

18. 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 or in the future), please list them here.

19. CLERICAL SKILLS(a) TYPING YES NO WPM→(b) STENOGRAPHY YES NO WPM→

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

20. 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	Salary or Wage
Mo.	Mo.			Starting:
Yr.	Yr.	Give number of staff supervised, if any:	Telephone Number:	Ending:

EMPLOYER'S NAME AND COMPLETE ADDRESS

 FULL TIME PART TIME

List number of hours per week: →

REASON FOR LEAVING

Description of Duties:

From	To	POSITION TITLE	SUPERVISOR'S NAME	Salary or Wage
Mo.	Mo.			Starting:
Yr.	Yr.	Give number of staff supervised, if any:	Telephone Number:	Ending:

EMPLOYER'S NAME AND COMPLETE ADDRESS

 FULL TIME PART TIME

List number of hours per week: →

REASON FOR LEAVING

Description of Duties:

From	To	POSITION TITLE	SUPERVISOR'S NAME	Salary or Wage
Mo.	Mo.			Starting:
Yr.	Yr.	Give number of staff supervised, if any:	Telephone Number:	Ending:

EMPLOYER'S NAME AND COMPLETE ADDRESS

 FULL TIME PART TIME

List number of hours per week: →

REASON FOR LEAVING

Description of Duties:

May we contact all employers/supervisors? Yes No (Indicate exceptions):

21. Use this space (attach additional sheets if necessary) to describe any **internships, licenses, certifications or registrations** related to the position for which you are applying. Give name of 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.

GENERAL INFORMATION (Please print or type. Use additional sheets if necessary.)

22. 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:*

23. 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.

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

<i>Name:</i>	<i>Name:</i>	<i>Name:</i>
<i>Address:</i>	<i>Address:</i>	<i>Address:</i>
<i>Phone:</i>	<i>Phone:</i>	<i>Phone:</i>
<i>Occupation:</i>	<i>Occupation:</i>	<i>Occupation:</i>

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 records 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:* _____

THIS SECTION FOR PERSONNEL OFFICE USE ONLY

Supplemental Information Sheet (optional)

Use this space to add additional information such as volunteer work
that you did not report in other parts of this application.

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: <input type="checkbox"/> Male <input type="checkbox"/> Female
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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**

B. Race: (Please Select One)

<input type="checkbox"/> 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. <input type="checkbox"/> 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.	<input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
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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)

<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? _____