

State of New Jersey
Department of Law and Public Safety
Division of Criminal Justice

APPLICATION FOR
EMPLOYMENT FOR
PROFESSIONALS
AND SUPPORT STAFF



The State of New Jersey is an
Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Formed under the Criminal Justice Act of 1970, the Division of Criminal Justice is the extension of the Attorney General's role as the State's Chief Law Enforcement Officer.

New Jersey's unified, integrated system of law enforcement is unique in the nation. The Criminal Justice Act of 1970 designated the Attorney General as the Chief Law Enforcement Officer of the State. The Division of Criminal Justice, on behalf of the Attorney General, provides a variety of functions pertaining to the administration of criminal justice.

Primarily, the Division is charged with the responsibility to detect, enforce and prosecute the criminal business of the State through the uniform and efficient administration of our criminal laws. In addition to its direct law enforcement operations, the Division provides oversight and coordination within New Jersey's law enforcement community.

The activities of the Division are conducted through a staff consisting of deputy attorneys general, rank and file law enforcement, professional and support personnel.

It is the goal of the Division of Criminal Justice to coordinate law enforcement efforts and cooperate to share resources within criminal justice communities on the state, county and municipal levels, to ensure the safety and security of all New Jersey citizens.

**Application Form
Professional and Support Staff**

The completed application form and attached certification should be returned to

Chief of Staff
Division of Criminal Justice
Richard J. Hughes Justice Complex
25 Market Street
P.O. Box 085
Trenton, NJ 08625

If you have any questions concerning the completion of the application, its attachments or its utilization in the employment process, please contact the Chief of Staff at the above noted address or by telephone at (609) 984-6500.

Privacy Act Notice

You need not provide your social security number at this time but it is requested as a convenience to the appointing authority in assembling personal data relating to your employment. You will, however, be required to provide your social security number if you accept an offer of employment. Your social security number will be used to satisfy requirements under the Internal Revenue and Social Security Acts of the of the United States. Also, if a background investigation is required for the position for which you are applying, your social security number will be used as an identifier in performing that investigation.

APPLICATION

Name: _____

Permanent Address: _____

Telephone: _____

Office Address: _____

Telephone: _____

E-mail: _____ Cell phone #: _____

Best contact #: _____

Social Security #: (See Privacy Act Notice on Page 2): _____

Drivers License #: State _____ License #: _____

Position Applying For: _____

Education Record:

High School: _____

Location: _____

Date of Admission: _____ Date of Graduation: _____
(Month & Year) (Month & Year)

College/University: _____

Location: _____

Date of Admission: _____ Date of Graduation: _____
(Month & Year) (Month & Year)

Major: _____ Minor: _____

Degree: _____ Class Standing: _____

Honors: _____

Activities: _____

Other School or Training Courses (Include business, vocational, technical and service schools you have completed that are related to the title for which you are applying):

Professional Accreditation (RN, CPA, CFE, etc.)

Language Skills other than English - List the languages and indicate your knowledge (fluent/good/limited):

<u>Language</u>	<u>Reading</u>	<u>Writing</u>	<u>Speaking</u>	<u>Understanding</u>
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Employment Record: (Begin with present position and work back)

1. Name: _____
Address: _____
Position: _____ Supervisor: _____
Dates in Position: _____ Salary: _____
Reason for Leaving: _____

2. Name: _____
Address: _____
Position: _____ Supervisor: _____
Dates in Position: _____ Salary: _____
Reason for Leaving: _____

3. Name: _____
Address: _____
Position: _____ Supervisor: _____
Dates in Position: _____ Salary: _____
Reason for Leaving: _____

4. Name: _____
Address: _____
Position: _____ Supervisor: _____
Dates in Position: _____ Salary: _____
Reason for Leaving: _____

Do you have any objection to the Division of Criminal Justice making inquiries to any of the above listed employers? Yes No If "Yes", please indicate reason:

References: Set forth at least three (3) names and addresses. Please provide complete addresses and telephone number if available.

