

NEW JERSEY STATE PAROLE BOARD 171 JERSEY STREET PO BOX 862 TRENTON, NJ 08625-0862



NOTICE OF VACANCY

TITLE: Personnel Trainee/63250	POSTING NUMBER: 24-77	POSTING PERIOD: 07/02/24-07/17/24		
SALARY RANGE: \$50,229.66- \$52,513.10		OPEN TO THE FOLLOWING:		
LOCATION: Human Resources, Central Office 171 Jersey Street Trenton, NJ 08625		[X] AGENCY [X] STATE-WIDE		
	JOB DESCRIPTION			
Under the direction of a supervisory officer in a State department, institution, or agency, as a trainee and productive worker, receives on-the-job training in government personnel practices and procedures and their application and does work which will provide practical personnel experience; does related work.				
Special Note: Preferred Applicants who processing and/or recruitment and overall	A	ave an understanding in human resources leave dered.		
	REQUIREMENTS			
 <u>NOTE:</u> Applicants must meet one of the following or a combination of both experience and education. Thirty (30) semester hour credits are equal to one (1) year of relevant experience. Four (4) years of professional experience relevant to the position. <u>NOTE:</u> "Professional experience" refers to work that is analytical, evaluative, and interpretive; requires a range of basic knowledge of the profession's concepts and practices; and is performed with the authority to act and make accurate and informed decisions. OR <u>NOTE:</u> Possession of a bachelor's degree from an accredited college of university <u>LICENSE:</u> Appointees will be required to possess a driver's license valid in New Jersey only if the operation of a vehicle, rather than employee mobility, is necessary to perform the essential duties of the position. 				
	RESIDENCY LAW			
Effective September 1, 2011, N.J.S.A 52:14-7 (NJ First Act), requires all State employees to reside in New Jersey, unless exempted under the law, or current employees who live out-of-state and do not have a break-in service of more than 7 calendar days, as they are "grandfathered." New employees or current employees who were not grandfathered and who live out-of-state have one year after the date of employment to relocate their residence to New Jersey or request an exemption. Current employees who reside in NJ must retain NJ residency, unless he/she obtains an exemption. Employees who fail to meet the residency requirements or obtain an exemption will be removed from employment.				
INTERESTED CANDIDATES				
Interested candidates must submit a cover letter, resume, Personal Relationships Disclosure Form and State of NJ Application for Employment (attached) as a single PDF, including the announcement number in the subject line in a via e-mail to <u>SPB-Jobpostings@spb.nj.gov</u> .				
All applications must be postmarked/received by the closing date. Please note, only application packages completed in their entirety will be considered for employment.				
CWA Local 1033, CWA Local 1038, CWA Local 1037, CWA Local 1040				

STATE OF NEW JERSEY



Application for Employment

The Opportunity to Compete Act, N.J.S.A. 34:6B-11 to 19, went into effect on March 1, 2015. Under this new law, an employer cannot make any inquiry—either verbally or in writing, including in an employment application—about an applicant's criminal record during the Initial Employment Application Process, unless one of the limited exceptions below applies.

The Initial Employment Application Process refers to "the period beginning when an applicant for employment first makes an inquiry to an employer about a prospective employment position or job vacancy or when an employer first makes any inquiry to an applicant for employment about a prospective employment position or job vacancy, and ending when an employer has conducted a first interview, whether in person or by any other means, of an applicant for employment." Employers can make this inquiry after the Initial Employment Application Process has concluded (i.e., post-interview).

The Act allows employers to request criminal history information before the first interview in the following limited circumstances:

- If an applicant voluntarily discloses his or her criminal history during the Initial Employment Application Process.
- Where the applicant is seeking a position in law enforcement, corrections, the judiciary, homeland security or emergency management.
- Where the applicant is seeking a position where a criminal history record background check is • required by law, rule or regulation.
- Where the applicant may be legally precluded from holding the position by virtue of his or her arrest • or conviction.
- . Where any law, rule or regulation restricts an employer's ability to engage in specified business activities based on the criminal records of its employees.
- Where the applicant is seeking a position designated by the employer as part of a program designed ٠ predominately to encourage the employment of persons who have a criminal record.

