

**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 (i.e., 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, identify 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