1. Name: _____ Telephone: _____

Address: _____

2. Name: _____ Telephone: _____

Address: _____

3. Name: _____ Telephone: _____

Address: _____

Professional Affiliations: _____

Awards: _____

Publications: _____

Civic Activities: _____

Miscellaneous:

1. Have you ever been disciplined by an employer, military establishment or educational institution for improper conduct? Yes No If "Yes", please explain:

(Note: A response of yes to either of the above questions will not necessarily result in a denial of employment.)

2. Are you engaged in any business or employment which you plan to continue if employed by the State? Yes No If "Yes", please explain:

3. Would the nature of any other of your activities or circumstances present possible conflicts of interest should you be employed by the State? Yes No If "Yes", please explain:

4. Please add any additional information which will help us in placing you where you are best qualified.

I hereby certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief and agree to the terms and conditions set forth herein.

Date: _____ Signature: _____

Please attach any other relevant material which you wish to be considered by this office.

CERTIFICATION

I authorize the Division of Criminal Justice to verify any and all information in my application for employment.

Date: _____ Signature: _____
(Sign in Ink)

(Print or type name)

Sworn and subscribed to before me this

_____ day of _____, 20 _____

(Signature)

(Print Name and Title)

Notary Public, my Commission

expires _____
(Affix Notarial Seal)

Execute before a Notary Public or an Attorney-at-Law of New Jersey. If you do not have a Notary or a New Jersey Attorney available, you may bring this Certification to this office and one will be provided without charge.

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 Phillipine 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
Asian

Black or African American
Native Hawaiian or Other Pacific Islander

White

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? _____



State of New Jersey
 Office of the Attorney General
 Department of Law & Public Safety
 Division of Criminal Justice
 PO Box 085
 Trenton, New Jersey 08625-0085
 Telephone (609) 984-6500

AUTHORIZATION & RELEASE

STATE OF NEW JERSEY

COUNTY OF _____

I, _____(Full Name) do hereby authorize a review and full disclosure of all records and information concerning myself to any duly authorized agent or representative of the Department of Law & Public Safety of the State of New Jersey, whether the said records or information are of a public, private or confidential nature to include information contained in any expunged or sealed records. I also authorize and request every person, firm, company, corporation, governmental agency, be they municipal, county, state, or federal court, financial or medical institution or any other organization having control of any documents, records and other information pertaining to me, to furnish to the Department of Law & Public Safety any such information, including documents, records, files, regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Department of Law & Public Safety or any of its agents or representatives to inspect and make copies of such documents, records and other information. I also authorize the New Jersey Division of Taxation to obtain and provide the Department of Law & Public Safety with any and all records pertaining to the filing of state, federal and out of state tax returns.

I hereby request and authorize the Department of the _____(Army, Navy, Air Force) to furnish to the Department of Law and Public Safety the record of each period of my service therein, and to furnish the character of service rendered for each period. My serial number (social security number) was _____(Supply Form DD214). I understand that any information obtained by a confidential background investigation which is developed directly or indirectly, in whole or in part, upon this Authorization and Release will be considered in determining my suitability for employment by the Division of Criminal Justice.

I hereby release, discharge and exonerate the Department of Law and Public Safety, its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection, or collection of such documents, records, and other information or the investigation made by the Department of Law & Public Safety.

A photocopy of this Authorization and Release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the Authorization and Release.

Sworn and Subscribed before me

this _____day of _____
 20____.

 (Signature)

 (Print name and Title)

(Affix Notarial Seal)

 Signature (include maiden name)

Date:_____

Address:_____

 Telephone:_____

Date of Birth:_____

Soc. Sec. No.:_____

Execute before a Notary Public or an Attorney at Law of New Jersey. If you do not have a Notary or a New Jersey Attorney available, you may bring this form to this Office and one will be provided without charge.