

State of New Jersey
Department of Law & Public Safety
Division of Criminal Justice

APPLICATION FOR
EMPLOYMENT



The State of New Jersey Is An
Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Formed under the Criminal Justice Act of 1970, the Division of Criminal Justice ("the Division") is the extension of the Attorney General's role as the State's Chief Law Enforcement Officer. The Division of Criminal Justice, on behalf of the Attorney General, provides a variety of functions pertaining to the administration of criminal justice.

Primarily, the Division is charged with the responsibility to detect, enforce, and prosecute the criminal business of the State through the uniform and efficient administration of our criminal laws. In addition to its direct law enforcement operations, the Division provides oversight and coordination within New Jersey's law enforcement community.

The activities of the Division are conducted through a staff consisting of attorneys, detectives, and professional support personnel. It is the goal of the Division of Criminal Justice to coordinate law enforcement efforts and share resources within criminal justice communities on the state, county, and municipal levels, to ensure the safety and security of all New Jersey citizens.

Application

The completed application and attached certification should be returned to:

Chief of Staff Mallory Shanahan
Division of Criminal Justice
Richard J. Hughes Justice Complex
25 Market Street, P.O. Box 085
Trenton, NJ 08625

If you have any questions concerning the completion of the application, attachments, or the employment process, please contact the Chief of Staff at the above noted address or via email at ShanahanM@njdcj.org.

Attorney Applicants Only

Your application must include a legal writing sample and your law school transcript (see page 10 of the application). Your application will not be considered complete and will not be processed until these documents are received.

Privacy Act Notice

You need not provide your social security number at this time but it is requested as a convenience to the appointing authority in assembling personal data relating to your employment. You will, however, be required to provide your social security number if you accept an offer of employment. Your social security number will be used to satisfy requirements under the Internal Revenue and Social Security Acts of the United States. Also, a background investigation is required for the position for which you are applying, your social security number will be used as an identifier in performing that investigation.

APPLICATION

Position Applying For: _____

Name: _____

Permanent Address: _____

Telephone: _____

Office Address: _____

Telephone: _____

E-mail: _____ **Cell phone #:** _____

Best contact #: _____

Social Security #: (See Privacy Act Notice on Page 2): _____

Driver License: State: _____ License #: _____

Admitted to Practice Law: State and Year: _____

Admitted to Practice Law: State and Year: _____

If not a member of the New Jersey Bar, give date on which New Jersey Bar Exam will be taken:

Education Record:

High School: _____

Location: _____

Date of Admission: _____ Date of Graduation: _____
(Month & Year) (Month & Year)

College/University: _____

Location: _____

Date of Admission: _____ Date of Graduation: _____
(Month & Year) (Month & Year)

Major: _____ Minor: _____

Degree: _____ Class Standing: _____

Honors: _____

Activities: _____

Law School: _____

Location: _____

Date of Admission: _____ Date of Graduation: _____
(Month & Year) (Month & Year)

Degree: _____ Class Standing: _____

Honors: _____

Activities: _____

*Additional pages may be used as needed.

Graduate School: _____

Location: _____

Date of Admission: _____ Date of Graduation: _____
(Month & Year) (Month & Year)

Degree: _____ Class Standing: _____

Honors: _____

Activities: _____

Other School or Training Courses (include business, vocational, technical and service schools you have completed that are related to the title for which you are applying):

Professional Accreditation (RN, CPA, CFE, etc.) _____

Language Skills other than English - List the languages and indicate your knowledge (fluent/good/ limited):

<u>Language</u>	<u>Reading</u>	<u>Writing</u>	<u>Speaking</u>	<u>Understanding</u>
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Employment Record: (Begin with present position and work back)

1. Name: _____

Address: _____

Position: _____ Supervisor: _____

Dates in Position: _____

Reason for Leaving: _____

2. Name: _____

Address: _____

Position: _____ Supervisor: _____

Dates in Position: _____

Reason for Leaving: _____

3. Name: _____

Address: _____

Position: _____ Supervisor: _____

Dates in Position: _____

Reason for Leaving: _____

4. Name: _____

Address: _____

Position: _____ Supervisor: _____

Dates in Position: _____

Reason for Leaving: _____

*Additional pages may be used as needed.

Do you have any objection to the Division of Criminal Justice making inquiries to any of the above listed employers? Yes _____ No _____ If "Yes", please indicate reason:

References: Set forth at least three (3) references. Please provide complete address and telephone number for each reference.

