APPLICATION FOR EXEMPTION FROM THE PROVISIONS OF N.J.S.A. 52:14-7a OF THE NEW JERSEY FIRST ACT

Employee Residency Review Committee	)	OFFICIAL USE ONLY:
Dept. Labor & Workforce Development	)	
PO Box 110, Trenton, NJ 08625-0110	)	
E-mail: NJFirst@dol.nj.gov Fax: (609) 292-2359	)	

*Instructions: Complete this form and answer all questions. Please type or print legibly. Mail, fax, or e-mail all documents to the address/number listed above. Upon receiving your application, the Employee Residency Review Committee will send a letter to you, which details the hearing process moving forward. This form, and all supporting documentation, **MUST** be submitted prior to your scheduled hearing. The Committee will **NOT** accept any additional documentation on the day of your hearing.*

APPLICANT INFORMATION

Last Name: First Name: M.I.:

_____

Current Address: Floor/Apt. No.:

_____

City: State: Zip Code:

_____

Daytime Telephone No.:   Alternate Telephone No:

_____

Email:

EMPLOYER OR PROSPECTIVE EMPLOYER INFORMATION

Employer Name: (e.g., ''City of Camden'' or ''Atco School District'')   What was/will be your first date of work?

_____

Employer Mailing Address:

_____

Name and Title of Human Resources Director or Head of Agency:

_____

Telephone No.:   Fax No.:   E-mail:

_____

APPLICATION DETAILS

Exemptions from the residency requirement must be based on ''critical need or hardship.'' Please include with your completed application form an explanation of your employer's critical need or the hardship you will suffer if not granted the residency requirement exemption. You must support any facts asserted in your application with sufficient documentation, or the Committee may deny your application based on insufficient information.

If your request for an exemption is based upon your employer's critical need, we recommend that you include a letter from your employer explaining the critical need to support your application.

 Will you be appearing in-person to make a statement in support of your written application? YES____   NO____

Have you ever filed for an exemption in the past? YES____ NO____ If so, please list either the date or the application number
_____.

By my signature below, I hereby certify under penalty of perjury that the foregoing statements and any information provided in support of this application are true and correct to the best of my knowledge and belief.

X_____

        Applicant's Signature   **Date**