



STATE OF NEW JERSEY
ASBESTOS SAFETY TECHNICIAN
CERTIFICATION APPLICATION

DATE: _____
mm / dd / yyyy

NAME: _____ **DATE OF BIRTH** _____
LAST FIRST M.I. (mm / dd / yyyy)

HOME ADDRESS: _____ **APT #:** _____
STREET ADDRESS

_____ CITY STATE ZIP CODE

TELEPHONE : _____

Social Security Number: _____ ****

EMAIL Address: _____

ACADEMIC INFORMATION - List all colleges, universities and graduate schools you have attended. If you are satisfying college credit requirements, please attach a valid transcript and copies of diplomas as applicable.

NAME	ATTENDED MONTH/YEAR	HOURS	MAJOR	DEGREE	GRADUATE YES / NO

TECHNICAL COURSES - List all related technical courses and training attended.

TECHNICAL COURSES - SECTION A			
NAME OF COURSE	ATTENDED MONTH/YEAR	EQUIPMENT USED	COURSE COMPLETED YES / NO

TECHNICAL COURSES – SECTION B	
<p>ASBESTOS SAFETY TECHNICIAN COURSE</p> <p>FROM: _____ TO: _____</p> <p>EXAM: PASS _____ FAIL _____</p> <p>SCORE: _____</p>	<p>ASBESTOS WORKER/SUPERVISOR COURSE</p> <p>FROM: _____ TO: _____</p> <p>EXAM: PASS _____ FAIL _____</p> <p>SCORE: _____</p>

NEW JERSEY ASBESTOS SAFETY TECHNICIAN EXAMINATION: PASS ? YES: [] NO: []

WORK EXPERIENCE - PLEASE LIST PRESENT EMPLOYER FIRST

POSITION: _____

NAME OF EMPLOYER: _____

STREET ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

DATES OF EMPLOYMENT : (CHECK BOX BELOW FOR EMPLOYMENT STATUS)

FROM: _____ TO: _____ FULL TIME: PART TIME:

MONTH / YEAR MONTH / YEAR

DESCRIBE YOUR DUTIES: _____

SUPERVISOR'S SIGNATURE: _____

WORK EXPERIENCE - (CONTINUED)

POSITION: _____

NAME OF EMPLOYER: _____

STREET ADDRESS: _____ PHONE _____

CITY: _____ STATE: _____ ZIP _____

DATES OF EMPLOYMENT:

(CHECK BOX BELOW FOR EMPLOYMENT STATUS)

FROM: _____ TO: _____ FULL TIME: PART TIME:
MONTH / YEAR MONTH / YEAR

DESCRIBE YOUR DUTIES: _____

SUPERVISOR'S SIGNATURE: _____

POSITION: _____

NAME OF EMPLOYER: _____

STREET ADDRESS: _____ PHONE _____

CITY: _____ STATE: _____ ZIP _____

DATES OF EMPLOYMENT:

(CHECK BOX BELOW FOR EMPLOYMENT STATUS)

FROM: _____ TO: _____ FULL TIME: PART TIME:
MONTH / YEAR MONTH / YEAR

DESCRIBE YOUR DUTIES: _____

SUPERVISOR'S SIGNATURE: _____

1. Have you ever been convicted of a crime of the third degree or above under the laws of the State of New Jersey, or under the laws of another state or of the United States, which if committed in this State would be such an offense or crime?

NO.

YES. If yes, please describe the circumstances in detail on a separate page. Be sure to include the exact charge, the date of the crime and any information relating to rehabilitation.

2. Have you, within the past 10 years, been convicted or fined or imprisoned, or placed on probation, or has any case been filed, or have you been ordered to deposit collateral for an alleged violation of any law or police regulation or ordinance, other than for traffic violations?

NO.

YES. If yes, please describe the circumstances in detail on a separate page. Be sure to include the exact charge, the date of the crime and any information relating to rehabilitation.

3. Have you ever been discharged, or forced to resign, for misconduct or unsatisfactory service from any position, or have you had any license, other than a driver's license, revoked or suspended?

NO.

YES. If yes, please describe circumstances on a separate attached page.

To the best of my knowledge, the information contained in this application is complete and accurate. I am aware that if an investigation discloses willful misrepresentations, my application will be rejected. I also hereby authorize the release of any criminal history record information to the New Jersey Department of Community Affairs, Division of Codes and Standards, Asbestos Safety Unit, for the sole purpose of determining my eligibility for Asbestos Safety Technician certification, pursuant to N.J.A.C. 5:23-8.

******PURSUANT TO THE PRIVACY ACT OF 1974 (P.L. 93-579), I REALIZE THAT DISCLOSURE OF MY SOCIAL SECURITY NUMBER IS VOLUNTARY. I ALSO REALIZE THAT MY SOCIAL SECURITY NUMBER WILL BE USED BY NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS FOR THE PURPOSE OF FACILITATING THE SECURITY CHECK AUTHORIZED BY N.J.A.C. 5:23-5.5 AND N.J.A.C. 5:23-5.25. ANY INFORMATION RELEASED AS A RESULT OF THIS AUTHORIZATION, INCLUDING THE DISCLOSURE OF MY SOCIAL SECURITY NUMBER, SHALL BE USED ONLY FOR THE PURPOSE OF PROCESSING THIS APPLICATION.******

DATE _____ Signature of Applicant _____
mm / dd / yyyy

Notary's Signature _____

DATE _____
mm / dd / yyyy

Notary Stamp and/or Seal:

ALL STATEMENTS ARE SUBJECT TO INVESTIGATION AND VERIFICATION. FALSIFICATION OR INTENTIONAL MISSTATEMENT OF ANY MATERIAL FACT WILL BE CAUSE FOR REJECTION. FAILURE OF THE APPLICANT TO FURNISH ALL INFORMATION AND RECORDS REQUESTED MAY RESULT IN REJECTION OF THE APPLICATION.

