



NEW JERSEY DEPARTMENT OF TRANSPORTATION Winter Operations Support Team Employment Instructions

Below are instructions to fill out and submit an application for employment for the Winter Operations Support Team.

Important Notes:

1. You **MUST** have a valid email address to submit the application. This supplied email address is used to send you alerts throughout the application submittal process.
2. Application submission confirmation and application status communications will be sent via email. When an email is sent to your email it **MAY** be regarded as **SPAM/JUNK**. If you do **NOT** see the emails (especially app submission success after submittal) in your **INBOX**, please check your email's **SPAM/JUNK** folder and mark email from this sender as safe.

You may also preemptively mark email address below as "Safe" through your email client before submitting application and receiving communications from NJDOT.

EMAIL: njdot.prod@simpligov.com

3. You can **SAVE** the application and complete it later.
Do **NOT** confuse **SAVE** with **SUBMIT**. To Submit an application you **MUST** click the **SUBMIT** button located on the last section of this application – **SUBMIT**.
4. Please have all required attachments ready to attach to the application (driver's license front and back, insurance, declaration page, etc). We prefer these attachments as PDFs.
5. After successfully submitting an application, WOST Coordinators will review it. If the application is accepted, you will receive an email confirmation from a Coordinator of the status of this application.
6. If you are missing information, need to change information, and/or need to attach a required document you will receive an email with instructions and a link back to the application. Please follow the instructions and resubmit the application.
7. If you have any issues please click the User Instruction link below. If you still have issues, questions, or technical issues with this application please email:
SnowVolunteers.North@dot.nj.gov (North Region Wost Coordinator),
SnowVolunteers.Central@dot.nj.gov (Central Region WOST Coordinator),
SnowVolunteers.South@dot.nj.gov (South Region WOST Coordinator), or Sharon Hartmann (Support Services) and we will assist.

BASIC INSTRUCTIONS

1. Complete the entire application. Open [Application for Winter/Facility Ops](#) to see layout.
 - a. The application is a typical web form. See [Navigating the Application](#)
 - b. You will have to sign the application. See [Signing the Application](#)
 - c. You may **SAVE** application to complete later. See [Saving the Application](#)
 - d. Answering questions will reveal fields where more information is required.
2. Click **Submit**.
3. An application is submitted successfully when you receive a successful confirmation page and receive a successful confirmation email.

Navigating the application

This application has sections/tabs across the top. You can navigate these sections by clicking the headings

[Member Information](#) [Application Information](#) [Position Applying For](#) [Personal Information](#) [Work Information](#) [Submit](#)

You can also click NEXT/BACK buttons located at the bottom of each section.

[Save](#) [Back](#) [Next](#)

To see complete application layout: Open [Application for Winter/Facility Ops](#)

Saving the application

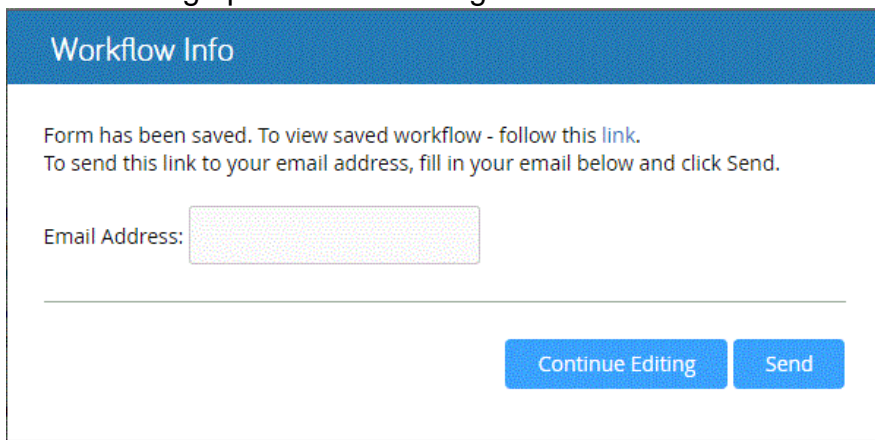
You can save the application to be filled out at a later time if you can't complete it. The SAVE button is located at the bottom of each section.

