New Jersey State Ethics Commission
Outside Activity Questionnaire

Name: _____

Work Address: _____

Office Email Address: _____

Department: _____

Division/Bureau: _____ Office Telephone: _____

Title: _____ Functional Title (If different): _____

Job Duties:

1) Are you currently engaged in, or planning to engage in, any business, trade, profession and/or part-time or full-time employment, paid or unpaid, outside of or in addition to your State employment?

☐ Yes ☐ No

If no, skip to question 6.

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

Address: _____

Type of Business: _____

Description of responsibilities: _____

Specify Days Worked Per Week (i.e. Mon., Tues., Wed., etc.:)

Work Hours: _____

Save Form | Print | Clear Form

3) Is your current or proposed outside employment or business being performed for or with any other employee(s) or official(s) of your State agency?

☐ Yes ☐ No

If yes, name and title of employee(s) or official(s). _____

Do you have a supervisor-subordinate relationship with this person(s)?

☐ Yes ☐ No

If yes, explain.

4) Does or will your outside employment or business require/cause you to have contacts with any NJ State agencies, vendors, consultants or casino license holders?

☐ Yes ☐ No

If yes, explain, providing name of the agency, vendor, consultant or casino license holder you will have contacts with, and the nature of those contacts.

5) In your current or proposed outside employment or business do you or will you contract with or receive compensation from any New Jersey State agency?

☐ Yes ☐ No

If yes, indicate name of State agency and attach a copy of the contract. If no contract exists, provide a description of your business arrangement with the State agency.

If you have a contract with the State, did you receive the approval of the State Ethics Commission prior to entering into the contract?

☐ Yes ☐ No

6) Do you hold a license issued by a New Jersey State agency that entitles you to engage in a particular business profession, trade or occupation?

☐ Yes ☐ No

If yes, type of license. _____

When was the license issued? _____

Is the license active? _____

7) Do you currently hold, or plan to hold, any outside voluntary position(s)?

☐ Yes ☐ No

If yes, explain.

Does this position require you to have contacts with any New Jersey State agency?

☐ Yes ☐ No

If yes, explain.

8) Are you an officer in any professional, trade, business or other organization?

☐ Yes ☐ No

If yes, explain.

9) Are you serving in any public office, or considering appointment or election to any public office?

☐ Yes ☐ No

If yes, what is the position and where is it located? _____

What are the duties of the position? _____

Hours engaged in the elective/appointive office? _____

10) Do you have an ownership interest in any partnership, corporation, professional service corporation, or any other firm or entity that is (a) performing any service for a New Jersey State agency, (b) directly or indirectly receiving funding from a New Jersey State agency, or (c) regulated by a New Jersey State agency?

☐ Yes ☐ No

If yes, for each indicate the following:

Name of employer, partnership, corporation or other entity in which you hold an ownership interest.

Nature of ownership interest in the partnership, corporation or other entity, and extent of ownership interest.

Identity of the State agency(ies) with which the entity does business, receives funding, or is regulated.

11) Are you or any members of your immediate family* employed by a New Jersey casino licensee or applicant for a N.J. casino license? ☐ Yes ☐ No

*Immediate family means a spouse, child, parent, or sibling residing in your household.

If yes, state:

Family Member's name _____ Relationship: _____

Name of Casino: _____

Position Held: _____

I certify that this questionnaire contains no willful misstatement of fact or omission of a material fact. I understand that should my State employment and/or outside activity change, I am required to promptly submit a new Outside Activity Questionnaire.

_____ _____

Signature of Employee Date

Decision of Immediate Supervisor:

☐ Approved ☐ Disapproved

Print Name of Immediate Supervisor: _____

Signature: _____ Date: _____

Comments:

Decision of Ethics Liaison Officer:

☐ Approved ☐ Disapproved

Signature: _____ Date: _____

Comments:

Notification of decision was provided to employee on: _____

(Date)

NOTE: Under the Uniform Ethics Code ("UEC") a State employee may appeal an agency Ethics Liaison Officer's decision to disapprove an outside activity. An appeal must be submitted in writing to the State Ethics Commission within 60 days of the employee's receipt of the agency's decision. For more information on appeals, see UEC Section VI.

Save Form Print Clear Form