

**STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF GAMING ENFORCEMENT**



**APPLICATION FOR EMPLOYMENT AS
DEPUTY ATTORNEY GENERAL**

DIVISION OF GAMING ENFORCEMENT ATTORNEY APPLICATION FOR EMPLOYMENT

The Division of Gaming Enforcement (Division) is the principal gaming authority in New Jersey, a law enforcement agency and the investigative arm of the casino regulatory system, which has as its mission the enforcement of the Casino Control Act, *N.J.S.A. 5:12-1, et seq.* The Division's multi-disciplinary and specialized workforce consists of attorneys, investigators, accountants, members of the Division of State Police and the Division of Criminal Justice, and support personnel. The Division investigates, issues reports and, when necessary, challenges the qualifications of individual and corporate applicants for casino and casino-related licenses; reviews and audits casino-hotel operations; investigates and prosecutes all casino-related crimes; tests all casino slot machines and casino floor systems and Internet gaming platforms systems prior to use; and performs numerous and varied other regulatory functions.

The Division is universally recognized as one of the premier casino regulatory agencies in the world. Many other jurisdictions look at this State in general, but to the Division in particular, for leadership and guidance in establishing and operating their offices. Indeed, every year a number of casino regulatory agencies, domestic and foreign, interact with the Division in order to emulate our laws, systems and practices.

For more information about the Division of Gaming Enforcement visit www.njdge.org.

ATTORNEY APPLICATION FORM

The completed application form and attached certification should be returned to:

Deputy Executive Director
Division of Gaming Enforcement
140 E. Front Street
P.O. Box 047
Trenton, New Jersey 08625

If you have any questions concerning the completion of the application, its attachments or its utilization in the employment process, please contact the Human Resources office at the above noted address or by telephone at (609) 441-7430.

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, as 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.

APPLICANT INFORMATION

First Name: Middle Initial: Last Name:

Street Address: City:

State: Zip Code: Telephone #:

Business Address: City:

State: Zip Code: Telephone #:

SSN #: **(SEE PRIVACY ACT NOTICE ON PAGE 3)**

Bar Year(s): If not a member of the New Jersey Bar,
give date on which New Jersey bar exam
will be taken:

Admitted to Practice Law:

State:

Date New Jersey bar will be taken:

Position Applying For:

Month / Year:

Do you possess a driver's license that is valid in New Jersey? Yes No

EDUCATIONAL RECORD

Law School:

Address: City:

State: Zip Code:

Start Date: (Month / Year) Date of Graduation: (Month / Year)

Degree:

Class Standing:

Honors:

Activities:

College/University:

Address: City:

State: Zip Code:

Start Date: (Month / Year) Date of Graduation: (Month / Year)

Major: Minor:

Degree:

Class Standing:

Honors:

Activities:

Graduate School:

Address: City:

State: Zip Code:

Start Date: (Month / Year) Date of Graduation: (Month / Year)

Major: Minor:

Degree:

Class Standing:

Honors:

Activities:

EMPLOYMENT RECORD

(Begin with present position and work back)

Name:	
Address:	
Position:	
Supervisor:	
Dates in Position:	
Reason for Leaving:	

Name:	
Address:	
Position:	
Supervisor:	
Dates in Position:	
Reason for Leaving:	

Name:	
Address:	
Position:	
Supervisor:	
Dates in Position:	
Reason for Leaving:	

May we contact all employers / supervisors listed: Yes No

Indicate exceptions:

EMPLOYMENT RECORD

(Begin with present position and work back)

Name:	
Address:	
Position:	
Supervisor:	
Dates in Position:	
Reason for Leaving:	

Name:	
Address:	
Position:	
Supervisor:	
Dates in Position:	
Reason for Leaving:	

Name:	
Address:	
Position:	
Supervisor:	
Dates in Position:	
Reason for Leaving:	

May we contact all employers / supervisors listed: Yes No

Indicate exceptions:

MISCELLANEOUS

1. Have you ever worked or been educated under a different name? Yes No

If "Yes", specify here:

2. Are you engaged in any business or employment which you plan to continue if employed by the State? Yes No

If "Yes", please explain:

3. 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:

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

5. **Explanations** (Use this block for explanations to questions. Attach additional sheets if necessary.)

REFERENCES

Set forth at least three (3) names and addresses including two (2) attorneys and one (1) law school professor, if possible. Please provide complete addresses and telephone numbers, if available.

Name: Telephone #:

Address: City:

State: Zip Code:

Name: Telephone #:

Address: City:

State: Zip Code:

Name: Telephone #:

Address: City:

State: Zip Code:

Professional Affiliations:

Awards:

Publications:

Civic Activities:

CERTIFICATION

NOTE: It is the policy of the Division of Gaming Enforcement that no applicant will be employed by the Division except on the condition that the applicant agrees not to engage in the private practice of law during his or her 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 therein.

Date:

Signature:

Printed:

Please attach any other relevant material which you wish to have considered by this office.

CERTIFICATION

I authorize the Division of Gaming Enforcement to verify any and all information in my application for employment.

Date:

Signature:

Printed:

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. If you do not have a Notary or a New Jersey attorney available, you may bring this Certification to this office and one will be provided without charge.

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:

POSITION(S) APPLIED FOR:

DATE:

DIVISION:

GENDER:

Male Female Non-Binary

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

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.

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 Philippine Islands, Thailand and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

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

Black or African American

White

Asian

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? _____