1. Name: _____ Telephone: _____

Address: _____

Relationship to Applicant: _____

2. Name: _____ Telephone: _____

Address: _____

Relationship to Applicant: _____

3. Name: _____ Telephone: _____

Address: _____

Relationship to Applicant: _____

Professional Affiliations: _____

Awards: _____

Publications: _____

Civic Activities: _____

Miscellaneous:

1. Have you ever been convicted of a violation of law (other than motor vehicle violations) or been placed in a pre-trial invention program? Yes _____ No _____ If "Yes", please explain:

2. Have you ever been disciplined by an employer, military establishment or educational institution for improper conduct? Yes _____ No _____ If "Yes", please explain:

(Note: A response of yes to either of the above questions will not necessarily result in a denial of employment.)

3. Are you engaged in any business or employment which you plan to continue if employed by the State? Yes _____ No _____ If "Yes", please explain:

4. Would the nature of any other of your activities or circumstances present possible conflicts of interest should you be employed by the State? Yes _____ No _____ If "Yes", please explain:

5. Please add any additional information which will help us in placing you where you are best qualified.

Note: It is the policy of the Division of Criminal Justice that no applicant will be employed by the Division of Criminal Justice except on the condition that the applicant agrees not to engage in the private practice of law during their period of employment, and further agrees to remain with the Division for three years from the date of employment.

I hereby certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief and agree to the terms and conditions set forth herein.

Date: _____ **Signature:** _____

Printed: _____

Please attach any other relevant material which you wish to be considered by the Division.

Attorney Applicants Only

In order for your application to be complete, a transcript of your scholastic record must be sent to the Division of Criminal Justice. **Please complete this request and send it directly to your Law School in order to have your transcript forwarded for retention with your application.**

I will/have receive(d) a Juris Doctorate degree in _____ from
(Year)

(Law School)

located at _____
(Address)

In connection with my application for employment, I hereby authorize the
_____ School of Law to forward a
transcript of my scholastic record to:

Division of Criminal Justice
Attn: Chief of Staff Mallory Shanahan
Richard J. Hughes Justice Complex
25 Market Street, P.O. Box 085
Trenton, New Jersey 08625

Date: _____ **Signature:** _____

Printed: _____

CERTIFICATION

I authorize the Division of Criminal Justice to verify any and all information contained in my application and provided by me for consideration of employment, including but not limited to my resume, background application, cover letter, etc.

Date: _____ Signature: _____
(Sign in Ink)

(Print or type name)

Sworn and subscribed to before me this

_____ day of _____, 20_____

(Signature)

(Print Name and Title)

Notary Public, my Commission

expires _____
(Affix Notarial Seal)

Execute before a Notary Public or an Attorney-at-Law of New Jersey.

STATE OF NEW JERSEY AFFIRMATIVE ACTION INFORMATION FORM

**To Be Completed By Applicant
Not For Interview Purposes
To Be Filed Separately With
Affirmative Action Officer**

The *State of New Jersey* seeks to increase the richness and diversity of its workforce and in doing so become the employer of choice for all people seeking to work in State government. In order to judge the effectiveness of our efforts to attract and employ a diverse workforce, as well as comply with Federal and State reporting requirements, we ask that you take the time to answer a few brief questions.

This form is not part of your application for employment and will not be considered in any hiring decision. Any information submitted on this form will be considered confidential and will be filed separately by the agency's affirmative action officer.

The *State of New Jersey* is an equal opportunity employer. The *New Jersey State Policy Prohibiting Discrimination in the Workplace* provides that applicants for employment are considered without regard to race, creed, color, national origin, nationality, ancestry, sex/gender, affectional or sexual orientation, gender identity or expression, age, marital status, civil union status, domestic partnership status, familial status, religion, atypical heredity cellular or blood trait, genetic information, liability for service in the Armed Forces of the United States or disability.

APPLICANT NAME: (Last, First, M)	APPLICANT ADDRESS:
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POSITION(S) APPLIED FOR:

DATE:	DIVISION:	GENDER: <div style="text-align: right; margin-top: 5px;">Male Female</div>
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A. Ethnicity: (Please Select One)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	Not Hispanic or Latino
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B. Race: (Please Select one)

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), who maintains tribal affiliation or community attachment.	Black or African American: A person having origins in any of the black racial groups of Africa.
Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand and Vietnam.	Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

The EEOC has recently updated its data collection requirements to allow employees who may be of two or more races to identify themselves. If you are of more than one race please identify them below.

