrelated to you whom we may contact for information concerning your qualifications.

Name:	Name:	Name:
Address:	Address:	Address:
Phone Number:	Phone Number:	Phone Number:
Occupation:	Occupation:	Occupation:

● Please indicate a telephone number where and at what time you may be contacted for an interview:

I **understand** that if I plan to engage in other business or employment while working for the State in any of its Departments or Agencies, prior approval will be necessary before accepting employment since there may be restrictions in accordance with the New Jersey Conflicts of Interest Law and/or the State, Department or Agency Code of Ethics.

I authorize my former employers to release any information they may have concerning my employment record and I release the State of New Jersey and all previous employers listed above from all liability whatsoever that may issue from securing this information. I further authorize representatives of this agency to verify any and all information contained in this application, including education, and to review any and all criminal history, military and disciplinary records of any source.

I **CERTIFY** that the information on this application is complete and accurate, to the best of my knowledge. I understand that any misleading or incorrect information may render this application void and be just cause for immediate termination if employed.

Signature: _____ *Date:* _____

STOP: Please Return Completed Application to the Personnel Office

THIS SECTION FOR PERSONNEL OFFICE USE ONLY

STATE OF NEW JERSEY
AFFIRMATIVE ACTION INFORMATION FORM

To Be Completed By Applicant
Not For Interview Purposes
To Be Filed Separately With
Affirmative Action Officer

The *State of New Jersey* seeks to increase the richness and diversity of its workforce and in doing so become the employer of choice for all people seeking to work in State government. In order to judge the effectiveness of our efforts to attract and employ a diverse workforce, as well as comply with Federal and State reporting requirements, we ask that you take the time to answer a few brief questions.

This form is not part of your application for employment and will not be considered in any hiring decision. Any information submitted on this form will be considered confidential and will be filed separately by the agency's affirmative action officer.

The *State of New Jersey* is an equal opportunity employer. The *New Jersey State Policy Prohibiting Discrimination in the Workplace* provides that applicants for employment are considered without regard to race, creed, color, national origin, nationality, ancestry, sex/gender, affectional or sexual orientation, gender identity or expression, age, marital status, civil union status, domestic partnership status, familial status, religion, atypical heredity cellular or blood trait, genetic information, liability for service in the Armed Forces of the United States or disability.

APPLICANT NAME: (Last, First, M)

APPLICANT ADDRESS:

POSITION(S) APPLIED FOR:

DATE:

DIVISION:

GENDER:
☐ Male ☐ Female

A. Ethnicity: (Please Select One)

☐ **Hispanic or Latino**: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **Not Hispanic or Latino**

B. Race: (Please Select one)

☐ **American Indian or Alaska Native**: A person having origins in any of the original peoples of North and South America (including Central America), who maintains tribal affiliation or community attachment.

☐ **Asian**: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

☐ **Black or African American**: A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander**: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White**: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

The EEOC has recently updated its data collection requirements to allow employees who may be of two or more races to identify themselves. If you are of more than one race please identify them below.

C. Two or More Races: (If applicable, select the two or more races with which you identify)

☐ American Indian or Alaska Native ☐ Black or African American ☐ White

☐ Asian ☐ Native Hawaiian or Other Pacific Islander

If you require an accommodation for the interview process please advise the HR representative at the department where you are applying for the job.

REFERRAL SOURCE:
How did you learn of this position? _____

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MOTOR VEHICLE COMMISSION
PERSONAL RELATIONSHIPS DISCLOSURE STATEMENT

In accordance with the Uniform Ethics Code adopted by the NJ State Ethics Commission and the State Policy Prohibiting Discrimination in the Workplace, the Motor Vehicle Commission ("MVC") requires the disclosure of all relatives, consensual personal relationships, and cohabitants. No MVC employee may supervise or exercise any authority with regard to personnel actions involving his/her relative, anyone with whom there is a consensual personal relationship, or anyone with whom they cohabit.

Relative means an individual's spouse/domestic partner/civil union partner[1] or the individual or spouse's/domestic partner's/civil union partner's parent, child, brother, sister, aunt, uncle, niece, nephew, cousin, grandparent, grandchild, son-in-law, daughter-in-law, stepparent, stepchild, stepbrother, stepsister, half-brother or half-sister, whether the relative is related to the individual or the individual's spouse/domestic partner/civil union partner by blood, marriage or adoption.

Consensual personal relationship means marriage, engagement, dating or other ongoing romantic or sexual relationships.

Cohabitant means non-related persons who share a household under circumstances where there is financial interdependence.

The Motor Vehicle Commission requires the disclosure of all relatives and consensual personal relationships to be promptly reported directly to the Division of Human Resources ("HR") - Director's Office. Confidentiality shall be maintained to the extent possible and practicable. This information may be shared with the MVC's Equal Employment Opportunity Office ("EEO Office") and/or the MVC Ethics Office as deemed necessary. Upon receiving notice of the relationship, HR may address any situation as necessary in consultation with the EEO Office and/or the Ethics Officer. This may include, but is not limited to, the changing of reporting relationships or transferring any of the employees involved. Failure to provide notification to HR may result in discipline up to and including termination and the denial of legal representation and indemnification by the State in the event that a lawsuit is filed having a connection with a personal relationship. Employees are under a continuing obligation to promptly report personal relationships that develop during the course of their employment.

_____I **DO NOT** have a relative or a consensual personal relationship, as defined above, with anyone working for the Motor Vehicle Commission.

_____I **DO** have a relative or a consensual personal relationship, as defined above, with anyone working for the Motor Vehicle Commission identified as follows:

Name	Relationship	Division and Work Location

Additional Space Needed for Disclosure _____ YES _____NO **If YES, write disclosure on back of this form.**

I certify that the information on this form to the best of my knowledge and belief, is true, complete and accurate. I understand that any misleading or incorrect information, willful misstatement, or omission of a material fact, may be just cause for disciplinary action up to and including termination. I understand my obligation to promptly report personal relationships that develop during the course of my employment.

Applicant/Employee's Name _____

Applicant/Employee's Signature _____ Date:_____

[1] Domestic Partner as defined in NJSA 26:8A-1 et. seq. and Civil Union status as defined in NJSA 37:1-28 et. seq.