

# STATE OF NEW JERSEY ASBESTOS SAFETY TECHNICIAN CERTIFICATION APPLICATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
LAST FIRST M.I. (mm / dd / yyyy)

HOME ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_  
STREET ADDRESS

---

CITY STATE ZIP CODE

TELEPHONE : \_\_\_\_\_

Social Security Number: \_\_\_\_\_ \*\*\*\*

E - MAIL Address: \_\_\_\_\_

College and Graduate School - List all colleges, universities and graduate schools you have attended. If you are satisfying college credit requirements, please attach a valid transcript and copies of diplomas as applicable.

NAME	ATTENDED MONTH/YEAR	HOURS	MAJOR	DEGREE	GRADUATE YES / NO

**TECHNICAL COURSES** - List all related technical courses and training.

<b>TECHNICAL COURSES - SECTION A</b>			
NAME OF COURSE	ATTENDED MONTH/YEAR	EQUIPMENT USED	COURSE COMPLETED YES / NO

  

<b>TECHNICAL COURSES – SECTION B</b>	
<b>ASBESTOS SAFETY TECHNICIAN COURSE</b>  FROM: _____ TO: _____  EXAM: PASS _____ FAIL _____  SCORE: _____	<b>ASBESTOS WORKER/SUPERVISOR COURSE</b>  FROM: _____ TO: _____  EXAM: PASS _____ FAIL _____  SCORE: _____

**NEW JERSEY ASBESTOS SAFETY TECHNICIAN EXAMINATION:** PASS - YES: [ ] NO: [ ]

**WORK EXPERIENCE - PLEASE LIST PRESENT EMPLOYER FIRST**

POSITION: \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**DATES OF EMPLOYMENT :** (PLEASE CHECK BOX FOR EMPLOYMENT STATUS)  
 FROM: \_\_\_\_\_ TO: \_\_\_\_\_ FULL TIME:  PART TIME:   
           MONTH / YEAR                      MONTH / YEAR

DESCRIBE DUTIES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

**WORK EXPERIENCE - ( CONTINUED )**

POSITION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

**DATES OF EMPLOYMENT:** (PLEASE CHECK BOX FOR EMPLOYMENT STATUS)

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ FULL TIME:  PART TIME:   
MONTH / YEAR MONTH / YEAR

DESCRIBE DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

POSITION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

**DATES OF EMPLOYMENT:** (PLEASE CHECK BOX FOR EMPLOYMENT STATUS)

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ FULL TIME:  PART TIME:   
MONTH / YEAR MONTH / YEAR

DESCRIBE DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

1. Have you ever been convicted of a crime of the third degree or above under the laws of the State of New Jersey, or under the laws of another state or of the United States, which if committed in this State would be such an offense or crime?

] NO.

] YES. If yes, please describe the circumstances in detail on a separate page. Be sure to include the exact charge, the date of the crime and any information relating to rehabilitation.

2. Have you, within the past 10 years, been convicted or fined or imprisoned, or placed on probation, or has any case been filed, or have you been ordered to deposit collateral for an alleged violation of any law or police regulation or ordinance, other than for traffic violations?

] NO.

] YES. If yes, please describe the circumstances in detail on a separate page. Be sure to include the exact charge, the date of the crime and any information relating to rehabilitation.

3. Have you ever been discharged, or forced to resign, for misconduct or unsatisfactory service from any position, or have you had any license, other than a driver's license, revoked or suspended?

] NO.

] YES. If yes, please describe circumstances on a separate attached page.

To the best of my knowledge the information contained in this application is complete and accurate. I am aware that if an investigation discloses willful misrepresentations, my application will be rejected. I also hereby authorize the release of any criminal history record information to the NJ Department of Community Affairs, Division of Codes and Standards, Bureau of Code Services, Asbestos Safety Unit for the sole purpose of determining my eligibility for certification.

\*\*\*\*PURSUANT TO THE PRIVACY ACT OF 1974 (P.L. 93-579), I REALIZE THAT DISCLOSURE OF MY SOCIAL SECURITY NUMBER IS **VOLUNTARY**. I ALSO REALIZE MY SOCIAL SECURITY NUMBER WILL BE USED BY THE NJ DEPARTMENT OF COMMUNITY AFFAIRS FOR THE PURPOSE OF FACILITATING THE SECURITY CHECK AUTHORIZED BY N.J.A.C. 5:23-5.5 & 5.25. ANY INFORMATION RELEASED AS A RESULT OF THIS AUTHORIZATION, INCLUDING THE FURNISHING OF MY SOCIAL SECURITY NUMBER, SHALL BE USED ONLY FOR THE EXPRESS PURPOSE OF PROCESSING THE ABOVE INDICATED APPLICATION.\*\*\*\*

DATE \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Notary's Signature \_\_\_\_\_

DATE \_\_\_\_\_

Notary Stamp and/or Seal:

**ALL STATEMENTS ARE SUBJECT TO INVESTIGATION AND VERIFICATION. FALSIFICATION OR INTENTIONAL MISSTATEMENT OF ANY MATERIAL FACT WILL BE CAUSE FOR REJECTION. FAILURE OF THE APPLICANT TO FURNISH ALL INFORMATION AND RECORDS REQUESTED MAY RESULT IN REJECTION OF THE APPLICATION.**