



STATE OF NEW JERSEY

NEW JERSEY STATE PAROLE BOARD

SELECT:

- ☐ APPLICATION FOR CERTIFICATE SUSPENDING CERTAIN
EMPLOYMENT, OCCUPATIONAL DISABILITIES OR FORFEITURES
- ☐ APPLICATION FOR CERTIFICATE OF GOOD CONDUCT

ELIGIBILITY CRITERIA:

In order to apply, you must meet the eligibility requirements for the respective certificate.

To be eligible, you must be either currently on parole supervision or previously on parole supervision or any mandatory supervision by the Parole Board.

You can obtain a full explanation of the purpose and the eligibility requirements for each type of certificate on the State Parole Board's public website at www.state.nj.us/parole.

INSTRUCTIONS:

All questions must be answered in full. Please type or print legibly in ink. You may attach additional pages to provide the information required and number your answer accordingly. Send the completed application to:

**New Jersey State Parole Board
P.O. Box 862
Trenton, NJ 08625-0862**

NOTE: It is necessary that you support this application with documentation (i.e.: copies of high school diploma, college transcript, marriage license, proof of employment, proof of citizenship, if applicable, etc.).

Applicant Name: _____

Address: _____

Telephone #: _____ SBI #: _____

Date of Birth: _____ Social Security No.: _____

Place of Birth: _____ Country: _____

Driver's License No. (State): _____ Suspended: ☐ Yes ☐ No

Please attach a copy of your social security card and driver's license.

If you are represented by an attorney or other party, please indicate to whom all communications relating to this application should be addressed.

Attorney Name: _____

Address: _____

Telephone #: _____

1. Provide the following information regarding the license/certification (or public employment, if applicable) you are seeking:

a. Name of the license/certification: _____

b. Name of licensing/certification agency: _____

c. Public employment position you are seeking (if applicable): _____

d. Citation of the State Statute or Administrative Code regulation for the license/certification: _____

[Provide a copy of the Statute or Administrative Code regulation]

e. Does the Statute/regulation indicate that you are barred due to your criminal conviction? ☐ Yes ☐ No

f. Does the Statute indicate that a Certificate Suspending Certain Employment, Occupational Disabilities or Forfeitures or Certificate of Good Conduct is required? ☐ Yes ☐ No Other _____

g. Do you meet all of the licensing/certification or employment requirements? ☐ Yes ☐ No If no, explain _____

2. Have you applied for the license/certification (or public employment, if applicable)?

☐ Yes ☐ No

If yes, what was the outcome? _____

Were you denied? _____

Please attach the licensing/certification agency denial letter.

3. In order to be eligible for a Certificate, you must be either currently on parole supervision or have been in the past.

Date of Parole: _____

District Office # (or location): _____

Maximum Expiration Date (end of supervision): _____

4. Were you born in the United States? ☐ Yes ☐ No

If no, please complete the following:

When did you first arrive in the United States? _____

Port of Entry: _____

What name did you utilize when you entered the United States? _____

Are you a naturalized citizen of the United States?

☐ Yes Date of Naturalization _____

☐ No Provide alien registration number _____

Are you presently under an order for deportation or are deportation proceedings pending?

☐ Yes ☐ No If yes, please attach court order for deportation.

Are you in custody under an immigration detainer?

☐ Yes ☐ No

CRIMINAL RECORD:

5. List all offenses for which you entered a guilty plea and/or have been convicted as an adult offender, or adjudicated delinquent as a juvenile offender. You must include the specific offense type and degree of the offense for which you were convicted or adjudicated delinquent (ex.: Robbery, second degree; or Possession of CDS, third degree). Attach additional pages if necessary:

| Date of Sentence | Sentencing Court County/ Municipality | Offense(s)/Degree | Incarceration Term | Probation Term | Fine Amount |
|-------------------------|--|--------------------------|---------------------------|-----------------------|--------------------|
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Include any out-of-state convictions on a separate page.

If possible, attach sentencing documents (i.e. Judgment of Conviction, Pre-sentence Investigation Report or Arrest Report).

