

APPLICATION FOR EXEMPTION FROM THE PROVISIONS OF N.J.S.A 52:14-7a. OF THE NEW JERSEY FIRST ACT

Employee Residency Review Committee
C/O NJ Department of Labor and Workforce Development
Office of Legal and Regulatory Services
PO Box 110
Trenton, NJ 08625-0110

Tel. (609) 777-2960
Fax (609) 292-8246

OFFICIAL USE ONLY:
Application #:

The New Jersey First Act (the Act) states in pertinent part that any person may apply for an exemption from the provisions of subsection a. of the Act (a.k.a., the residency requirement) on the basis of "critical need or hardship." All such applications are to be submitted to the Employee Residency Review Committee, a five-member committee composed of three persons appointed by the Governor, a person appointed by the Speaker of the Assembly, and a person appointed by the President of the Senate.

Instructions: Complete this form and answer all questions. Type or print legibly. Attach any other documents that may support your application. Mail or fax all documents to the address listed at the top of this page.

APPLICANT INFORMATION

First Name	Last Name	M.I.	Daytime Telephone No.
Mailing Address		Floor/Apt. No.	Cell No.
City	State	ZIP Code	Alternate Telephone No.

EMPLOYER OR PROSPECTIVE EMPLOYER INFORMATION

<p>Employer Name, <i>(For example, State Department of Transportation, Bordentown Township or Trenton School District)</i></p> <hr/> <p>Employer Street Address,</p> <hr/> <p>Employer Mailing Address <i>(if different from street address)</i></p> <hr/>	<p>Name and Title of Human Resources Director or Head of Agency</p> <hr/> <p>Telephone No. _____</p> <p>Fax No. _____</p> <p>e-mail _____</p>
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Do you wish for the Committee to notify your employer or prospective employer of this application and provide the employer an opportunity to make a written submission to the Committee regarding your application? YES NO

Would you like an opportunity to appear in-person before the Committee and make a statement in support of your written application? YES NO

APPLICATION DETAILS

Explain the hardship and/or critical need which is the basis for your exemption request. Attach additional sheets if necessary. Also attach any documentation which would support your application.