K E A N
UNIVERSITY

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