

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



“An Equal Opportunity Employer”

**SOUTH JERSEY TRANSPORTATION AUTHORITY**

P.O. Box 351, Hammonton, N.J. 08037 (609) 965-6060 Fax (609) 965-7315

**APPLICATION  
FOR  
EMPLOYMENT**

**South Jersey Transportation Authority is an equal opportunity employer and does not discriminate because of race, creed, color, religion, sex, pregnancy, ancestry, national origin, age, disability or handicap, gender, marital status, sexual orientation, obligation to U.S. Armed Forces, veteran status, political affiliation, domestic partnership status or other classification protected by local, state or federal rule or regulation.**

**Applicants are not required to disclose information about physical or mental impairments that you believe will not interfere with your ability to perform the essential functions of the job with or without reasonable accommodation. If an accommodation is needed, you may on a voluntary basis, identify the necessary accommodation.**



***SOUTH JERSEY  
TRANSPORTATION AUTHORITY***

**FARLEY SERVICE PLAZA, P.O. BOX 351  
HAMMONTON, NJ 08037**

(609) 965-6060; 800-658-0606; FAX (609) 965-7315

**PRE-HIRE ETHICS QUESTIONNAIRE**

Instructions: Every applicant for a job with this agency is required to complete this form in order for us to screen for possible conflicts of interest under the State ethics' laws. Please fully provide the information requested in the space indicated.

Name of Applicant: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Department Applied To: \_\_\_\_\_

1) Are you related to any employee or official employed with this agency, or serving on any board or commission associated with this agency? \_\_\_\_Yes \_\_\_\_No

If you checked "yes", please provide the following:

a) Name of the relative: \_\_\_\_\_

b) Relationship (spouse, parent, child, sibling, aunt, niece, nephew, first cousin, grandparent, grandchild, son-in-law, daughter-in-law, step-parent, step-child, step-sister, step-brother, half-brother or half-sister). \_\_\_\_\_

c) Position held by relative: \_\_\_\_\_

2) Are you currently employed with, or have you been employed with, in the last year, any private sector entity, that does or did business with this agency? \_\_\_\_Yes \_\_\_\_No

If checked "Yes" provide name and address of private sector employer entity you worked for that does/did business with this agency. \_\_\_\_\_  
\_\_\_\_\_

3) Have you had any involvement on a specific work or business matter with this agency in the last year? \_\_\_\_Yes \_\_\_\_No

If you checked "yes" please detail specific matter you worked on involving this agency.  
\_\_\_\_\_  
\_\_\_\_\_

(Page 2- Pre-Hire Questionnaire)

4) Are you currently engaged in any other job, business or part-time public/private office that is not otherwise disclosed on your job application/resume with this agency?

\_\_\_\_\_Yes \_\_\_\_\_No

If you checked "yes", please note the secondary activity, providing the name of the position held and the entity with which you perform the activity.

\_\_\_\_\_  
\_\_\_\_\_

5) Do you currently have a contractual relationship with any New Jersey State agency?

\_\_\_\_\_Yes \_\_\_\_\_No

If you checked "yes", please provide the nature of the contract and the name of the agency in which you have the contract. \_\_\_\_\_

\_\_\_\_\_

6) Are any members of your immediate family employed by a New Jersey casino or an applicant for a N.J. casino license? \_\_\_\_\_Yes \_\_\_\_\_No

Immediate family means a spouse, child, parent or sibling residing in your household. If answer is "yes", provide the information requested:

Family Relationship: \_\_\_\_\_ Name: \_\_\_\_\_

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

Certification:

I certify that the information I have provided above is truthful to the best of my knowledge. I understand that if I have intentionally falsified or omitted an important fact on this form which is discovered prior to, or after my acceptance of a job offer, my employment application may be ejected or I may be terminated from employment if I have already been hired.

Applicant's Name: (Please Print): \_\_\_\_\_

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

Dated: \_\_\_\_\_

Copy To: Agency Ethics Liaison Officer

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# NOTICE TO APPLICANTS

PLEASE READ AND SIGN

The South Jersey Transportation Authority may require that you take a test or have certain qualifications, licenses and or certifications in order to qualify for employment. **Some tests, such as a “Math Test” may be given to you at your first interview.** In addition the Authority may require that you take a physical, which will include drug testing and pass a criminal background check. Should you have any questions prior to submitting this application, please call the Human Resources Division at 609.965.6060.

If you are in need of any accommodations to complete these tests, please advise the Human Resource Manager.

**Date:** \_\_\_\_\_ **Applicant Signature:** \_\_\_\_\_

Please PRINT or TYPE answers. Feel free to add any information, which will help to place you. Please be aware that misrepresentation and/or omission may be cause for removal.

