

STATE OF NEW JERSEY
NEW JERSEY STATE PAROLE BOARD

SELECT:

- APPLICATION FOR CERTIFICATE SUSPENDING CERTAIN EMPLOYMENT, OCCUPATIONAL DISABILITIES OR FORFEITURES
- APPLICATION FOR CERTIFICATE OF GOOD CONDUCT

INSTRUCTIONS: All questions must be answered in full. Please type or print legibly in ink. You may attach additional sheets to provide the information required and number your answer accordingly. Send the completed application to:

**New Jersey State Parole Board
P.O. Box 862
Trenton, NJ 08625-0862**

NOTE: It is necessary that you support this application with documentation (i.e.; copies of high school diploma, college transcripts, marriage license, proof of employment, proof of citizenship, if applicable, etc.).

Applicant Name: _____

Address: _____

Telephone #: _____

If you are represented by an attorney or other party, please indicate to whom all communications relating to this application should be addressed.

Attorney Name: _____

Address: _____

Telephone #: _____

1. I am requesting a Certificate for the following reason **(state reason for Certificate and/or identify the specific license or public employment position you are seeking). Provide the State Statute for the license which outlines the requirements:**

2. List any other names by which you have been known:

3. Provide all previous NJDOC, SBI #, or other identification numbers:

4. List Date of Parole: _____

District Office # (or location): _____

Max Date (end of supervision): _____

Did you successfully complete your parole term without any violation of parole or sanction? Yes No

If you answered no, explain how you violated parole and the Final Revocation Decision made by the Board Panel: _____

5. Date of Birth: _____

Social Security Number: _____

Drivers License Number (State): _____

Place of Birth: _____

Country: _____

Please provide a copy of your social security card and driver's license.

6. If you were not born in the United States, complete below.

When did you first enter the United States? _____

Port of Entry: _____

Under what name did you enter? _____

Are you a naturalized citizen of the United States?

Yes Date of Naturalization _____

No Give alien registration number _____

Are you presently under an order for deportation or are deportation proceedings pending? Yes No

Are you under an immigration detainer?

Yes No

7. Please indicate the institutions of education you attended.

Grammar School _____
Junior High _____
High School _____
College _____
Trade/Professional School _____

8. Were you ever married? (Including Civil Union)

Yes No

If yes, complete the following:

Name Used	Wife's or Partner's Maiden Name	Date & Place of Marriage
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did any marriage result in annulment, legal separation, or divorce?

Yes No

If yes, please provide:

Name/Location Court	Date of Decree	Type/Conditions of Decree
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. How many children do you have? _____

Give the following information about your children and any others who are dependent upon you for support:

Name	Date of Birth	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Have you been arrested since your release from parole supervision? **If so, list the date of arrest, the specific offense, and the arresting agency or Police Department:**

11. List all final Court disposition(s) pertaining to any arrest noted in item #10:

Date of Sentence	Location of Court	Sentence, Fine, etc.
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12. Do you currently have a pending charge against you? Yes No

If yes, list the date of arrest, specific offense, and arresting agency or Police Department:

13. List each term of community supervision - Parole and/or Probation:

Agency	Date Supervision Began	Date of Discharge	Violation?
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14. List each instance or occasion you were incarcerated in a State or County correctional facility (NJ and any other jurisdictions must be included):

Name and Location of Facility	Date Entered	Date Released
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15. List all offenses for which you entered a guilty plea and/or have been convicted as an adult offender, or adjudicated delinquent as a juvenile offender. You must include the specific offense type and degree of the offense for which you were convicted or adjudicated delinquent (ex.: Robbery - 2nd degree; or Possession of CDS - 3rd degree):

16. Have you been the subject of any action under the Prevention of Domestic Violence Act or had a restraining order placed against you since your release from parole supervision?

Yes No

If yes, please explain in detail including date of offense and disposition:

17. Have you ever been arrested or convicted of any offense involving the Use or Possession of a Controlled Dangerous Substance or illegal drugs? Yes No

If yes, please explain in detail including date of offense and disposition:

18. Was the use of alcohol or drugs involved in the commission of any offenses noted in your criminal history? Yes No

If yes, please explain in detail including date of offense and disposition:

19. Were you ever convicted or found guilty of Driving Under the Influence of Alcohol or Drugs? Yes No

If yes, please explain in detail including date of offense and disposition:

20. Have you ever had your driving license privileges revoked or suspended? Yes No

If yes, please explain in detail including date of offense and disposition:

21. Have you received any Motor Vehicle summons or traffic tickets since your release on parole or termination of parole supervision? Yes No

If yes, please explain in detail including date of offense and disposition:

22. Have you ever received treatment for alcohol use and/or drug addiction? Yes No

If yes, please complete the following, detailing each occasion for treatment:

Name of treatment facility: _____

Location: _____

Date treatment began: _____ Date discharged: _____

Reason for discharge:

Did you successfully complete the treatment plan? Yes No

If no, please explain:

Are you now or did you continue to participate in outpatient alcohol or drug counseling since your release from parole supervision? Yes No

If yes, please explain what type of outpatient counseling, where, how often, why?

23. List each job you have held following your release and provide the requested information for each employment:

EMPLOYER: _____

Dates of employment: from _____ to _____

Position or job title: _____

Nature of work: _____

Salary or hourly wage: _____

Reason for leaving: _____

EMPLOYER: _____

Dates of employment: from _____ to _____

Position or job title: _____

Nature of work: _____

Salary or hourly wage: _____

Reason for leaving: _____

EMPLOYER: _____

Dates of employment: from _____ to _____

Position or job title: _____

Nature of work: _____

Salary or hourly wage: _____

Reason for leaving: _____

(Please use a separate sheet of paper for additional employers.)

24. Provide names and addresses of any social clubs, unions, fraternal groups, or other community organizations that you have participated in:

25. Have you ever served in the United States Armed Forces?

Yes No

If yes, in what branch did you serve? _____

Date & place of entry: _____

Serial, service, or identification number: _____

Highest rank: _____

Discharge: Honorable Dishonorable General

Bad Conduct Other (explain)

Date of discharge: _____

Please provide documentation of your military discharge.

Do you have a disability that is recognized by the Veteran's Administration?

Yes No

If yes, describe the degree of your disability and indicate amount of financial benefits received per month: _____

25. List any community service you have been involved with or organizations that you are an active member:

26. List any certificates, awards, degrees, achievements or anything of which you are especially proud of accomplishing since you were released on parole:

You may include additional pages for any answers to any of the questions on this application. You may also attach documents you believe support your request for this Certificate.

NOTE: This application is subject to a complete investigation. You shall also be required to provide any additional information or documents deemed necessary by the Board in consideration of your request for a Certificate.

Please attach testimonial letters from at least two (2) persons who have knowledge of your community adjustment since your release on parole and, if possible, who are aware of your commitment offense. Or attach a statement explaining why you can not furnish such testimonial letters on your behalf.

Applicant's Signature: _____

Sworn and subscribed to before me this

_____ Day of _____ 20____

at _____

in the County of _____

State of _____

(Notary Public or other authorized to administer oaths)