



**KEAN  
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