New Jersey State Ethics Commission

Outside Employment Questionnaire
For Special State Officers and Special State Employees

Name: _____

State Position: _____

State Agency: _____

State Agency Address: _____

(Check One) Special State Officer: ☐ Special State Employee: ☐

Contact Information:

Telephone Number: _____

Email Address (Optional): _____

Outside Employment:

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:

Address: _____

Type of Business: _____

Describe responsibilities:

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3) Is your business or employment being performed for or with any other employee or official of your State agency?

☐ Yes ☐ No

4) Does or will your outside employment or business require/cause you to have contacts with any NJ State agencies, vendors, consultants, casino license holders or applicants, medical cannabis permit holders, applicants, or entities[1], or personal use cannabis license holders, applicants, or entities[2]?

☐ Yes ☐ No

If yes, explain:

5) Do you hold a license, permit, registration, certification, certificate or commission issued by a State agency that entitles you to engage in a particular business, profession, trade or occupation (e.g. Real Estate, Teaching)?

☐ Yes ☐ No

If yes, type of license, permit, registration, certification, certificate or commission :

License, permit, registration, certification, certificate or commission is : ☐ Yes ☐ No

[1] Medical cannabis permit includes a medical cannabis cultivator permit, medical cannabis manufacturer permit, medical cannabis dispensary permit, or clinical registrant permit; medical cannabis entities may also include medical cannabis permit holders or applicants, any entity that employs any certified medical cannabis handler to perform transfers or deliveries of medical cannabis, or any holding or intermediary company with respect thereto.

[2] Personal use cannabis license includes a cannabis cultivator, cannabis manufacturer, cannabis wholesaler, cannabis distributor, cannabis retailer, or cannabis delivery service license; personal use cannabis entities may also include personal use cannabis license holders or applicants, any entity that employs or uses a certified personal use cannabis handler to perform work for or on behalf of a licensed cannabis establishment, distributor, or delivery service, or any holding or intermediary company with respect to thereto.

6) Do you hold outside voluntary position(s)? ☐ Yes ☐ No

If yes, please list:

7) Are you an officer in any trade or business organization? ☐ Yes ☐ No

If yes, please list:

8) Are you serving in any elected or appointed public office? ☐ Yes ☐ No

If yes, identify the public office and explain the duties:

Relatives:

(For purposes of this section, “relative” means your spouse, domestic partner, civil union partner or your or your spouse/partner’s parent, child, brother, sister, aunt, uncle, niece, nephew, grandparent, or grandchild, whether the relative is related to you or your spouse/partner by blood, marriage or adoption.)

9) Are any relatives employed by the State agency in which you serve?

☐ Yes ☐ No

If yes, please provide name of relative(s):

10) Are any relatives employed by or, through partnership or corporate office, hold an interest in any firm performing any service for the State agency or directly or indirectly receiving funding from the State agency in which you serve?

☐ Yes ☐ No

If yes, name of family member:

11) Do you or an immediate family member hold an interest in any casino license holders or applicants, medical cannabis permit holders, applicants, or entities1, or personal use cannabis license holders, applicants, or entities[2]?

☐ Yes ☐ No

If yes, explain, providing the name of the casino license holder, medical cannabis permit holder, applicant, or entity, or personal use cannabis license holder, applicant, or entity in which you hold an interest, the percentage of your ownership interest and whether the entity is a professional service corporation.

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.

Signature of special State officer or employee _____ Date

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