



EMPLOYER CERTIFICATION

Applicant exemption from the requirement to take an examination for an entry-level law enforcement position

(Please Print or Type)

Applicant's Full Name:		Social Security Number:
Jurisdiction Name:		
Address:		
City:	State:	Zip:
Contact Person Name:		Telephone:
Contact Email Address:		Fax:

I certify that this appointment complies with all applicable State and Federal laws governing Equal Employment Opportunity.

I certify that the above named individual has successfully completed a full Basic Course for Police Officers ("BCPO") training course at a school approved and authorized by the New Jersey Police Training commission.

I certify that an ordinance or resolution has been adopted by the jurisdiction governing body which authorized the hiring of the above named individual and a conflict of interest and nepotism policy has been adopted pursuant to N.J.S.A. 11A:4-1.3.

Certifying Official Name and Title: (Please Print)

Signature of Certifying Official

Date

SUBMIT THIS FORM ALONG WITH:

1. A copy of the candidate's Police Training Commission Certificate
2. A copy of the ordinance or resolution authorizing the hiring
3. A copy of the jurisdiction's conflict of interest and nepotism policy
4. CAMPS New Hire Form

TO:

**NEW JERSEY CIVIL SERVICE COMMISSION
PO BOX 313, TRENTON, NEW JERSEY 08625-0313**

OR via email to: igs.support@csc.nj.gov

CONTACTING OUR OFFICE:

If you have inquiries regarding this application, please email:
igs.support@csc.nj.gov

NEW JERSEY CIVIL SERVICE COMMISSION USE ONLY

The applicant's information and required documentation verified

Authorized Signature

Date

New Hire – Exempt from entry-level law enforcement examination

*JURISDICTION CODE

*EFFECTIVE DATE

Transaction Codes: 02

MM/DD/YYYY

EMPLOYEE INFORMATION:

*Social Security Number	*First Name	MI	*Last Name	Suffix

*HOME ADDRESS

*Street1		
Street2		
*City	*State	*Zip

EMPLOYEE ID

JOB NO.

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CAMP S Generated Codes – Enter only if known

Email Address	*Date of Birth	*Gender	*EEO Ethnic Code	Educ. Code
		☐ Female ☐ Male ☐ Non-Binary		

*US Citizen	Immigration Number	Driver's License Number	State of Issue	*Residency Code
☐ Yes ☐ No				

Comments

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APPOINTMENT INFORMATION:

* Transaction Code	*Appt. Type	*Title Code	*Title Name
	RLW		

*Jurisdiction Name	*Jurisdiction Department	License Code

*Comp. Method	Part Time %	*Essential Emp.	*Salary Range Minimum	*Salary Range Maximum
		☐ Yes ☐ No		

*Base Salary	Extra Salary	Max. Appt. Duration

* Work Week Hours	WTP Start Date	Special Legislation Citation	Canvassed List
		NJSA 11A:4-1.3	☐ Yes ☐ No

Comments

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AUTHORIZING SIGNATURES:

The Appointing Authority takes responsibility for informing the employee and accepts responsibility for the accuracy of this request.

Appointing Authority: I certify that the action requested conforms to Civil Service Commission Rules and Regulations. This request has been made in accordance with legal requirements. * Employer Certification must be attached.

SIGNATURE OF AA:

DATE:

TITLE:

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FOR APPOINTING AUTHORITY USE:

X _____ X _____