

**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](mailto:NJFirst@dol.state.nj.us) Fax: (609) 292-2359 )

*Instructions: Complete this form and answer all questions. Please type or print legibly. Mail, fax, or e-mail all documents to the address/number listed above. Upon receiving your application, the Employee Residency Review Committee will send a letter to you, which details the hearing process moving forward. This form, and all supporting documentation, **MUST** be submitted prior to your scheduled hearing. The Committee will **NOT** accept any additional documentation on the day of your hearing.*

**APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Floor/Apt. No.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Telephone No.: \_\_\_\_\_ Alternate Telephone No: \_\_\_\_\_  
Email: \_\_\_\_\_

**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." Please include with your completed application form an explanation of your employer's critical need or the hardship you will suffer if not granted the residency requirement exemption. **You must support any facts asserted in your application with sufficient documentation, or the Committee may deny your application based on insufficient information.**

If your request for an exemption is based upon your employer's critical need, we recommend that you include a letter from your employer explaining the critical need to support your application.

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

Have you ever filed for an exemption in the past? YES \_\_\_ NO \_\_\_ If so, please list either the date or the application number \_\_\_\_\_.

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