6. List each term of community supervision - Parole and/or Probation:

| Agency | Date Supervision Began | Date of Discharge | Supervision Violated: Yes/No |
|---------------|-----------------------------------|------------------------------|---|
| | | | |
| | | | |
| | | | |

If possible, attach any probation and/or parole discharge summary or Violation of Probation summary.

7. Did you successfully complete your N.J. parole term without any violation of parole or sanction? ☐ Yes ☐ No

If you answered no, explain how you violated parole and the Final Revocation Decision made by the Board Panel: _____

8. Do you have any outstanding fines or restitution? ☐ Yes ☐ No

If yes, explain: _____

SUBSTANCE ABUSE HISTORY

9. Was the use of alcohol or drug(s) involved in the commission of any offense(s) noted in your criminal history? ☐ Yes ☐ No

If yes, please explain the type of alcohol or drug(s) used:

10. Have you ever received treatment for alcohol use and/or drug addiction? ☐ Yes ☐ No

If yes, please complete the following, detailing each occasion for treatment:

Name of treatment facility: _____

Location: _____

Date treatment began: _____ Date discharged: _____

Reason for discharge:

11. Did you successfully complete the treatment plan? ☐ Yes ☐ No

If no, please explain:

12. Are you presently participating in or did you continue to participate in outpatient alcohol or drug counseling since your release from parole supervision? ☐ Yes ☐ No

If yes, please explain (type, location, frequency and reason for outpatient counseling).

FAMILY BACKGROUND

13. Status (circle one):
Single Married Divorced Widowed Civil Union/Partnership

14. Date Married: _____ Date of Divorce: _____

Date of Civil Union/Partnership: _____ Date of Dissolution: _____

15. Spouse/Partner Name: _____ Spouse/Partner Occupation: _____

Spouse/Partner Place of Employment: _____

16. Do you have any children? ☐ Yes ☐ No If yes, how many? _____

Please provide the following information about your child(ren) and any others who are dependent upon you for support:

| Name | Date of Birth | Address |
|-------|---------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

EDUCATION/TRAINING

17. Please indicate the educational institution(s) you attended.

| Name of School | Year of Graduation | Diploma/Degree/Certificate |
|-----------------------|---------------------------|-----------------------------------|
| | | |
| | | |
| | | |

18. List any training program(s)/certificate(s): _____

19. List any award(s), achievement(s) or other accomplishments(s) of which you are especially proud since your release from custody:

EMPLOYMENT

20. List each job (starting with current) that you have held following your release from custody and provide the requested information for each employment, along with proof of employment (wage statement):

EMPLOYER: _____

Dates of employment: from _____ to _____

Position or job title: _____

Nature of work: _____

Salary or hourly wage: _____

Reason for leaving: _____

EMPLOYER: _____

Dates of employment: from _____ to _____

Position or job title: _____

Nature of work: _____

Salary or hourly wage: _____

Reason for leaving: _____

EMPLOYER: _____

Dates of employment: from _____ to _____

Position or job title: _____

Nature of work: _____

Salary or hourly wage: _____

Reason for leaving: _____

[\(Please use a separate page for additional employers.\)](#)

21. If you are not currently employed, are you collecting unemployment? ☐ Yes ☐ No

Amount of benefits received: _____ Start date: _____ End date: _____

22. Are you collecting disability benefits? ☐ Yes ☐ No

23. If you are not collecting any monetary benefits, how are you being supported? _____

FINANCIAL STATUS/RESOURCES

24. What is your annual household income? _____
(Attach your last two income tax returns).

25. Do you own a home? _____

26. Do you own a rental property(ies)? _____

List properties _____

27. Do you own a business? _____
List business and start date. Attach business income tax return.

LAW ENFORCEMENT CONTACTS

28. Have you been arrested while on parole supervision or since your release from parole supervision? **If so, list the date of arrest, the specific offense while on parole supervision, and the arresting agency or Police Department:**

29. List all final Court disposition(s) pertaining to any arrest noted in item #29:

| Date of Sentence | Location of Court | Sentence, Fine, etc. |
|------------------|-------------------|----------------------|
|------------------|-------------------|----------------------|

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30. Do you currently have pending charges or active bench warrants? ☐ Yes ☐ No

If yes, list the date of arrest, specific offense, and arresting agency or Police Department:

31. Have you been the subject of any action under the Prevention of Domestic Violence Act, N.J.S.A. 2C:25-17 et seq or the provisions of a similar Federal or State statute or had a restraining order entered/filed against you while on parole supervision or since your release from parole supervision?