To Save the Application:

1. Click the SAVE button located at the bottom of each section. (Clicking the SAVE button will SAVE the entire application and any attachments you may have attached)

[Save](#)

2. This will bring up the SAVE dialog box.



Workflow Info

Form has been saved. To view saved workflow - follow this link.
To send this link to your email address, fill in your email below and click Send.

Email Address:

[Continue Editing](#) [Send](#)

3. Provide an email address.
4. Click SEND on the dialog box.
5. This will send an email to the provided email address. The email will contain a link back to the application.


NOTE: The saved application will be available for a period of time. If for some reason the saved application becomes un-available, you will have to create a new application.

NOTE: If you decide not to save the application with dialog box please click **Continue Editing**.

Signing the application

The recommended way to sign the application is to type in a signature.

The signature box is located on the signature tab:

Member Information Application Information Position Applying For Personal Information Work Information **Submit** 

If I receive a positive drug/alcohol result I understand I will be removed from the volunteer program.

I understand that if I am a state employee it is my responsibility to ensure that I am working within the rules, regulations or guidelines that my department or agency has set forth to allow me to also support the NJDOT in this effort. I understand that as a TES employee I must also follow all rules, regulations and guidelines set forth by NJDOT. I understand that I may be summoned to report for duty for the NJDOT during nights, weekends, and/or holidays as needed. I also understand that in the event of an official State of New Jersey emergency closing due to an emergent event, I am expected to fulfill my commitment to the NJDOT Winter Operations Support Team and report for duty when called upon, failure to do so may be considered as a non-response to a snow call. It is mandatory that NJDOT WOST members remain on the job with the maintenance crew in event of an emergency closing, unless he/she is an essential employee in his/her regular work assignment and is required to report for duty. If I am a state employee when working for the NJDOT during an official State Closing, I will receive my normal rate of pay during my normal work hours and will receive the emergency rates listed herein during those hours worked outside of my normal work hours.

I understand that by becoming a Support Team Member I become an integral part of the Department's plan for keeping the roadways of New Jersey safe during emergent events. Therefore, if for any reason I feel I cannot fulfill this obligation, I will contact my NJDOT representative and request that this agreement be voided. I understand that it is my responsibility to submit accurate timesheets for the periods worked for the NJDOT in a timely manner (within two weeks from the pay period closing date in which I worked) so that I may be compensated for the work performed, and submit accurate and timely travel expense vouchers for mileage incurred working as a snow representative and utilizing my personal vehicle.

By signing this Agreement, I acknowledge that by becoming a Winter Operations Support Team Member (WOST) for the New Jersey Department of Transportation ("NJDOT"), I am expected to perform the activity selected on page 3, in exchange for the rate of pay associated with that activity, when called upon for a winter weather or other event. I understand that I will be scheduled to work on one of two twelve hour shifts that run from 1200hrs and 2400hrs. I will also be subject to a recall if the winter weather emergency or other emergency extends over multiple days. I also understand that if I am unable to be contacted to report for duty or otherwise unavailable on three (3) separate occasions unrelated to my regular work duties, I may be removed from the program at the discretion of the NJDOT.

I understand that I cannot work or enter into an agreement to work for 180 days (6 months) after my retirement date. I understand that it is my responsibility to notify my NJDOT representative of my retirement.

Please Sign and Confirm your Application

Type Draw Upload Clear

Save Print Back Submit

To Type a Signature

1. Type in name in the text box below Signature Box.

FirstName LastName Type

2. By typing in the name this will place a signature in the signature box.



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FirstName LastName

FirstName LastN: X | Type Draw Upload Clear

Save Print Back Submit