

OUTSIDE EMPLOYMENT QUESTIONNAIRE

Name (please print): _____

Work Address: _____

Office E-mail: _____

Department/Agency: _____

Division/Bureau: _____

Office Telephone: _____

Civil Service Title: _____

Functional Title: _____

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 County employment?

Yes No

If no, skip to question 6.

2) Name of Outside Employer(s) or Business(es). _____

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: __ am/pm to __ am/pm

3) Is your current or proposed outside employment or business being performed for or with any other employee(s) or official(s) of the County? 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 County departments, employees, vendors, medical cannabis permit holders, applicants, or entities, or personal use cannabis license holders, applicants, or entities? Yes No

If yes, explain, providing names of the County departments or employees, vendor, medical cannabis permit holder, applicant, or entity, or personal use cannabis license holder, applicant, or entity 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 the County? Yes No
If yes, indicate name of County agency and attach a copy of the contract. If no contract exists, provide a description of your business arrangement with the County agency.

6) 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 the County? Yes No
If yes, explain _____

7) Are you an officer in any professional, trade, business or other organization? Yes No
If yes, explain. _____

8) 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? _____

9) 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 the County, (b) directly or indirectly receiving funding from the County, or (c) regulated by the County?

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:

Identify the County 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 medical cannabis permit holder, applicant, or entity? Yes No.

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

If yes, state:

Family Member's Name _____

Relationship: _____

Name of Entity: _____

Position Held: _____

12) Are you or any members of your immediate family employed by a New Jersey personal use cannabis license holder, applicant, or entity? __Yes __No.

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

If yes, state:

Family Member's Name _____

Relationship: _____

Name of Entity: _____

Position Held: _____

I certify that this questionnaire contains no willful misstatement of fact, nor omission of a material fact. I understand that should my County 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

Signature of Immediate Supervisor

Date

Decision of Human Resources Director:
Approved _____ Disapproved _____

Signature of Human Resources Director

Date