

# STATE OF NEW JERSEY CONFLICT OF INTEREST FORM

## Montclair State University Board of Trustees

Name: \_\_\_\_\_

Work address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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 your responsibilities:

3. Is your business or employment being performed for or with any other employee or official of Montclair State University? \_\_\_\_Yes \_\_\_\_No

4. Does your outside employment or business require/cause you to have contacts with N.J. 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? \_\_\_\_Yes \_\_\_\_No

If yes, type of license: \_\_\_\_\_

License is \_\_\_\_Active \_\_\_\_Inactive

6. Do you hold outside voluntary position(s)? \_\_\_\_Yes \_\_\_\_No

If yes, explain.

7. Are you an officer in any trade or business organization? \_\_\_\_Yes \_\_\_\_No

If yes, explain.

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 and your 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. "Unclassified service" refers to those employees who are not represented by a union under a collective bargaining agreement -- those employees who may be hired and fired at will.) \_\_\_\_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 trustee

\_\_\_\_\_  
Date

Conflict of Interest form for UEC.doc