



STATE OF NEW JERSEY

In the Matter of Leslie Gonzalez,  
Family Service Specialist 1, Bilingual  
in Spanish and English (PS8309K),  
Department of Children and Families

FINAL ADMINISTRATIVE ACTION  
OF THE  
CIVIL SERVICE COMMISSION

CSC Docket No. 2022-2887

Examination Appeal

ISSUED: JUNE 14, 2022 (SLK)

Leslie Gonzalez requests to file a late application for the promotional examination for Family Service Specialist 1, Bilingual in Spanish and English (PS8309K), Department of Children and Families (DCF).

The examination at issue was announced with requirements that had to be met as of the April 21, 2022, closing date. Agency records indicate that 226 employees applied for the subject examination; however, the determination as to whether the applicants have met the requirements to be admitted to the test has not yet been made. Further, the test has yet to be scheduled. Therefore, the list has not yet promulgated.

On appeal, the petitioner explains that on April 20, 2022, she was able to log into the Online Application System (OAS) with her user ID and obtain all of her employee identification information. However, when she attempted to file her application for the subject examination, she received a message indicating that her user ID did not match the information on file. The petitioner indicates that she emailed OAS support requesting her information and she received an auto-generated response confirming her user ID with a new password. However, she presents that she was still unable to file her application. Subsequently, the petitioner emailed OAS support again and she received a response on April 21, 2022, advising that her social security number was linked to a different user ID. However, she was unable to complete the application by the deadline. Thereafter, the petitioner emailed OAS

support which informed her regarding the email it had on file and she responded that her DCF email that was used to create her profile was no longer in use and she updated her email address with her current DCF email.

### CONCLUSION

*N.J.A.C.* 4A:4-2.1(e) provides that applications must be filed no later than the announced filing deadline. *N.J.A.C.* 4A:1-1.2(c) states that the Civil Service Commission (Commission) may relax a rule for good cause in order to effectuate the purposes of Title 11A, New Jersey Statutes.

In this matter, the petitioner explains that she attempted to file her application prior to the closing date deadline. However, because her DCF email address that was used to create her OAS profile was no longer in use, she was unable to complete the application. Further, she had emailed OAS support multiple times prior to the closing date deadline; however, the issue was unable to be resolved until after the deadline. The Commission notes that the dual purpose of the Civil Service system is to ensure efficient public service for State and local governments and to provide appointment and advancement opportunities to Civil Service employees based on their merit and abilities. These interests are best served when more, rather than fewer, individuals are presented with employment opportunities. *See Communications Workers of America v. New Jersey Department of Personnel*, 154 *N.J.* 121 (1998). Therefore, the Commission finds that there is good cause to relax *N.J.A.C.* 4A:4-2.1(e) and to allow the petitioner to submit her application and application fee after the closing deadline.

### ORDER

Therefore, it is ordered that this request be granted, and the petitioner be permitted to submit an application for Family Service Specialist 1, Bilingual in Spanish and English (PS8309K), Department of Children and Families. It is further ordered that the petitioner submit a promotional examination application and the \$25.00 application processing fee to the Division of Agency Services. The application and processing fee must be postmarked no later than 15 days from the issuance date of this decision. Upon receipt of the application and processing fee, it is ordered that her application be processed. If the petitioner's application and the required payment are not postmarked on or before the 15<sup>th</sup> day after the issuance date of this decision, she will not be entitled to have her application reviewed.

This is the final administrative determination in this matter. Any further review should be pursued in a judicial forum.

DECISION RENDERED BY THE  
CIVIL SERVICE COMMISSION ON  
THE 15<sup>TH</sup> DAY OF JUNE 2022

*Deirdre L. Webster Cobb*

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Deirdré L. Webster Cobb  
Chairperson  
Civil Service Commission

Inquiries  
and  
Correspondence

Allison Chris Myers  
Director  
Division of Appeals and Regulatory Affairs  
Civil Service Commission  
Written Record Appeals Unit  
P.O. Box 312  
Trenton, New Jersey 08625-0312

Attachment

c: Leslie Gonzalez  
Linda Dobron  
Division of Agency Services  
Records Center

Staple Payment Here

# APPLICATION FOR PROMOTIONAL EXAMINATION

NEW JERSEY CIVIL SERVICE COMMISSION — STATE SERVICE

**\$ 25.00 FEE REQUIRED**  
Make Check/Money Order Payable to NJCSC  
**FOR COMMISSION USE ONLY**

**INSTRUCTIONS:** Please print or type. Answer all pertinent questions and ensure that all information is accurate and complete. Sign your name in Block 12. **NOTE:** No additional information may be accepted after the last date for filing applications has passed. **If you change your address, you must notify the Civil Service Commission immediately in writing.**

Return your completed application to your Personnel Office no later than the last date for filing listed on the announcement.