* If application is used before the Initial Employment Application Process, question #11 should not be answered. Question #11 of the application seeks information on convictions that have not been expunded. Accordingly. unless one of the above exceptions applies, the application shall only be used after the Initial Employment Application Process.

Job applicants are considered for all positions without regard to race, creed, color, national origin, sex, affectional or sexual orientation, age, religion, marital, or veterans status, or disability. The State will not tolerate any form of discrimination or sexual harassment.

The Americans with Disabilities Act of 1990 as amended prohibits employers from discriminating against any qualified person on the basis of a disability. The State of New Jersey makes reasonable accommodations during all aspects of the employment process, such as testing and interviews. The State also makes reasonable accommodations in the work environment to enable a person with a disability to perform the essential job functions and to participate equally with co-workers without disabilities. However, the State can only make reasonable accommodations when it is aware of a disability. It is up to you to inform the prospective employer if you need a reasonable accommodation. The employer may ask you for documentation to support your request for a reasonable accommodation.

The State of New Jersey is an Equal Opportunity Employer

Name: (Last, First, MI.)

Department:

Please be aware t 1. Name (Last, First, MI)			e cause for remo lumber (Area Code)		one Number (Area	Code)
1. Name (Last, First, Mi)		2. Home Phone N	umber (Area Code)	3. WORK PHC	ne number (Area	Code)
4a. Address: Number, Street, .	Apartment Number, etc.			our mailing address of city or borough in wh		f
City:	County:					
State:	Zip Code:					
5. Position applying for (or type of work you a	re interested in)	·			
Proof of Age, Ed	lucation, Milita	ry Status, and C	itizenship may be	required upon	employment of	ffer
6. In what state regions	are you willing to w	ork? "X" all that apply	y: 🗌 NORTHERN [CENTRAL S	OUTHERN	
7. Indicate preferred wor		orary 🗌 Days 🗌	Evenings 🗌 Late Nig	ghts 🔲 Any Shift	Rotating Shift	
8. Are you 18 years old o	or older? (if under 1	8, you will be required to	submit working papers if	offered employment.)	🗌 Yes 🗌 No	
9a. Do you possess a dr 9b. Do you possess a C (Answer these questions or	ommercial Driver L	icense? 🗌 Yes 🗌	No	pecification)		
10. Are you either a U.S.	. citizen or an alien	authorized to work ir	n the U.S.? 🗌 Yes 🗌	No		
11. Have you ever been any other jurisdiction? (/ ☐ Yes (<i>if yes, give deta</i>	convicted of a crin A <i>conviction will not r</i>	ne or other offense wh necessarily preclude you			ther in New Jersey	v or in
12. Are you a Veteran? If yes, have you establis March 1, 2001 or with th	hed Civil Service \				en April 1, 1980 and	d
13. Are you now or have (<i>If yes, indicate system r</i>				t System? 🗌 Yes [No	
14. Have you ever worke						🗌 No
15. Are you currently on New Jersey Civil Service					ninistered by the	
16. Explanations (Use the						
17. EDUCATION/SKILL attended. Upon employme						
 Circle the number indi 1 2 3 4 5 6 7 8 			ave completed: ED ▶ COLLEGE ▶	1234 Graduat	e ▶ 12345	56
Name and Add	ress of School	Did you C Graduate?	Credit Hours N Earned	lajor Subject		egree eceived
High School last attended:		☐ Yes ☐ No				
College or University:		☐ Yes ☐ No				
Graduate School:		☐ Yes ☐ No				
Other Formal Training (include Milita	ary):	☐ Yes ☐ No				