C. Two or More Races: (If applicable, select the two or more races with which you identify)

American Indian or Alaska Native	<input type="checkbox"/> Black or African American	White
Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

If you require an accommodation for the interview process please advise the HR representative at the department where you are applying for the job.

REFERRAL SOURCE:
How did you learn of this position? _____



State of New Jersey
 Office of the Attorney General
 Department of Law & Public Safety
 Division of Criminal Justice
 PO Box 085
 Trenton, New Jersey 08625-0085
 Telephone (609) 984-6500
 AUTHORIZATION & RELEASE

STATE OF NEW JERSEY

COUNTY OF _____

I, _____ (Full Name) do hereby authorize a review and full disclosure of all records and information concerning myself to any duly authorized agent or representative of the Department of Law & Public Safety of the State of New Jersey, whether the said records or information are of a public, private or confidential nature to include information contained in any expunged or sealed records. I also authorize and request every person, firm, company, corporation, governmental agency, be they municipal, county, state, or federal court, financial or medical institution or any other organization having control of any documents, records and other information pertaining to me, to furnish to the Department of Law & Public Safety any such information, including documents, records, files, regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Department of Law & Public Safety or any of its agents or representatives to inspect and make copies of such documents, records and other information. I also authorize the New Jersey Division of Taxation to obtain and provide the Department of Law & Public Safety with any and all records pertaining to the filing of state, federal and out of state tax returns.

I hereby request and authorize the Department of the _____ (Army, Navy, Air Force) to furnish to the Department of Law and Public Safety the record of each period of my service therein, and to furnish the character of service rendered for each period. My serial number (social security number) was _____ (Supply Form DD214). I understand that any information obtained by a confidential background investigation which is developed directly or indirectly, in whole or in part, upon this Authorization and Release will be considered in determining my suitability for employment by the Division of Criminal Justice.

I hereby release, discharge and exonerate the Department of Law and Public Safety, its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection, or collection of such documents, records, and other information or the investigation made by the Department of Law & Public Safety.

A photocopy of this Authorization and Release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the Authorization and Release.

Sworn and Subscribed before me

this _____ day of _____

20____.

 (Signature)

 (Print name and Title)

(Affix Notarial Seal)

 Signature (include maiden name)

Date: _____

Address: _____

 Telephone: _____

Date of Birth: _____

Soc. Sec. No.: _____

Execute before a Notary Public or Attorney at Law in New Jersey.



State of New Jersey

OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CRIMINAL JUSTICE

PO BOX 085
TRENTON, NJ 08625-0085
TELEPHONE: (609) 984-6500

MATTHEW J. PLATKIN
Attorney General

J. STEPHEN FERKETIC
Director

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

AUTHORIZATION & RELEASE

STATE OF _____

COUNTY OF _____

For employment purposes pursuant to the Consumer Credit Reporting Act and the Federal Fair Credit Reporting Act, I _____ (full name) do hereby permit any duly authorized agent or representative of the State of New Jersey, Department of Law & Public Safety, Division of Criminal Justice to contact any duly recognized credit reporting agency and to have the same furnish any document/records/reports pertaining to me to the authorized agent or representative of the State of New Jersey, Department of Law & Public Safety, Division of Criminal Justice.

I understand that should any information be obtained from the credit reporting agency(s) which might result in disqualification of termination, prior to any action being taken, Department of Law & Public Safety, Division of Criminal Justice will provide me with a copy of the credit reporting and the Fair Credit Reporting Act.

I understand that the use of any information obtained from the credit reporting agency will not be used in violation of any applicable federal or state equal opportunity law or regulation.

I hereby release, discharge and exonerate the Department of Law & Public Safety, Division of Criminal Justice, its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishings, inspection or collection of such documents, records, and other information or the investigation made by the Department of Law & Public Safety, Division of Criminal Justice.

A photocopy of this Authorization to Release Information form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this Authorization to Release Information form.

Sworn and Subscribed before me
this _____ day of _____
20____.

(Signature)

(Signature)

Date: _____

Address: _____

(Print Name & Title)
Notary Public, my Commission Expires:

(Affix Notarial Seal)

Telephone: _____

Date of Birth: _____

Soc. Sec. No. _____