☐ Yes ☐ No

If yes, please explain in detail including date of offense and disposition:

32. Were you ever convicted or found guilty of Driving Under the Influence of Alcohol or Drug(s)? ☐ Yes ☐ No

If yes, please explain in detail including date of offense and disposition:

33. Have you ever had your driving license privileges revoked or suspended?

☐ Yes ☐ No

If yes, please explain in detail including date of offense and disposition:

34. Have you received any Motor Vehicle summons or traffic tickets since your release on parole or termination of parole supervision? ☐ Yes ☐ No

If yes, please explain in detail including date of offense and disposition:

MILITARY SERVICE, RELIGIOUS, SOCIAL OR FRATERNAL ORGANIZATIONS

35. List names and addresses of any social clubs, unions, fraternal groups, or other community organizations in which you have participated since your release from custody:

36. Have you ever served in the United States Armed Forces? ☐ Yes ☐ No

If yes, please specify branch: _____

Date and place of entry: _____

Serial, service, or identification number: _____

Highest rank: _____

Discharge: ☐ Honorable ☐ Dishonorable ☐ General

☐ Bad Conduct ☐ Other (explain)

Date of discharge: _____

Please attach documentation of your military service/discharge.

Do you have a disability that is recognized by the Veteran's Administration?

☐ Yes ☐ No

If yes, describe the nature of your disability and indicate the amount of financial benefits you receive per month: _____

CONCLUSION

You may include additional pages for any answers to any of the questions in this application. You may also attach documents you believe support your request for a Certificate Suspending Certain Employment, Occupational Disabilities or Forfeitures or a Certificate of Good Conduct.

NOTE: This matter is subject to a complete investigation. You shall also be required to provide any additional information or document(s) deemed necessary by the State Parole Board in consideration of your request for a Certificate Suspending Certain Employment, Occupational Disabilities or Forfeitures or a Certificate of Good Conduct.

Please attach testimonial letters from at least two (2) individuals/people who have knowledge of your community adjustment while on parole supervision or since your release on parole and, if possible, who are aware of your commitment offense(s). Or attach a statement explaining why you cannot furnish such testimonial letters on your behalf.

Applicant's Signature: _____

Sworn and subscribed to before me this

_____ Day of _____ 20____

at _____

in the County of _____

State of _____

(Notary Public or other authorized to administer oaths)

**AUTHORIZATION TO RELEASE INFORMATION
TO THE NEW JERSEY STATE PAROLE BOARD**

To Whom It May Concern:

I, _____ hereby authorize any law
(Print Full Name)
enforcement agency, insurance company, current or former employer(s), State and Federal income tax agency, educational institution, or any other agency to furnish the New Jersey State Parole Board with any requested information and/or document(s) pertaining to myself, for the purpose of completing a confidential community investigation, which is required for processing my application for a Certificate Suspending Certain Employment, Occupational Disabilities or Forfeitures and/or Certificate of Good Conduct, whichever is applicable.

I authorize investigators of the State Parole Board to verify any and all information contained in my application for Certificate Suspending Certain Employment, Occupational Disabilities or Forfeitures and/or Certificate of Good Conduct including my education and to review any and all criminal history, military and disciplinary records of any source.

I release the State of New Jersey, the State Parole Board and all previous employers listed in the application for Certificate Suspending Certain Employment, Occupational Disabilities or Forfeitures and/or Certificate of Good Conduct from all liability whatsoever that may issue from securing this information.

Signature

Social Security Number

Date

Sworn and subscribed before me this _____ day of _____, 20____.
Notary Public

c: File