			eign languages, including sign languages, in which e job (now and in the future), please list them here.	
	, , ,	Ũ		
19. CLERICAL SKILLS:		Office machines operated, computer systems/software used, and/or special skills		
(a) Typing?	Yes 🗌 No WPM:			
(b) Stenography?	Yes 🗌 No WPM:			
	starting with present or la TYPE, USE ADDITIONAL S		k, including military experience.	
From:	То:	Position Title:	Supervisor's Name:	
Month: Year:	Month: Year:	Give number of staff supervised if any:	Telephone Number:	
Employer's Name and Complete Address:				
			Part Time List number of hours per week:	
			Reason for Leaving:	
Description of Duties:			I	
From:	To:	Position Title:	Supervisor's Name:	
Month:	Month:	Give number of staff	Telephone Number:	
Year: Employer's Name and Co	Year: mplete Address:	supervised if any:	Full Time	
			Part Time List number of hours per week:	
			Reason for Leaving:	
Description of Duties:				
	I			
From:	To:	Position Title:	Supervisor's Name:	
Month: Year:	Month: Year:	Give number of staff supervised if any:	Telephone Number:	
Employer's Name and Co	mplete Address:		Full Time Full Time List number of hours per week:	
			Reason for Leaving:	
Description of Duties:				
			escribe any internships, licenses, certifications or registrations	
May we contact all employed and the second sec		related to the position for which you are applying. Give name of the State in which license, certification or registration is held or dates and location of internship. If specific license or certification is negative applying the provide the personal terms and the personal sector applying terms and the personal sector.		
☐ Yes ☐ No (Indicate exceptions):		is required for your position, you will be required to present the appropriate credential(s) prior to employment, and you will be responsible to renew the credential(s) and advise the personnel office if the credential(s) expires or is revoked.		

GENERAL INFORMATION (Please print or type. Use additional sheets if necessary.)			
22. Are you engaged in any business activity or employment which you plan to continue if employed by the State? If yes, your outside employment will be subject to further review regarding conflicts of interest.			
🗌 No 🔲 Yes			
If yes, explain:			
23. Please add any additional information which will help in placing you where you are best qualified. Include such items as: honors, hobbies, publications, volunteer work, public speaking and writing experience, membership in professional or scientific societies.			
24. List three people unrelated to you whom	we may contact for information concerning ye	our qualifications.	
Name:	Name:	Name:	
Address:	Address:	Address:	
Phone Number:	Phone Number:	Phone Number:	
Occupation:	Occupation:	Occupation:	
 Please indicate a telephone number whe 	re and at what time you may be contacted for	an interview:	
I understand that if I plan to engage in other business or employment while working for the State in any of its Departments or Agencies, 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 the State, Department or Agency Code of Ethics.			
I authorize my former employers to release any information they may have concerning my employment record and I release the State of New Jersey and all previous employers listed above from all liability whatsoever that may issue from securing this information. I further authorize representatives of this agency to verify any and all information contained in this application, including education, and to review any and all criminal history, military and disciplinary records of any source.			
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:	STOP: Please Return Completed Application to the Personnel Office	
Signature: Date: THIS SECTION FOR PERSONNEL OFFICE USE ONLY			

STATE OF NEW JERSEY AFFIRMATIVE ACTION INFORMATION FORM

To Be Completed By Applicant Not For Interview Purposes To Be Filed Separately With Affirmative Action Officer

The *State of New Jersey* seeks to increase the richness and diversity of its workforce and in doing so become the employer of choice for all people seeking to work in State government. In order to judge the effectiveness of our efforts to attract and employ a diverse workforce, as well as comply with Federal and State reporting requirements, we ask that you take the time to answer a few brief questions.

This form is <u>not part of your application for employment and will not be considered in any hiring decision. Any information submitted on this form will be considered confidential and will be filed separately by the agency's affirmative action officer.</u>

The *State of New Jersey* is an equal opportunity employer. The *New Jersey State Policy Prohibiting Discrimination in the Workplace* provides that applicants for employment are considered without regard to race, creed, color, national origin, nationality, ancestry, sex/gender, affectional or sexual orientation, gender identity or expression, age, marital status, civil union status, domestic partnership status, familial status, religion, atypical heredity cellular or blood trait, genetic information, liability for service in the Armed Forces of the United States or disability.

