New Jersey State Ethics Commission

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:

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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 in 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 in 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