Last Name First Initial

Address City State Zip

County Daytime Telephone

**Have you ever been convicted of a crime or summary offense, which has not been annulled or sealed by a court? (Note: Convictions will not necessarily disqualify an applicant for employment.)**

**Yes** (If yes, please state nature of offense and date of conviction below.) **No**

**Upon hire, you will be required to furnish proof that you are authorized to work in the United States. Are you authorized to work in the United States? Yes No**

### Position Desired

Position Applied For? Date available to start

Have you previously worked for this Authority? If so, from to

Reason for leaving:

How did you learn about this opening?

### Education

**A High School Diploma or equivalent is required for all entry-level positions. Please indicate the highest level of school completed.**

Type of School: \_\_\_\_\_ Grade completed or degree achieved: \_\_\_\_\_

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_

Licenses or Certifications: \_\_\_\_\_ License Number: \_\_\_\_\_

If driving is an essential function of the job applied for, do you possess a driver's license that is valid in New Jersey?  
Yes No

**Have you ever tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which the employee applied for but did not obtain safety sensitive transportation work covered by the DOT agency testing rules during the past two (2) years.**

Yes No

Upon Employment be prepared to provide supporting documentation of schools attended. Attach additional sheets if necessary.

I certify that the educational information given by me on this application is true, complete, and correct to the best of my knowledge and understand that any misrepresentation of facts is cause for discharge. I release the SJTA from responsibility to investigate in good faith and without malice my educational background.

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

## Work Experience

List previous employment beginning with the most recent and work back, including military experience.  
Please PRINT or TYPE. Use additional sheets if necessary.

Employer

Address City State Zip

From To Position Held

Description of Duties:

Reason for leaving

Employer

Address City State Zip

From To Position Held

Description of Duties:

Reason for leaving

Employer

Address City State Zip

From To Position Held

Description of Duties:

Reason for leaving

May we contact all employers/supervisors listed? Yes No

### **General Information** *(Please print or type. Use additional sheets if necessary)*

Are you engaged in any business activity or employment that you plan to continue if employed by the Authority? If yes, your outside employment will be subject to further review regarding conflicts of interest.

NO YES *If yes, explain:*

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SOUTH JERSEY TRANSPORTION AUTHORITY

**AUTHORIZATION**

**I grant permission to contact all references listed below and authorize them to release information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. Attach additional sheets if necessary.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Personal References**

**List three (3) people unrelated to you whom we may contact for information concerning your qualifications.**

Name	Name	Name
Address	Address	Address
Phone #	Phone #	Phone #
Occupation	Occupation	Occupation

**Work References**

\_\_\_\_\_  
**Employer**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Contact**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Employer**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Contact**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Employer**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Contact**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Employer**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Contact**

\_\_\_\_\_  
**Telephone Number**

## Authorization and Acknowledgement

South Jersey Transportation Authority is an equal opportunity employer and does not discriminate because of race, creed, color, religion, sex, pregnancy, ancestry, national origin, age, disability or handicap, gender, marital status, sexual orientation or obligation to U.S. Armed Forces veteran status, political affiliation, domestic partnership status, or other legally protected status.

If employed by SJTA, I agree to conform to the rules and regulations of SJTA and the applicable collective bargaining agreement, if any. I understand that no management representative has any authority to enter into any oral agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I certify that the entries made by me on this application are true, complete, and correct to the best of my knowledge and understand that any misrepresentation or omission of facts is cause for discharge even if already hired.

I release SJTA from responsibility for investigate in good faith and without malice my background and I understand that employment is also dependent upon satisfactory response to the investigation of my references.

**Medical Exam/Drug Screening and Criminal Background Check.**

I understand that should I receive an employment offer, I will be subject to a medical exam including a drug screening. I also understand that prior to an offer of employment being made, I will be subjected to a background check, including a criminal background check.

I hereby consent for the South Jersey Transportation Authority and its authorized physicians to conduct a medical exam and drug screening. I give my consent for the medical facilities and testing laboratories to release test results and other relevant medical information to the South Jersey Transportation Authority. I also give consent for the authorized agents to conduct a criminal background check and release all relevant information to the South Jersey Transportation Authority.

I understand that if I plan to engage in other business or employment while working for the Authority in any capacity, prior approval will be necessary before accepting employment since there may be restrictions in accordance with the New Jersey Conflicts of Interest Law and/or Authority Code of Ethics.

I Certify that the information on this application is complete and accurate, to the best of my knowledge. I understand that any misleading or incorrect information may render this application void and be just cause for immediate termination if employed.

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

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