

# STATE OF NEW JERSEY OUTSIDE ACTIVITY QUESTIONNAIRE

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

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

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

Division/Bureau: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Civil Service Title: \_\_\_\_\_ Functional Title (if different): \_\_\_\_\_

Job Duties: \_\_\_\_\_

1. Are you currently engaged in any business, trade, profession and/or part-time or full-time employment outside of or in addition to your State employment?  
If Yes, you must answer question 2.

Yes  No

2. Name of Outside Employer(s) or Business(es). Please indicate if you are an owner, partner or corporate officer.

\_\_\_\_\_

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

Type of Business: \_\_\_\_\_

Describe responsibilities: \_\_\_\_\_

Outside Employment (please specify): Days Worked per Week: \_\_\_\_\_

Hours Worked: Per Day \_\_\_\_\_ Per Week \_\_\_\_\_

Is your employment or business being performed for or with any other Department employee or official?

Yes  No

Name of employee or official and title: \_\_\_\_\_

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

If yes, explain.

3. 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 \_\_\_\_\_

When was license issued: \_\_\_\_\_  Active  Inactive

4. Do you currently hold or plan to hold outside voluntary position(s)?  Yes  No

If yes, explain \_\_\_\_\_

5. Are you an officer in any professional, trade or business organization?  Yes  No

If yes, explain \_\_\_\_\_

6. Are you serving in any public office, or considering appointment or election to any public office?

Yes  No

What is the type of elective / appointive position? \_\_\_\_\_

What are your duties? \_\_\_\_\_

Hours engaged in elective / appointive activity: \_\_\_\_\_

7. Are any members of your immediate family employed by or, through partnership or corporate office, holding an interest in any firm or entity performing any service for the State of New Jersey, directly or indirectly receiving funding from the State or regulated by the State?

Yes  No

Family Member's name \_\_\_\_\_

Nature of Employment \_\_\_\_\_

Duration:  Permanent  Temporary

8. Are any members of your immediate family employed by a New Jersey casino or an applicant for a NJ casino license?  Yes  No  
Immediate family means a spouse, child, parent, or sibling residing in your household.

Family Member's Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Casino: \_\_\_\_\_

**I certify that this questionnaire contains no willful misstatement of fact nor 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 Employee

\_\_\_\_\_  
Date

**Immediate Supervisor (check one)**

Approved     Disapproved

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments and/or reason for disapproval:

**Ethics Liaison Officer (check one)**

Approved     Disapproved

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments and/or reason for disapproval:

**Please provide the employee with a copy of the Approved/Disapproved Form.**