*Susan Mann, NJCSC, P.O. Box 321  
Trenton, New Jersey 08625-0321*

FOR COMMISSION USE ONLY		
<b>STATUS:</b> [ ][ ]	<b>PAR:</b> [ ]	
<b>SEN:</b> 0 [ ][ ][ ][ ][ ]	<b>UE:</b> [ ][ ][ ][ ][ ]	<b>REV</b>
		<b>NO REV</b>

**2. Social Security Number:** \_\_\_\_\_  
\* (see block 11 for additional information)

**3. Symbol :** \_\_\_\_\_

**4. Name & Address:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_  
After Hours Number: \_\_\_\_\_

**1. Title of Promotion:**

\_\_\_\_\_

Note: Applications must be postmarked by \_\_\_\_\_

### 5. BACKGROUND DATA

**5a. Education (Indicate the highest level Diploma or Degree you have earned)**

High School Diploma or GED     (A) Associate's Degree     (M) Master's Degree  
 (S) Some College but No Degree     (B) Bachelor's Degree     (D) Doctorate

**5b. Completion of this part is VOLUNTARY and is to be used only for complying with EEOC Guidelines and the New Jersey State Affirmative Action Program.**

Gender:  (1) Male     (2) Female    Check the group you are a member of:  
 (1) Black     (2) White     (3) Hispanic     (4) Asian     (5) American Indian or Alaskan Native

**6. Check the county in which you prefer to take the examination. (Check one box only)**

(1) Camden     (2) Mercer     (3) Essex  
 (4) Monmouth     (6) Atlantic     (7) Bergen

**7. Are you claiming veterans preference?**     YES     NO

Check YES if you are claiming veterans preference for this examination. If you have established veterans preference since April 1, 1980, no further action is needed. Otherwise, complete a veterans preference claim form and include the required documents. Claim forms are available on our web site at [www.state.nj.us/csc](http://www.state.nj.us/csc) and at our office at 44 S. Clinton Avenue, Trenton, NJ. Completed forms should be mailed to the Department of Military and Veterans' Affairs (DMAVA). For more information, visit their web site at [www.state.nj.us/military](http://www.state.nj.us/military) or contact them at 1-888-865-8387. Note: In accordance with Public Law 2010 c.26, Veterans pay a reduced application fee of \$15.00 if they have previously established Veterans Preference with the DMAVA (as defined by N.J.S.A. 11A:5-1 et seq.) or your claim is approved by DMAVA at least 8 days prior to the issuance of this eligibility list.

**8. ADA Assistance:** Check the box if you would like to be contacted regarding auxiliary aid or reasonable accommodation in taking this examination in accordance with the Americans with Disabilities Act.

**9. Check the county(s) in which you will accept employment. Please note: Not all promotional lists can be used in all geographic locations. If you have any questions regarding this, contact your Personnel Office.**

(A) Atlantic     (C) Burlington     (B) Bergen     (D) Camden     (E) Cape May     (F) Cumberland     (G) Essex  
 (H) Gloucester     (J) Hudson     (K) Hunterdon     (M) Middlesex     (N) Monmouth     (L) Mercer     (P) Morris  
**ALL**  (Q) Ocean     (R) Passaic     (S) Salem     (T) Somerset     (U) Sussex     (V) Union     (W) Warren

**10. Present Permanent Title & Appointment Date:**

\_\_\_\_\_

**Name & Title of Immediate Supervisor:**

\_\_\_\_\_

**Telephone Number & Email Address of Immediate Supervisor:**

\_\_\_\_\_

\* **11. Your Social Security number will be kept confidential and used as your applicant I.D. number to identify and track all of your records and transactions associated with the application and testing process. Collecting this data is permissible under N.J.S.A. 11A:4-1, but its submission is voluntary. If you do not provide the number, a unique number will be assigned to you. However, once assigned, you will be responsible for remembering it for any inquiries you may have concerning your application or testing process.**

**12. Signature:** I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that if my application is incomplete, it may be rejected. (WARNING: The Civil Service Commission may refuse to examine, or certify after examination, any applicant who makes a false statement of any material fact per N.J.A.C. 4A:4-6.2)

**FOR CSC ONLY**

\_\_\_\_\_

**NOTE:** Your application may be released to the Appointing Authority for the purpose of verifying information with regard to your qualifications.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Title of Promotion:** \_\_\_\_\_ **Symbol:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**13. Educational Section - College And Graduate School** - List any colleges, universities, and graduate schools you have attended. If it is required in the job announcement, be sure to attach a copy of your transcript or a list of courses, course descriptions, and credits completed. Foreign degrees/transcripts must be evaluated by a recognized evaluation service.

