



**STATE OF NEW JERSEY**

In the Matter of Zoraida Pozo, Police  
Officer (M0117D), Paterson

**FINAL ADMINISTRATIVE ACTION  
OF THE  
CIVIL SERVICE COMMISSION**

CSC Docket No. 2022-2549

Examination Appeal

**ISSUED: AUGUST 3, 2022 (ABR)**

Zoraida Pozo requests to file a late application for the open competitive examination for Police Officer (M0117D), Paterson.

By way of background, the subject examination was announced on January 3, 2022, with an application filing deadline of February 28, 2022, and all applications had to be received by 4:00 p.m. on that date.

The petitioner, in support of her request, states that she applied for the Police Officer (M0040D), Elmwood Park examination in error. She explains that a medical issue, which caused her agonizing pain, interfered with her sleep and inhibited her ability to think clearly, led to her making this mistake. In support, she submits documentation which shows that she was treated in the emergency room for her medical condition on March 1, 2022, and that she received a physician's note excusing her from work until March 3, 2022.

It is noted that both the M0117D and M0040D examinations are part of the 2022 Entry-Level Law Enforcement Examination (LEE) testing cycle.<sup>1</sup> The petitioner

<sup>1</sup> Unlike previous LEE cycles, the 2022 LEE testing cycle will not put candidates into a pool of eligibles once results have been released. Instead, titles that make up the 2022 LEE testing cycle were announced individually by jurisdiction (*i.e.*, individual municipalities and counties) and candidates will be placed on eligible lists for each jurisdiction for which they applied. So, instead of filling out a single LEE application, candidates were required to fill out separate applications for each jurisdiction

was scheduled to take the M0040D examination on July 14, 2022. The M0117D examination was held on June 11, 2022.

### CONCLUSION

*N.J.A.C.* 4A:4-2.3(b)3 provides that applicants for open competitive examinations shall file an application with all supporting documents or proofs by the announced filing date and time. *N.J.A.C.* 4A:4-2.1(e) states that unless otherwise provided for by the Chairperson or designee, applications for open competitive and promotional examinations shall be submitted to the Civil Service Commission no later than 4:00 p.m. on the announced application filing date. *N.J.A.C.* 4A:1-1.2(c) provides that a rule may be relaxed for good cause shown in a particular situation.

In the instant matter, applications for the subject promotional examination were due by the February 28, 2022, closing date. However, the record evidences that the petitioner experienced a medical issue which contributed to her filing an application for the wrong examination symbol. Under these circumstances, good cause exists to relax the provisions of *N.J.A.C.* 4A:4-2.3(b)3 and allow the petitioner to file an application after the application deadline date for the Police Officer (M0117D), Paterson examination.

It is noted that this remedy is limited to the unique circumstances of this matter and does not provide a precedent in any other matter. Finally, the petitioner is cautioned that, for future examination announcements, she must timely file for the correct examination.

### ORDER

Therefore, it is ordered that this appeal be granted and Zoraida Pozo be permitted to submit an application for the Police Officer (M0117D), Paterson examination. It is further ordered that the petitioner submit the completed application and required \$35.00 application processing fee to: New Jersey Civil Service Commission, Division of Agency Services, P.O. Box 322, Trenton, New Jersey 08625-0322. The completed application and processing fee must be postmarked no later than 15 days from the issuance date of this decision. Failure to file the application and processing fee within the time provided will result in rejection from the examination process. Further, upon determination of eligibility, the petitioner shall be admitted to the subject examination. Finally, if the petitioner receives a passing score on the 2022 LEE, her name shall be added to the M0117D list for prospective employment opportunities.

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that they are interested in working with. See State of New Jersey, Civil Service Commission, Frequently Asked Questions: Entry-Level Law Enforcement Examination, <https://www.nj.gov/csc/authorities/faq/safety/lee.html>.

This is the final administrative determination in this matter. Any further review should be pursued in a judicial forum.

DECISION RENDERED BY THE  
CIVIL SERVICE COMMISSION ON  
THE 3<sup>RD</sup> DAY OF AUGUST 2022



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Deirdré L. Webster Cobb  
Chairperson  
Civil Service Commission

Inquiries  
and  
Correspondence

Nicholas F. Angiulo  
Director  
Division of Appeals and Regulatory Affairs  
Civil Service Commission  
Written Record Appeals Unit  
P.O. Box 312  
Trenton, New Jersey 08625-0312

Attachment

c: Zoraida Pozo  
Division of Agency Services

# INSTRUCTIONS

## INSTRUCTIONS FOR COMPLETING THE LAW ENFORCEMENT SERIES APPLICATION FORM (READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING YOUR APPLICATION FORM)

**1. FEE EXEMPTION:** If you are currently receiving General Assistance (welfare), Temporary Assistance for Needy Families (T.A.N.F. previously AFDC), or Supplemental Security Income (SSI), you are exempt from submitting the fee. Indicate the type of assistance you are receiving and enclose the required proof.

**2. PAYMENT METHOD:** Unless you are exempt as indicated above in #1, a **\$35.00 fee** is required for filing your application form. Send a check or money order only, payable to NJCSC.

