

# APPLICATION FOR PROMOTIONAL EXAMINATION

NEW JERSEY DEPARTMENT OF PERSONNEL — STATE SERVICE

**\$ 5.00 FEE REQUIRED**  
**Make Check Payable to NJDOP**

**INSTRUCTIONS:** Please print or type. Answer all pertinent questions and ensure that all information is accurate and complete. Sign your name in Block 13. **NOTE:** No additional information may be accepted after the last date for filing applications has passed. If you change your address, you must notify the Department of Personnel immediately.

**DO NOT WRITE IN THIS BOX**

**RETURN COMPLETED APPLICATION TO YOUR PERSONNEL OFFICE NO LATER THAN THE LAST DATE FOR FILING LISTED ON THE ANNOUNCEMENT**

**IMPORTANT INFORMATION** about the use of your Social Security Number: In accordance with NJSA 11A:4-1 and NJAC 4A:4-2.1, applicants are requested to provide their Social Security numbers on their applications for purposes of establishing a unique means of identifying all of their records throughout the selection and appointment process. Providing the number is voluntary. If you fail to provide your 9-digit Social Security number on your application, the Department of Personnel will assign a separate and unique identification number to you. That assigned number will appear on all notices and examination records related to your application. That same number will be assigned to any and all applications you submit without providing your Social Security number. When you request information regarding your application(s) or examination records, you must include the assigned number in your request. If you fail to include it, we may not be able to find your records.

**Include SS Number, Symbol and Address on your Check.**

1. SOCIAL SECURITY NUMBER:	2. SYMBOL:
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3. NAME AND ADDRESS:

Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_  
 (Area Code) - Number

**DO NOT WRITE IN THIS BLOCK**

STATUS:	PAR:	REV
UE:	SEN:	NO REV

8. TITLE OF PROMOTION:

9. Have you failed a promotional examination for the title listed above within the past year?  YES  NO

10. Please List Your Present Permanent Title:

4. EMPLOYMENT INFORMATION:

Department: \_\_\_\_\_

Division, Bureau, or Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Telephone Number of Immediate Supervisor: \_\_\_\_\_

11. Check the county(s) of the State in which you will accept employment. Please note: Not all promotional lists can be used in all geographic locations. If you have any questions regarding this, contact your Personnel Office.

<input type="checkbox"/> (A) Atlantic	<input type="checkbox"/> (M) Middlesex
<input type="checkbox"/> (B) Bergen	<input type="checkbox"/> (N) Monmouth
<input type="checkbox"/> (C) Burlington	<input type="checkbox"/> (P) Morris
<input type="checkbox"/> (D) Camden	<input type="checkbox"/> (Q) Ocean
<input type="checkbox"/> (E) Cape May	<input type="checkbox"/> (R) Passaic
<input type="checkbox"/> (F) Cumberland	<input type="checkbox"/> (S) Salem
<input type="checkbox"/> (G) Essex	<input type="checkbox"/> (T) Somerset
<input type="checkbox"/> (H) Gloucester	<input type="checkbox"/> (U) Sussex
<input type="checkbox"/> (J) Hudson	<input type="checkbox"/> (V) Union
<input type="checkbox"/> (K) Hunterdon	<input type="checkbox"/> (W) Warren
<input type="checkbox"/> (L) Mercer	

**5. BACKGROUND DATA**  
 Completion of this part is mandatory and is to be used only for complying with EEOC Guidelines and the New Jersey State Affirmative Action Program.

DATE OF BIRTH: \_\_\_\_\_ SEX:  (1) Male  (2) Female

Check the group you are a member of:  (1) Black  (2) White  
 (3) Hispanic  (4) Asian  (5) American Indian or Alaskan Native

Education (Check the box which indicates the highest level of school you have completed):

<input type="checkbox"/> (G) Grammar School	<input type="checkbox"/> (S) Some College
<input type="checkbox"/> High School (Circle year completed) 9 10 11 12	<input type="checkbox"/> (A) Associate Degree
	<input type="checkbox"/> (B) Bachelors Degree
	<input type="checkbox"/> (M) Masters Degree
	<input type="checkbox"/> (D) Doctorate

6. Check the county in which you prefer to take the examination. (Check one box only)

<input type="checkbox"/> (1) Camden	<input type="checkbox"/> (2) Mercer	<input type="checkbox"/> (3) Essex
<input type="checkbox"/> (4) Monmouth	<input type="checkbox"/> (6) Atlantic	<input type="checkbox"/> (7) Bergen

7. The testing process may consist of a written, oral and/or performance examination. The Department of Personnel provides those persons with disabilities an equal opportunity to participate in the examination process. Please check the box if you will require any auxiliary aid or reasonable accommodation. You will be contacted before the test to discuss the the assistance or accommodation you need.

12. Are you claiming veterans preference?  YES  NO

Have you established veterans preference with the New Jersey Department of Personnel after 4/1/80?  YES\*  NO\*\*

\* (If yes, you will automatically be given preference and you need not submit a Claim Form.) \*\* (If no, you must submit a Veterans Preference Claim Form and the required documents with this application.)

