STATE OF NEW JERSEY

Application for Employment

Job applicants are considered for all positions without regard to race, creed, color, national origin, sex, affectional or sexual orientation, age, religion, marital, or veterans status, or disability. The State will not tolerate any form of discrimination or sexual harassment.

The Americans with Disabilities Act of 1990 prohibits employers from discriminating against any qualified person on the basis of 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 coworkers without disabilities. However, the State can only make reasonable accommodations when it is aware of a disability. **It is up to you to inform us if you need a reasonable accommodation**. You may be required to submit documentation to support your request. Please contact us at 609-530-2183 if you require a reasonable accommodation in the application or interview process

The State of New Jersey is an Equal Opportunity Employer

For instructions to assist applicants in filling out application
CLICK HERE

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. Last Name	First Name	MI	2. Home Phone # *(Area Code)*	3. Work Phone # *(Area Code)*

4a. ADDRESS:
Number, Street, Apt. #, etc. ▶

City ▶ *County* ▶

State ▶ *Zip Code* ▶

4b. If entry in 4a is your mailing address only, enter name of street, township, city, or borough in which you live.

5. Position applying for (**list posting # and title here** *or type of work you are interested in)*

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

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

7. Indicate preferred work schedule:

☐ **Full-Time** ☐ **Part-Time** ☐ **Temporary** ☐ **Days** ☐ **Evenings** ☐ **Late Nights** ☐ **Any Shift** ☐ **Rotating Shift**

8. Are you 18 years old or older? *(If under 18, you will be required to submit working papers if offered employment.)* ☐ **YES** ☐ **NO**

9a. Do you possess a driver's license that is valid in New Jersey? ☐ **YES** ☐ **NO** 9b. 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) **Class** **Endorsements**

10. Are you either a U.S. citizen or an alien authorized to work in the U.S.? ☐ **YES** ☐ **NO**

11. Question not applicable as of March 1, 2015.

12. 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 NJ Department of Military & Veterans after March 1, 2001? ☐ **YES** ☐ **NO**

13. 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 16)

14. Have you ever worked or been educated under a different name? ☐ **YES** *(If yes, specify here:* _ _ _ _ _ _ _ _ _ _ _ _ ☐ **NO**

15. 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:* _

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

17. 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 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 ☐

Name and Address of School	Did you Graduate?	Credit Hrs. Earned	Major Subject	# of Credits in Major	Degree Received
High School last attended	☐ **YES** ☐ **NO**				
College or University	☐ **YES** ☐ **NO**				
Graduate School	☐ **YES** ☐ **NO**				
Other Formal Training (include Military)	☐ **YES** ☐ **NO**				

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 and 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.:..... *Yr.:*.....	*Mo.:*..... *Yr.:*.....	*Give number of staff supervised if any:*	*Telephone Number:*.....	*Starting:*..... *Ending:*.....

EMPLOYER'S NAME AND COMPLETE ADDRESS

☐ **FULL TIME**
☐ **PART TIME** *List number of hrs. per week:*.....

REASON FOR LEAVING

DESCRIPTION OF DUTIES

From	To	POSITION TITLE	SUPERVISOR'S NAME	SALARY OR WAGE
Mo.:..... *Yr.:*.....	*Mo.:*..... *Yr.:*.....	*Give number of staff supervised if any:*	*Telephone Number:*.....	*Starting:*..... *Ending:*.....

EMPLOYER'S NAME AND COMPLETE ADDRESS

☐ **FULL TIME**
☐ **PART TIME** *List number of hrs. per week:*.....

REASON FOR LEAVING

DESCRIPTION OF DUTIES

From	To	POSITION TITLE	SUPERVISOR'S NAME	SALARY OR WAGE
Mo.:..... *Yr.:*.....	*Mo.:*..... *Yr.:*.....	*Give number of staff supervised if any:*	*Telephone Number:*.....	*Starting:*..... *Ending:*.....

EMPLOYER'S NAME AND COMPLETE ADDRESS

☐ **FULL TIME**
☐ **PART TIME** *List number of hrs. per week:*.....

REASON FOR LEAVING

DESCRIPTION OF DUTIES

May we contact all employer/supervisors listed? ☐ **YES** ☐ **NO** *(Indicate exceptions):*

21. Attach (**ATTACH Button Page 4**) additional sheets 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.

Name: _____	*Name:* _____	*Name:* _____
Address: _____	*Address:* _____	*Address:* _____
_____	_____	_____
Phone #: _____	*Phone #:* _____	*Phone #:* _____
Occupation: _____	*Occupation:* _____	*Occupation:* _____

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

If you have any supporting documents to attach to this application (i.e. copy of transcripts, resume) click the attach files button below.

THIS ATTACH METHOD IS NO LONGER IN USE. MUST ATTACH ALL SUPPORTING DOCUMENTS ALONG WITH THIS APPLICATION VIA EMAIL.

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:* _____ *Email:* _____

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:

Please enter position on Page 2, Question # 5

DATE:	DIVISION:	GENDER:
		☐ Male ☐ Female

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
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

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? _____

SAVE AND SUBMIT APPLICATION VIA EMAIL

1. Verify you filled out all the fields of the application to the best of your knowledge. **YOU MUST** fill out these application fields listed below so HR can verify and contact you:

a. Item #1 (Last Name, First Name, MI)
b. Item #2 (Home Phone #)
c. Item #4a. (Address)
d. Item #5 (Position applying for (list posting # and title here or type of work your are interested in.))
e. Signature
f. Date Signed
g. Email

2. SAVE Application. DO NOT PRINT OR FLATTEN PDF APPLICATION. FILLABLE VERSION MUST BE SENT.

3. Send Application and any required/applicable supporting documents (i.e. resume, unofficial transcript) via email.

4. Send Email:

Send Email To: NJDOTJOBS.NJDOTJOBS@dot.nj.gov
Subject: HR Application for Employment - *<your last name>*, *<your first name>* *<mi>* (*<job posting number(s)/type of work>*)
Ex. *HR Application for Employment - Smith, Mike (16-00085)*
Attachment(s): This application and any other supporting documents (resume, transcripts, etc.)

NJDOT WILL NOT ACCEPT PAPER APPLICATIONS. ALL APPLICATIONS MUST BE SUBMITTED VIA EMAIL