

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 or in the future), please list them here.

19. CLERICAL SKILLS(a) TYPING YES NO WPM →(b) STENOGRAPHY YES NO WPM →

Office machines operated, computer systems/software used and/or special skills

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
Mo.	Mo.	Starting:
Yr.	Yr.	Give number of staff supervised, if any:	Telephone Number:	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
Mo.	Mo.	Starting:
Yr.	Yr.	Give number of staff supervised, if any:	Telephone Number:	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
Mo.	Mo.	Starting:
Yr.	Yr.	Give number of staff supervised, if any:	Telephone Number:	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 employers/supervisors? Yes No (Indicate exceptions):

21. Use this space (attach additional sheets if necessary) to describe any **internships, licenses, certifications or registrations** related to the position for which you are applying. Give name of 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:	Phone:	Phone:
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 records 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: _____

THIS SECTION FOR PERSONNEL OFFICE USE ONLY

Supplemental Information Sheet (optional)

Use this space to add additional information such as volunteer work
that you did not report in other parts of this application.

STATE OF NEW JERSEY AFFIRMATIVE ACTION INFORMATION FORM

This form is not part of your application for employment, and is considered confidential information that will not be used in any hiring decision. The information obtained is to comply with State and Federal recordkeeping and reporting requirements, and will be filed separately by the agency's affirmative action officer. Your cooperation is appreciated.

Job applicants are considered for all positions without regard to race, creed, color, national origin, sex, affectional or sexual orientation, age, religion, marital or veteran status, or disability.

DATE:

POSITION(S) APPLIED FOR:

DEPARTMENT:

DIVISION:

REFERRAL SOURCE:

- Advertisement
 Employee
 Relative
 Walk-In
 School
 Employment Agency
 NJ Department of Personnel Examination List
 Other: _____

Name of Source (If Applicable): _____

NAME: (LAST, First, Mi)

ADDRESS:

PHONE: (Include Area Code)

(Daytime) _____

(Home) _____

SEX:

- Male
 Female

ETHNIC CATEGORIES: (Check One)

WHITE, not of Hispanic Origin: Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

HISPANIC: Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent, or the Pacific Islands. This area includes Pakistan, Korea, China, Japan, Vietnam, Cambodia and the Philippine Islands and Samoa.

AMERICAN INDIAN or ALASKAN NATIVE: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**TO BE COMPLETED BY APPLICANT - NOT FOR INTERVIEW PURPOSES
TO BE FILED SEPARATELY WITH AFFIRMATIVE ACTION OFFICER**