New Jersey State Ethics Commission
Outside Activity Questionnaire

Name:

Work Address:

Office Email Address:

Department:

Division/Bureau:

Title:

Job Duties:

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:

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

Work Hours:

Save Form Print Clear Form

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