

APPOINTING AUTHORITY POSITION VACANCY REQUEST
NEW JERSEY DEPARTMENT OF PERSONNEL
STATE & LOCAL GOVERNMENT OPERATIONS - INTERGOVERNMENTAL SERVICES

REQUEST TYPE:

- POST TO ITP WEB SITE
 FILE WITH TRANSFER

JURISDICTION:

JURISDICTION CODE:

CONTACT PERSON:

ADDRESS:

TELEPHONE: ()

EMAIL ADDRESS:

FAX: ()

TITLE OF POSITION/VACANCY:

SALARY: \$

POSTING EXPIRATION DATE:

OPEN TO RESIDENTS OF:

(Minimum Posting of 30 days / Maximum Posting 90 days)

MUNICIPALITY COUNTY STATE

POSITION SCHEDULE:

NUMBER OF VACANCIES:

FULL-TIME PART-TIME: HOURS PER WEEK

POSITION LOCATION (DEPARTMENT / AGENCY):

TITLE / JOB SPECIFICATION #:
(SPECIFY UNCLASSIFIED IF APPLICABLE)

ENTER REQUIRED LICENSE(S) / CERTIFICATIONS:

GENERAL DESCRIPTION / POSITION REQUIREMENTS:

Please provide skill set(s) – Must be within job specification for title. (use additional pages if needed)

EDUCATION / EXPERIENCE:

FILING INSTRUCTIONS:

(POSITION/POSTING # AND/OR COVER LETTER REQUIREMENTS)

ALTERNATE FILING INSTRUCTIONS:

(ELECTRONIC FILING AND FAXING OPTIONS)

SEND RESUMES TO:

Same As Above

Name/Title/Department: _____

Address: _____

City/State/Zip: _____

Telephone Contact #: _____

APPOINTING AUTHORITY APPROVAL (Authorized Signature of Authority as listed with DOP):

SIGNATURE: _____

TITLE _____ **DATE** _____

PLEASE NOTE THAT A FOLLOW-UP CALL OR EMAIL WILL BE GENERATED ONCE WEB POSTING HAS EXPIRED!

MAIL: STATE & LOCAL GOVERNMENT OPERATIONS - INTERGOVERNMENTAL SERVICES

P.O. BOX 313, TRENTON, NEW JERSEY 08625-0313 TEL: 609-984-1924 FAX: 609-984-1910