

STATE OF NEW JERSEY



Application for Employment

The Opportunity to Compete Act, N.J.S.A. 34:6B-11 to 19, went into effect on March 1, 2015. Under this new law, an employer cannot make any inquiry—either verbally or in writing, including in an employment application—about an applicant’s criminal record during the Initial Employment Application Process, unless one of the limited exceptions below applies.

The **Initial Employment Application Process** refers to “the period beginning when an applicant for employment first makes an inquiry to an employer about a prospective employment position or job vacancy or when an employer first makes any inquiry to an applicant for employment about a prospective employment position or job vacancy, and *ending* when an employer has conducted a first interview, whether in person or by any other means, of an applicant for employment.” Employers can make this inquiry **after** the Initial Employment Application Process has concluded (i.e., post-interview).

The Act allows employers to request criminal history information before the first interview in the following limited circumstances:

- If an applicant voluntarily discloses their criminal history during the Initial Employment Application Process.
- Where the applicant is seeking a position in law enforcement, corrections, the judiciary, homeland security or emergency management.
- Where the applicant is seeking a position where a criminal history record background check is required by law, rule or regulation.
- Where the applicant may be legally precluded from holding the position by virtue of their arrest or conviction.
- Where any law, rule or regulation restricts an employer’s ability to engage in specified business activities based on the criminal records of its employees.
- Where the applicant is seeking a position designated by the employer as part of a program designed predominately to encourage the employment of persons who have a criminal record.

*** If application is used before the Initial Employment Application Process, question #11 should not be answered.** Question #11 of the application seeks information on convictions that have not been expunged. Accordingly, unless one of the above exceptions applies, the application shall only be used after the Initial Employment Application Process.

Job applicants are considered for all positions without regard to race, creed, color, national origin, ancestry, age, marital status, civil union status, domestic partnership status, affectional or sexual orientation, genetic information, pregnancy or breastfeeding, sex, gender identity or expression, disability or atypical hereditary cellular or blood trait of any individual, or because of the liability for service in the Armed Forces of the United States or the nationality of any individual, or because of the refusal to submit to a genetic test or make available the results of a genetic test to an employer. The State will not tolerate any form of discrimination or sexual harassment.

The **Americans with Disabilities Act of 1990 as amended** prohibits employers from discriminating against any qualified person on the basis of a disability. The State of New Jersey makes reasonable accommodations during all aspects of the employment process, such as testing and interviews. The State also makes reasonable accommodations in the work environment to enable a person with a disability to perform the essential job functions and to participate equally with co-workers without disabilities. However, the State can only make reasonable accommodations when it is aware of a disability. **It is up to you to inform the prospective employer if you need a reasonable accommodation.** The employer may ask you for documentation to support your request for a reasonable accommodation.

The State of New Jersey is an Equal Opportunity Employer

Name: (Last, First, MI.)

Position Title:

Department:

Division:

APPLICANT -- DO NOT COMPLETE THIS SECTION

Please PRINT or TYPE answers. Feel free to add any information which will help to place you. Please be aware that misrepresentation may be cause for removal.

1. Name (Last, First, MI)		
2. Home Phone Number (Area Code)	3. Cell Phone Number (Area Code)	4. Work Phone Number (Area Code)
5a. Address: Number, Street, Apartment Number, etc. City: _____ County: _____ State: _____ Zip Code: _____		5b. If entry in 5a is your mailing address only, enter name of street, township, city or borough in which you live.
6. Email:		7. Position applying for (or type of work you are interested in)

Proof of Age, Education, Military Status, and Citizenship may be required upon employment offer

8. In what state regions are you willing to work? "X" all that apply: NORTHERN CENTRAL SOUTHERN

9. Indicate preferred work schedule:
 Full-Time Part-Time Temporary Days Evenings Late Nights Any Shift Rotating Shift

10. Are you 18 years old or older? (if under 18, you will be required to submit working papers if offered employment.) Yes No

