

# APPLICATION FOR EXEMPTION FROM THE PROVISIONS OF N.J.S.A. 52:14-7a OF THE NEW JERSEY FIRST ACT

Employee Residency Review Committee ) OFFICIAL USE ONLY:  
Dept. Labor & Workforce Development )  
PO Box 110, Trenton, NJ 08625-0110 )  
E-mail: NJFirst@dol.state.nj.us )  
Fax: (609) 292-2359 )

*Instructions: Complete this form and answer all questions. Please type or print legibly. You may attach other documents to support your application. Mail, fax, or e-mail all documents to the address/number listed above.*

## **APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Current Address: \_\_\_\_\_ Floor/Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone No.: \_\_\_\_\_ Alternate Telephone No.: \_\_\_\_\_

## **EMPLOYER OR PROSPECTIVE EMPLOYER INFORMATION**

Employer Name: (e.g., "City of Camden" or "Atco School District") \_\_\_\_\_ What was/will be your first date of work?: \_\_\_\_\_

Employer Mailing Address: \_\_\_\_\_

Name and Title of Human Resources Director or Head of Agency: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

## **APPLICATION DETAILS**

Exemptions from the residency requirement must be based on "critical need or hardship." On an attached sheet, please explain your critical need and/or hardship. Attach additional sheets as you feel appropriate to support your application. Applications for exemption must be submitted to the Employee Residency Review Committee, which must approve the application. Remember that you have the burden to prove a critical need or hardship to the Committee's satisfaction. If you fail to prove your critical need or hardship, the Committee will deny your application. Also, if you fail to support any facts asserted in your application with sufficient documentation, the Committee may deny your application. Please be mindful that all meetings of the Residency Review Committee are open public meetings.

Will you be appearing in-person to make a statement in support of your written application? YES \_\_\_\_\_ NO \_\_\_\_\_

**By my signature below, I hereby certify under penalty of perjury that the foregoing statements and any information provided in support of this application are true and correct to the best of my knowledge and belief.**

X \_\_\_\_\_  
Applicant's Signature Date