13. **SIGNATURE:** I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that if my application is incomplete, it may be rejected. (WARNING: The department of personnel may refuse to examine, or certify after examination, any applicant who makes a false statement of any material fact per NJAC 4A:4-6.2) **Please keep a copy of this application for your records.**

Signature.....

Date.....

**The \$5.00 Processing fee is attached (stapled) to this application.**

Staple Check or Money Order Here

<b>Title:</b>	<b>Symbol:</b>	<b>SS#:</b>
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**14. EDUCATIONAL SECTION — COLLEGE AND GRADUATE SCHOOL** List any colleges, universities, and graduate schools you have attended. If it is requested in the announcement, be sure to attach a copy of your transcript or a list of courses and credits completed. If you have not yet fulfilled the educational requirements but expect to within 4 months of the closing date, please indicate the month and year of anticipated completion.

What is the name and location of the college(s) you attended?	What yrs. did you attend?	What was your major course of study?	What type of degree did you earn?	Did you graduate?	If NO, when will you graduate?	Number of credits earned?
	From: _____ To: _____			<input type="checkbox"/> Y <input type="checkbox"/> N	_____ Month / Year	
	From: _____ To: _____			<input type="checkbox"/> Y <input type="checkbox"/> N	_____ Month / Year	

**15. OTHER SCHOOLS OR TRAINING COURSES —** Include business, vocational, technical, and service schools you have attended that are **related** to the title for which you are applying. If it is not a full-time curriculum, be specific as to the number of hours attended.

What is the name & location of school/facility where course(s)/training was held?	What subjects or courses did you take?	What were the dates you attended?	How many hours per week did you attend?	Did you complete the program?
		_____ Month/Yr. TO _____ Month/Yr.		<input type="checkbox"/> Y <input type="checkbox"/> N
		_____ Month/Yr. TO _____ Month/Yr.		<input type="checkbox"/> Y <input type="checkbox"/> N

**16. Use this space to describe any internships, licenses, certifications or registrations that you possess which are related to the position for which you are applying.**

<p>What type of license(s), certification(s), and/or registration(s) do you hold?</p> <p>In which state(s) do you hold the license(s), certification(s), and/or registration(s)?</p> <p>What was the original issue date of the license(s), certification(s), and/or registration(s)?</p> <p>What is the date of your current license(s), certification(s), and/or registration(s)?</p>	<p>What type of internship(s) have you completed?</p> <p>Where was the internship(s) completed?</p> <p>What were the dates of the internship(s)?</p> <p>How many hours per week did you take part in the internship? _____</p> <p>Was it part of a college curriculum? <input type="checkbox"/> Y <input type="checkbox"/> N</p>
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**17. EMPLOYMENT RECORD —** You may be declared ineligible or you may not receive proper credit for scoring purposes if you do not properly complete your application. If you held different positions with the same employer, list each position separately. Make sure you give full dates of employment (month/year), indicate whether the job was full or part time, and the number of hours worked per week. Since your application may be your only "test paper," be sure it is complete and accurate. Failure to complete your application properly may cause you to be declared ineligible, lower your score, or possibly cause you to fail. If more space is needed, attach separate sheets.

<p><b>A</b> What is the name and address of your current employer?</p> <p>What dates have you been employed in this position? From _____ To _____ Month/Year Month/Year</p>	<p>What is your title in this position?</p> <p>----- Is this position: <input type="checkbox"/> FULL TIME? <input type="checkbox"/> PART TIME? (Average No. hrs. per wk.) ----- How many staff members do you supervise?: -----</p>	<p>What duties do you perform in this position that are relevant to the position for which you are applying?</p>
<p><b>B</b> What is the name and address of your previous employer?</p> <p>What dates were you employed in this position? From _____ To _____ Month/Year Month/Year</p>	<p>What was your title in this position?</p> <p>----- Was this position: <input type="checkbox"/> FULL TIME? <input type="checkbox"/> PART TIME? (Average No. hrs. per wk.) ----- How many staff members did you supervise?: -----</p>	<p>What duties did you perform in this position that are relevant to the position for which you are applying?</p>
<p><b>C</b> What is the name and address of your previous employer?</p> <p>What dates were you employed in this position? From _____ To _____ Month/Year Month/Year</p>	<p>What was your title in this position?</p> <p>----- Was this position: <input type="checkbox"/> FULL TIME? <input type="checkbox"/> PART TIME? (Average No. hrs. per wk.) ----- How many staff members did you supervise?: -----</p>	<p>What duties did you perform in this position that are relevant to the position for which you are applying?</p>

18. HOW DID YOU GET EACH POSITION LISTED IN SECTION 17 ABOVE? (Answer by placing one check in the corresponding column at right. If you have any questions about this section, see your personnel officer.)	Position Listed in Section 17						
	A	B	C	D	E	F	G
• By passing a New Jersey Department of Personnel written, oral or performance test.							
• Provisional Appointment (No regular appointment conferred).							
• Promotion through New Jersey Department of Personnel N.J.A.C. 4A: 4 - 2.7 (Promotion without a written, oral, or performance test).							
• A NJ Department of Personnel rating of education and experience taken from my application (without a written, oral, or performance test).							
• None of the above - this was a non-Department of Personnel position, a non-competitive, an unclassified or an SES appointment.							