

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

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? (If yes, indicate system name and membership number in Block Number 16)     YES     NO

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
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Name and Address of School	Did you Graduate?	Credit Hrs. Earned	Major Subject	# 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				

**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 Mo.: Yr.:	To Mo.: Yr.:	POSITION TITLE  <i>Give number of staff supervised if any:</i>	SUPERVISOR'S NAME  <i>Telephone Number:</i>
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EMPLOYER'S NAME AND COMPLETE ADDRESS	<input type="checkbox"/> FULL TIME
	<input type="checkbox"/> PART TIME <i>List number of hrs. per week:.....</i>
REASON FOR LEAVING	

DESCRIPTION OF DUTIES

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From Mo.: Yr.:	To Mo.: Yr.:	POSITION TITLE  <i>Give number of staff supervised if any:</i>	SUPERVISOR'S NAME  <i>Telephone Number:</i>
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EMPLOYER'S NAME AND COMPLETE ADDRESS	<input type="checkbox"/> FULL TIME
	<input type="checkbox"/> PART TIME <i>List number of hrs. per week:.....</i>
REASON FOR LEAVING	

DESCRIPTION OF DUTIES

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From Mo.: Yr.:	To Mo.: Yr.:	POSITION TITLE  <i>Give number of staff supervised if any:</i>	SUPERVISOR'S NAME  <i>Telephone Number:</i>
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EMPLOYER'S NAME AND COMPLETE ADDRESS	<input type="checkbox"/> FULL TIME
	<input type="checkbox"/> PART TIME <i>List number of hrs. per week:.....</i>
REASON FOR LEAVING	

DESCRIPTION OF DUTIES

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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: \_\_\_\_\_

# 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:

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

Black or African American

White

Asian

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? \_\_\_\_\_

# 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:** DOT.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**

