STATE OF NEW JERSEY OUTSIDE EMPLOYMENT QUESTIONNAIRE
FOR SPECIAL STATE OFFICERS AND
SPECIAL STATE EMPLOYEES

Name: _________________________________________________________________

State Position: ____________________________________________________________

State Agency: ____________________________________________________________

State Agency Address: ____________________________________________________

(Check One)  Special State Officer ______  Special State Employee ______

Contact Information:

Telephone Number: _______________________________________________________

Email Address (Optional): _________________________________________________

Outside Employment:

1. Are you currently engaged in any business, trade, profession and/or part-time employment in
addition to your State position?  ____Yes  ____No

2. Name of outside employer or business: _______________________________________

Address: ________________________________________________________________

Type of Business: _________________________________________________________

Describe Responsibilities: __________________________________________________

___________________________________________________________________________

___________________________________________________________________________

3. Is your business or employment being performed for or with any other employee or official of
your State agency?  ____Yes  ____No

4. Does your outside employment or business require/cause you to have contacts with NJ State
vendors, consultants or casino license holders?  ____Yes  ____No
If yes, explain:___________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Do you hold a license issued by a State agency that entitles you to engage in a particular business, profession, trade or occupation (ie. Law, Teaching)?  ___Yes ___No

If yes, type of license______________________________________________________
License is ____Active  ____Inactive

6. Do you hold outside voluntary position(s)?  ____Yes  ____No

If yes, please list:  ________________________________________________________
________________________________________________________________________

7. Are you an officer in any trade or business organization?  ____Yes  ____No

If yes, please list:  ________________________________________________________
________________________________________________________________________

8. Are you serving in any elected or appointed public office?  ____Yes  ____No

If yes, identify the public office and explain the duties: _________________________
________________________________________________________________________
________________________________________________________________________

Relatives:

(For purposes of this section, “relative” means your spouse, domestic partner, civil union partner or your or your spouse/partner’s parent, child, brother, sister, aunt uncle, niece, nephew, grandparent, or grandchild, whether the relative is related to you or your spouse/partner by blood, marriage or adoption.)

9. Are any relatives employed by the State agency on which you serve?
   ____Yes  ____No  If yes, please provide name of relative(s): _____________________
________________________________________________________________________
________________________________________________________________________
10. Are any relatives employed by or, through partnership or corporate office, hold an interest in any firm performing any service for the State agency or directly or indirectly receiving funding from the State agency on which you serve?  ____Yes  ____No

If yes, name of family member: ______________________________________________
________________________________________________________________________
________________________________________________________________________

I certify that this questionnaire contains no willful misstatement of fact or omission of material fact and that after it is submitted; any future activity subject to disclosure will be reported.

______________________________________________________      _______________
Signature of Special State Officer or Employee      Date

August 2015