APPLICANT NAME: (Last, First, M)		APPLICANT ADDRESS:		
POSITION(S) APPLIED F	OR:			
DATE:	DIVISION:		GENDER:	
			🗌 Male 🗌 Female 🗌 Non-Binary	
A. Ethnicity: (Please Selec	ot One)			
Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South Not Hispanic or Latino or Central American, or other Spanish culture or origin, regardless of race. Not Hispanic or Latino				
of the original peoples of America), who maintains Asian: A person having o Far East, Southeast Asia,	ska Native : A person having origins in any North and South America (including Central tribal affiliation or community attachment. rigins in any of the original peoples of the or the Indian subcontinent including, for na, India, Japan, Korea, Malaysia, Pakistan,	 Black or African American: A person having origins in any of the black racial groups of Africa. Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. 		
The EEOC has recently updated its data collection requirements to allow employees who may be of two or more races to identify themselves. If you are of more than one race please identify them below. C. Two or More Races: (<u>If applicable</u> , select the two or more races with which you identify)				
American Indian or Alaska	a Native 🔲 Black or African Ame	erican 🗌 V	Vhite	
Asian	Native Hawaiian or C	Other Pacific Islander		
If you require an accommodation for the interview process please advise the HR representative at the department where you are applying for the job.				
REFERRAL SOURCE: How did you learn of this p	position?			



New Jersey State Parole Board Personal Relationships Disclosure Statement

In accordance with the Uniform Ethics Code, adopted by the NJ State Ethics Commission and the State Policy Prohibiting Discrimination in the Workplace, the NJ State Parole Board (SPB) requires the disclosure of all relatives, consensual personal relationships and cohabitants.

No SPB employee may supervise or exercise any authority with regard to personnel actions involving his/her relative, anyone with whom there is a consensual personal relationship *or* anyone with whom they cohabit.

<u>Relative</u>: is defined as an individual's spouse/domestic partner/civil union partner or the individual or spouse's/ domestic partner's/civil union partner's parent, child, brother, sister, aunt, uncle, niece, nephew, cousin, grandparent, grandchild, son-in-law, daughter-in-law, stepparent, stepchild, stepbrother, stepsister, half-brother, half-sister, whether the relative is related to the individual or the individual's spouse/domestic partner/civil union partner by blood, marriage or adoption.

<u>Consensual Personal Relationship</u>: is defined as a marriage, engagement, dating or other ongoing romantic or sexual relationship.

<u>Cohabitant</u>: is defined as non-related persons who share a household under circumstances where there is financial interdependence.

The SPB requires the disclosure of all relatives and consensual personal relationships to be promptly reported directly to the Chief, Personnel and Employment Unit (PEU). Confidentiality shall be maintained to the extent possible and practicable. This information may be shared with the SPB Equal Employment Opportunity Officer (EEO) and/or the SPB Ethics Liaison Officer as deemed necessary. Upon receiving notice of the relationship, PEU may address any situation as necessary in consultation with the EEO Office and/or the Ethics Liaison Officer. This may include, but is not limited to, the changing of reporting relationships or transferring any of the employees involved. Failure to provide notification to PEU may result in discipline, up to and including termination, and the denial of legal representation and indemnification by the State in the event that a lawsuit is filed having a connection with a personal relationship. Employees are under a continuing obligation to promptly report personal relationships that develop during the course of their employment.

I **DO NOT** have a relative or a consensual personal relationship, as defined above, with anyone working for the NJ State Parole Board.

I **DO** have a relative or a consensual personal relationship, as defined above, with someone working for the NJ State Parole Board.

NAME	RELATIONSHIP	UNIT & WORK LOCATION	

I certify that the information on this form, to the best of my knowledge and belief, is true, complete and accurate. I understand that any misleading or incorrect information, willful mistreatment or omission of a material fact, may be just cause for disciplinary action up to and including termination. I understand my obligation to promptly report any personal relationships that develop during the course of my employment.

Applicant/Employee Name (PRINT): _____

Applicant/Employee Signature: _____

Date: _____