What is the name and location of the college(s) you attended?	What yrs. did you attend?	What was your major course of study?	What type of degree did you earn?	Did you graduate?	If NO, when will you graduate?	Number of credits earned
	From _____ To _____			<input type="checkbox"/> Y <input type="checkbox"/> N	_____ Month / Year	
	From _____ To _____			<input type="checkbox"/> Y <input type="checkbox"/> N	_____ Month / Year	

**14. Other Schools or Training Courses** - Include business, vocational, technical, or military schools you have attended, as well as any training courses that are related to the title for which you are applying. If it is not a full-time curriculum, be specific as to the number of hours attended.

What is the name & location of school/facility where course(s)/training was held?	What classes did you take?	What were the dates you attended?	How many hours per week did you attend?	Did you complete the program?
		Month/Yr TO Month/Yr		<input type="checkbox"/> Y <input type="checkbox"/> N
		Month/Yr TO Month/Yr		<input type="checkbox"/> Y <input type="checkbox"/> N

**15. Use this space to describe any internships, licenses, certifications or registrations that you possess which are related to the position for which you are applying.**

**A. What type of license(s), certification(s), and/or registration(s) do you hold?**

In which state(s) do you hold the license(s), certification(s), and/or registration(s)?

**B. What was the original issue date of the license(s), certification(s), and/or registration(s)?**

What is the date of your current license(s), certification(s), and/or registration(s)?

**C. What type of internship(s) have you completed?**

Where was the internship(s) completed?

What were the dates of the internship(s)?

How many hours per week did you take part in the internship? \_\_\_\_\_

Was it part of a college curriculum?  Y  N

**D. Certified Public Manager's Program**

Level 1 - 3 Completed ▶ \_\_\_\_\_  
Month/Year

Level 4 - 6 Completed ▶ \_\_\_\_\_  
Month/Year

**16. Employment Record** - If you do not properly complete your application you may be declared ineligible or you may not receive proper credit for scoring purposes. If you held different positions with the same employer, list each position separately. Make sure you give full dates of employment (month/year), indicate whether the job was full or part time, and the number of hours worked per week. Since your application may be your only "test paper," be sure it is complete and accurate. Failure to complete your application properly may cause you to be declared ineligible, lower your score, or possibly cause you to fail. If more space is needed, attach separate sheets.

<p><b>A</b> What is the name and address of your current employer?</p> <p>What dates have you been employed in this position? From _____ To _____ Month/Year Month/Year</p>	<p>What is your title in this position?</p> <p>Is this position: <input type="checkbox"/> FULL TIME? <input type="checkbox"/> PART TIME? (Average No. hrs. per wk.) _____</p> <p>How many staff members do you supervise? Professional Staff _____ Support Staff _____</p>	<p>List the major duties you perform in this position in order of importance.</p>
<p><b>B</b> What was the name and address of your previous employer?</p> <p>What dates were you employed in this position? From _____ To _____ Month/Year Month/Year</p>	<p>What was your title in this position?</p> <p>Was this position: <input type="checkbox"/> FULL TIME? <input type="checkbox"/> PART TIME? (Average No. hrs. per wk.) _____</p> <p>How many staff members did you supervise? Professional Staff _____ Support Staff _____</p>	<p>List the major duties you perform in this position in order of importance.</p>
<p><b>C</b> What was the name and address of your previous employer?</p> <p>What dates were you employed in this position? From _____ To _____ Month/Year Month/Year</p>	<p>What was your title in this position?</p> <p>Was this position: <input type="checkbox"/> FULL TIME? <input type="checkbox"/> PART TIME? (Average No. hrs. per wk.) _____</p> <p>How many staff members did you supervise? Professional Staff _____ Support Staff _____</p>	<p>List the major duties you perform in this position in order of importance.</p>