11a. Do you possess a driver's license that is valid in New Jersey? Yes No
 11b. Do you possess a Commercial Driver License? Yes No
 (Answer these questions only if it is a requirement as indicated on the job announcement or job specification)

12. Are you either a U.S. citizen or an alien authorized to work in the U.S.? Yes No

***Review instructions on cover before answering this question.**

13. Have you ever been convicted of a crime or other offense which has not been expunged by the Court, either in New Jersey or in any other jurisdiction? (A conviction will not necessarily preclude you from employment.)
 Yes (if yes, give details in Block Number 16) No

14. Are you a Veteran? Yes No
 If yes, have you established Civil Service Veteran's Preference with the NJ Civil Service Commission between April 1, 1980 and March 1, 2001 or with the NJ Department of Military and Veteran after March 1, 2001? Yes No

15. Are you now or have you ever been a member of any Public Employee's Retirement System? Yes No
 (if yes, indicate system name and membership number in Block Number 18)

16. Have you ever worked or been educated under a different name? Yes (if yes, specify here: _____) No

17. Are you currently on a special or regular reemployment list, or any list resulting from an examination administered by the New Jersey Civil Service Commission? Yes No *If yes, indicate Titles and Symbols here: _____

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

19. EDUCATION/SKILL HISTORY: Please list all vocational, technical, correspondence schools, colleges and universities you have attended. Upon employment be prepared to provide supporting documentation of schools attended. **Attach additional sheets** if necessary.

● Check the number indicating the highest grade of school you have completed:
 1 2 3 4 5 6 7 8 HIGH SCHOOL ▶ 9 10 11 12 GED ▶ COLLEGE ▶ 1 2 3 4 Graduate ▶ 1 2 3 4 5 6

Name and Address of School	Did you Graduate?	Credit Hours Earned	Major Subject	Number of Credits in Major	Degree Received
High School last attended:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
College or University:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate School:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other Formal Training (include Military):	<input type="checkbox"/> Yes <input type="checkbox"/> No				

20. FOREIGN LANGUAGE ABILITIES: (Answer is Optional) If there are any foreign languages, including sign languages, in which you are proficient enough to communicate on a job, and are willing to use on the job (now and in the future), please list them here.



21. CLERICAL SKILLS:

Office machines operated, computer systems/software used, and/or special skills

(a) Typing? Yes No WPM: _____

(b) Stenography? Yes No WPM: _____

22. List all employment starting with present or last position and work back, including military experience.

▶ **PLEASE PRINT OR TYPE, USE ADDITIONAL SHEETS IF NECESSARY.**

From:	To:	Position Title:	Supervisor's Name:
Month: Year:	Month: Year:	Give number of staff supervised if any:	Telephone Number:

Employer's Name and Complete Address:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time List number of hours per week: _____ Reason for Leaving:
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Description of Duties:

From:	To:	Position Title:	Supervisor's Name:
Month: Year:	Month: Year:	Give number of staff supervised if any:	Telephone Number:

Employer's Name and Complete Address:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time List number of hours per week: _____ Reason for Leaving:
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Description of Duties:

From:	To:	Position Title:	Supervisor's Name:
Month: Year:	Month: Year:	Give number of staff supervised if any:	Telephone Number:

Employer's Name and Complete Address:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time List number of hours per week: _____ Reason for Leaving:
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Description of Duties:

● May we contact all employer/supervisors listed? <input type="checkbox"/> Yes <input type="checkbox"/> No (Indicate exceptions):	21. Attach additional sheets to describe any internships, licenses, certifications or registrations related to the position for which you are applying. Give name of the State in which license, certification or registration is held or dates and location of internship. If specific license or certification is required for your position, you will be required to present the appropriate credential(s) prior to employment, and you will be responsible to renew the credential(s) and advise the personnel office if the credential(s) expires or is revoked.
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GENERAL INFORMATION (Please print or type. Use additional sheets if necessary.)

23. Are you engaged in any business activity or employment which you plan to continue if employed by the State?
If yes, your outside employment will be subject to further review regarding conflicts of interest.

