

This Application **MUST** be used to register for CPM I-II-III.



APPLICATION - LEVELS I, II, III
New Jersey Certified Public Manager Program
New Jersey Department of Personnel - HRDI
www.njtrainer.com

(Please Print or Type)

FOR PROGRAM USE ONLY	
Assigned Class ID	Start Date
Location	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

1. NAME (last, first, middle initial) _____

2. JOB TITLE _____ 3. E-MAIL ADDRESS (Required) _____

4. DEPARTMENT / AGENCY / JURISDICTION _____ 5. DIVISION / UNIT _____

6. BACKGROUND DATA
 Completion of this part is voluntary and is to be used only for complying with EEOC Guidelines and the New Jersey State Affirmative Action Program.

A. SEX
 Male
 Female

B. CHECK THE GROUP YOU ARE A MEMBER OF
 1 Black (Non Hispanic) 2 White (Non Hispanic) 3 Hispanic
 4 Asian or Pacific Islander (Including Indian Sub-continent)
 5 American Indian or Alaskan Native

7. ADA ACCOMMODATION: If you need any special consideration/assistance in order to take this course, please contact the CPM Office.

8. HOME ADDRESS (Street, City, State, & Zip Code)

 Home Phone: ()
 Cell Phone: ()

9. BUSINESS ADDRESS (Street, City, State, & Zip Code)
 State employees please include P.O. Box if applicable.

 Business Phone: ()
 Business Fax: ()

10. EDUCATION (Check highest level completed)

High School Some College Associate Bachelor
 Some Post Graduate Doctorate Masters

Area of Study: _____

11. Total years of Supervisory Experience _____

12. Total years of Experience in NJ Government _____

13. Class location: Levels I - III are held at a variety of sites. Please check box and fill in the name and date of the site of your first **and** second site choice.

1st Choice:
 North _____ Central _____ South _____

2nd Choice:
 North _____ Central _____ South _____

14. APPLICANT'S SIGNATURE _____
 DATE: _____

15. THIS APPLICANT IS AUTHORIZED TO ATTEND THE CERTIFIED PUBLIC MANAGER PROGRAM. (LEVELS I - III)

 (Chief Executive Officer or Designee) (Date:)

Please Indicate: AGENCY PAY SELF PAY

Send completed forms to:
NJ Department of Personnel / HRDI
Certified Public Managers Program
P.O. Box 318
Trenton, NJ 08625-0318

Or Fax: (609) 777-3985
 Attn: CPM Program

For more information please call:
HRDI: (609) 777-1547
or (609) 777-0364