State of New Jersey

Application For Employment

"People at work for better government through competence, caring, and commitment."

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** 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. If you need a reasonable accommodation before the interview process begins, please inform the agency personnel office for which you are applying.

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 # *(Area Code)*	3. Work Phone # *(Area Code)*

4a. ADDRESS:	4b. If entry in 4a is your mailing address only, enter name of street, township, city, or borough in which you live.
Number, Street, Apt. #, Etc. ►	
City ►	
State ► *Zip* ►	

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**

11. Have you ever been convicted of a crime which has not been expunged by the Court? ☐ **YES** *(If yes, give details in Block Number 16.)* ☐ **NO**
(A conviction will not necessarily preclude you from employment.)

12. Are you a Veteran? ☐ **YES*** ☐ **NO**
*If yes, have you established Veteran's Preference with the New Jersey Department of Personnel after April 1, 1980? ☐ **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 Department of Personnel?
☐ **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 Hrs. Earned	Major Subject	# 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				

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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.:*_____ *Yr.:*_____	*Mo.:*_____ *Yr.:*_____	● *Give number of staff supervised if any:*_____	● *Telephone Number:*_____	*Starting:*_____ *Ending:*_____

EMPLOYER'S NAME AND COMPLETE ADDRESS

☐ FULL TIME ☐ PART TIME *(List number of hrs. per week:*_____*)*

REASON FOR LEAVING

DESCRIPTION OF DUTIES

From	To	POSITION TITLE	SUPERVISOR'S NAME	SALARY OR WAGE
*Mo.:*_____ *Yr.:*_____	*Mo.:*_____ *Yr.:*_____	● *Give number of staff supervised if any:*_____	● *Telephone Number:*_____	*Starting:*_____ *Ending:*_____

EMPLOYER'S NAME AND COMPLETE ADDRESS

☐ FULL TIME ☐ PART TIME *(List number of hrs. per week:*_____*)*

REASON FOR LEAVING

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*Mo.:*_____ *Yr.:*_____	*Mo.:*_____ *Yr.:*_____	● *Give number of staff supervised if any:*_____	● *Telephone Number:*_____	*Starting:*_____ *Ending:*_____

EMPLOYER'S NAME AND COMPLETE ADDRESS

☐ FULL TIME ☐ PART TIME *(List number of hrs. per week:*_____*)*

REASON FOR LEAVING

DESCRIPTION OF DUTIES

May we contact all employers/supervisors listed? ☐ **YES** ☐ **NO** *(Indicate exceptions):*

21. Use this space 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.

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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 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

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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.

☐ **BLACK, not of Hispanic Origin:** Persons having origins in any of the Black racial groups of Africa.

☐ **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

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Please open and complete all pages inside.

(Do Not Write on This Side)