

**STATE OF NEW JERSEY
DEPARTMENT OF MILITARY AND VETERANS' AFFAIRS**

**Conflict of Interest Questionnaire
(Prepare single copy and submit to your immediate supervisor)**

Name _____ **SS#** _____

Residence Address _____

Address of Official Station _____

Section and Bureau in which employed _____

Present Title _____

1. Are you at the present time a director, officer or sole proprietor, partner, employee of consultant or advisor to any organization other than the Department of Military and Veterans' Affairs?
() YES () NO (Do not include membership in a reserve component of the Armed Forces of the U.S.). Are you presently a board member of any private non-profit organization?
() YES () NO

If your answer is yes, please give details in paragraph 2 below.

2. Describe in detail the duties of your outside work or board membership, including name, address, and telephone number of each employer, type of service provided, e.g., consultant, supervisory, sales, etc., and hours worked.

3. I hereby certify that this Conflict of Interest Questionnaire contains no willful misstatement of fact nor omission of material fact and that after it has been submitted, any future activities or employment shall be reported through the Personnel Division to the Ethics Committee on a new questionnaire before I engage in such activity or accept such employment.

DATE: _____

SIGNATURE: _____
OF EMPLOYEE

4. Potential conflict () YES () NO
If yes, explain.

DATE: _____

**SIGNATURE OF LIAISON OFFICER TO
EXECUTIVE COMMISSION ON ETHICAL STANDARDS**

**Note: If additional space is needed for Comment,
please attach those sheets to this form.**