No Yes

If yes, explain:

24. Please add any additional information which will help in placing you where you are best qualified. Include such items as: honors, hobbies, publications, volunteer work, public speaking and writing experience, membership in professional or scientific societies.

25. List three people unrelated to you whom we may contact for information concerning your qualifications.

Name:	Name:	Name:
Address:	Address:	Address:
Phone Number:	Phone Number:	Phone Number:
Occupation:	Occupation:	Occupation:

● Please indicate a telephone number where and at what time you may be contacted for an interview:

I **understand** that if I plan to engage in other business or employment while working for the State in any of its Departments or Agencies, prior approval will be necessary before accepting employment since there may be restrictions in accordance with the New Jersey Conflicts of Interest Law and/or the State, Department or Agency Code of Ethics.

I **authorize** my former employers to release any information they may have concerning my employment record and I release the State of New Jersey and all previous employers listed above from all liability whatsoever that may issue from securing this information.
I further authorize representatives of this agency to verify any and all information contained in this application, including education, and to review any and all criminal history, military and disciplinary records of any source.

I **CERTIFY** that the information on this application is complete and accurate, to the best of my knowledge. I understand that any misleading or incorrect information may render this application void and be just cause for immediate termination if employed.

Signature: _____ Date: _____

STOP: Please Return Completed Application to the Personnel Office

THIS SECTION FOR PERSONNEL OFFICE USE ONLY

AFFIRMATIVE ACTION INFORMATION FORM

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 evaluate 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. To assist the State of New Jersey in its commitment to building a more diverse workforce, applicants are asked to voluntarily provide the information below. Affirmative Action Officers, personnel designated as diversity officers, personnel analyzing human resources data, or other personnel involved in the State's work as an Equal Opportunity Employer may access this data to further the State's commitment to building a more diverse workforce. 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. Pursuant to *N.J.S.A. 10:5-1 et seq.*, 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, ancestry, age, marital status, civil union status, domestic partnership status, affectional or sexual orientation, genetic information, pregnancy or breastfeeding, sex, gender identity or expression, disability or atypical hereditary cellular or blood trait of any individual, or because of the liability for service in the Armed Forces of the United States or the nationality of any individual, or because of the refusal to submit to a genetic test or make available the results of a genetic test to an employer.

APPLICANT NAME: (Last, First, M)

APPLICANT ADDRESS:

POSITION(S) APPLIED FOR:

DATE:

DIVISION:

Veteran Status (Voluntary): Please fill out form NJDMAVA: 05A-1 https://www.nj.gov/csc/about/publications/forms/pdf/njdmava_form_05A-1.pdf.
Disability Status/Caretaker for an Individual with Disabilities (Voluntary): Please fill out form DPF-421 <https://www.nj.gov/csc/about/publications/forms/pdf/DPF421.pdf> and form DPF-725 <https://www.nj.gov/csc/about/publications/forms/pdf/dpf-725.pdf> if you would like special accommodations for examination.

Sex Assigned at Birth (Voluntary):

Male Female Intersex

Other:

Gender Identity (Voluntary):

Choose all that apply:

Male Female Non-Binary Transgender

A. Ethnicity (Voluntary):

(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 (Voluntary):

(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.

PLEASE SELECT ONE BELOW:

- Having origins in the original people of Alaska
- Having origins in any of the original peoples of North and South America (including Central America) and 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.

PLEASE SELECT ONE BELOW:

- Having origins in any of the original peoples of the Far East
- Having origins in any of the original peoples of the Southeast Asia
- Having origins in any of the original peoples of the Indian subcontinent

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.

PLEASE SELECT ONE BELOW:

- Having origins in any of the original peoples of Hawaii
- Having origins in any of the original peoples of 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.

PLEASE SELECT ONE BELOW:

- Having origins in Europe
- Having origins in the Middle East
- Having origins in North Africa

Other

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 (Voluntary): (If applicable, select the two or more races with which you identify)

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> 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?