



STATE OF NEW JERSEY CONFLICT OF INTEREST FORM
ADJUNCT AND PART-TIME EMPLOYEES ONLY

Name: _____

Work Address: _____

State Department or Agency: _____

(Check One) Special State Officer Special State Employee

Telephone Number: _____

Email Address (Optional): _____

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 (es). Please indicate if you are an owner, partner or corporate officer.

Address: _____

Type of Business: _____

Describe Responsibilities:

3. Is your business or employment being performed for or with any other employee or official of your agency? Yes No

4. Does your outside employment or business require/cause you to have contracts with NJ State vendors, consultants or casino license holders? Yes No

If yes, please 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? Yes No

If yes, type of license _____

License is: Active Inactive

6. Do you hold outside voluntary positions(s)? Yes No

If yes, explain. _____

7. Are you an officer in any trade or business organization? Yes No

If yes, explain. _____



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8. Are you serving in any elected or appointed public office? Yes No

If yes, identify the public office and explain the duties.

9. Are any relatives employed in an office or position in the unclassified service of the civil service of the State? (For purposes of this section, "relative" means your spouse or your spouse's parent, child, brother, sister, aunt, uncle, niece, nephew, grandparent, grandchild, son-in-law, daughter-in-law, stepparent, stepchild, stepbrother, stepsister, half brother or half sister, whether the relative is related to you or your spouse by blood, marriage or adoption.)

Yes No If yes, please provide name of relative(s) and employing agency.

10. Are any members of your immediate family employed by or, through partnership or corporate office, hold an interest in any firm performing any service for the State of New Jersey or directly or indirectly receiving funding from the State? (For purposes of this section, "immediate family" means spouse, domestic partner, child, parent, or sibling residing in your household.)

Yes No

If yes, name of family member _____

Nature of employment _____

Duration: Permanent Temporary

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 before I engage in such activity.

Signature of Special State Officer or Employee

Date

Signature of Supervisor

Date

Ethics Liaison Officer

Date