**Do not send cash. Staple payment to the application.**

**NOTE:** Any check returned for insufficient funds will result in the disqualification from the selection process.

**3. Title Area:** Enter the Title Name of the exam for which you are applying.

**4. E-MAIL ADDRESS:** Clearly print your personal email address.

**5, 6 & 7.** Use capital (uppercase) letters to print your last name, first name and middle initial (if any).

**8. SOCIAL SECURITY NUMBER:** 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 N.J.S.A. 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. RESIDENCY CODE:** If you do not live in New Jersey, enter 0000. If you live in New Jersey, enter your 4-digit residency code from the list of Residency Codes. First, find the county, and then the specific town, borough, city, or township in which you reside. Copy the corresponding code into this box. **Caution:** this might not be the same as your mailing address. **Failure to complete this code properly may cause you to be rejected for this examination, so please re-check this code for accuracy.**

**10.** Enter your daytime area code and telephone number.

**11. U.S. Citizen:** Check box 'Y' if you are a United States citizen and 'N' if you are not a United States citizen.

**12. MAILING ADDRESS:** Clearly print your complete mailing address in capital (uppercase) letters.

**CITY:** Print the name of the city in your mailing address

**STATE:** Enter the two-letter abbreviation of the state in your mailing address.

**ZIP CODE:** Enter the 5-digit (or 9-digit, if known) zip code in your mailing address.

**13. VETERANS PREFERENCE:** Check **YES** if you are claiming veterans preference for this examination. If you have established veterans preference since April 1 1980, no further action is needed. Otherwise, complete a veterans preference claim form and include the required documents. Claim forms are available on our web site at [www.nj.gov/csc](http://www.nj.gov/csc) and at our office at 44 S. Clinton Avenue Trenton, NJ. Completed forms should be mailed to the Department of Military and Veterans' Affairs (DMAVA)

For more information, you may visit their web site at [www.nj.gov/military](http://www.nj.gov/military) or contact them at 1-888-865-8387

**14. 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.

**15. TEST LOCATION PREFERENCE:** Check the box indicating the county in which you would like to be scheduled to take the examination.

**16. BACKGROUND DATA:** Check the box indicating the group of which you are a member; indicate your gender. **Important: submission of this information is voluntary.** You should also indicate the highest level of education that you will have completed within the next four months.

**17. SIGNATURE/DATE:** Sign and date the application after carefully reading the certification statement. Use a 4-digit year in the date.

**Mail Completed Applications along with the  
\$35.00 application fee  
or proof of exemption to:**

**New Jersey Civil Service Commission  
OC Application Processing Unit  
PO Box 321  
Trenton, NJ 08625-0321**

New Jersey Civil Service Commission  
**Law Enforcement Series Application**

**DO NOT WRITE IN THIS BOX**

**INSTRUCTIONS:** Please print neatly and clearly in capital letters. Provide all information requested and insure that all information is accurate and complete. No additional information may be accepted after the closing date has passed.

**1. FEE EXEMPTION:** If you are exempt from this fee, indicate below and include listed proof \* with your application.

**General Assistance** - A copy of your benefits letter from the local welfare director \*

**T.A.N.F. (A.F.D.C)** - A copy of your award letter which shows your case number \*

**S.S.I.** - A copy of your annual award letter\*

**2. PAYMENT METHOD:** (Include name, address and symbol number on your check money order payable to NJCSC.)

Submission of an invalid fee will disqualify you from this examination.

**Personal check**

**Money order**

▶ **Total Amount Due \$35.00**

**3. TITLE AREA:** Enter the title and symbol

**Title:**

**Symbol:**

**4. EMAIL ADDRESS:**

**5. LAST NAME:** \_\_\_\_\_ **6. FIRST NAME:** \_\_\_\_\_ **7. M.I.:** \_\_\_\_\_

**8. SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **9. RESIDENCY CODE:** \_\_\_\_\_ **10. DAYTIME TELEPHONE NUMBER:** \_\_\_\_\_ **11. U.S. CITIZEN:**  YES  NO

**12. MAILING ADDRESS:**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**13. VETERANS' PREFERENCE:**

Check this box if you are claiming veterans' preference for this examination

**14. ADA ASSISTANCE:**

Check this box if you require any auxiliary and reasonable accommodation to take this test

**15. TEST LOCATION PREFERENCE:** Check the county where you prefer to take the examination (check only one box).

(7) Bergen  (1) Camden  (3) Essex  (2) Mercer  (4) Monmouth  (6) Atlantic

**16. BACKGROUND DATA:** (Completion of this part is mandatory for date of birth and education)

|  |  |
|--|--|
| <p><b>Check the group you are a member of:</b></p> <p><input type="checkbox"/> (1) Black <input type="checkbox"/> (2) White <input type="checkbox"/> (3) Hispanic</p> <p><input type="checkbox"/> (4) Asian <input type="checkbox"/> (5) American Indian or Alaskan Native</p> | <p><b>Education</b> (Indicate the highest level Diploma or Degree you have earned)</p> <p><input type="checkbox"/> Less than High School <input type="checkbox"/> (A) Associate's Degree</p> <p><input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> (B) Bachelor's Degree</p> <p><input type="checkbox"/> (S) Some College but no Degree <input type="checkbox"/> (M) Master's Degree</p> <p><input type="checkbox"/> (D) Doctorate</p> |
| <p><b>Date of Birth:</b> _____</p>   | <p><b>Gender:</b> <input type="checkbox"/> (1) Male <input type="checkbox"/> (2) Female <input type="checkbox"/> (3) Non-Binary</p>  |

Check here if your parent was a Police Officer who was killed in the line of duty.

**17. 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 Civil Service Commission may refuse to examine or certify after examination, any applicant who makes a false statement of any material fact per N.J.A.C. 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.

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



