

WOODSTOWN-PILESGROVE REGIONAL SCHOOL DISTRICT
Woodstown, New Jersey 08098-1336

SUBSTITUTE APPLICATION PROCEDURES

The items listed on this front side of the sheet are required for issuance of a substitute teaching certificate:

1. The Department of Education requires all new employees to undergo a criminal history background check. Enclosed are instruction sheets detailing the steps to be followed for your fingerprinting as a new employee or archiving your prints if you have had them done for another school district.
2. Complete the Substitute Credential Application form.
3. Complete the Oath of Allegiance. Someone in the Superintendent's Office can notarize the form for you.
4. An official transcript showing a minimum of 60 semester hour credits completed at an accredited college. *Do not open the transcript. **The transcript must be in an official sealed envelope.***
5. A certified check or money order in the amount of \$125.00 payable to the **New Jersey Commissioner of Education** is required. This is the cost of the substitute certificate, which is valid for five years. Please note that cash or a personal check is not acceptable.

When you have all of the items listed in #1 through #5 above, bring them to the Superintendent's Office at the Woodstown-Pilesgrove Regional School District along with the district documents listed below.

The items listed below are documents required by the district prior to working as a substitute:

1. Employment Application: Complete the district application in its entirety. Be sure to indicate at which schools you are willing to substitute. While some spots may be left blank on the back of the form, you must fill in the reference section and sign the form.
2. Complete the following forms:
 - a. W-4 form.
 - b. Top portion of the Employment Eligibility Verification Form. When supplying your forms of identification, we must see the originals; copies are not acceptable.
 - c. State of New Jersey New Hire Reporting Form. Leave date of hire blank.
 - d. 403(b) Salary Reduction Contribution Eligibility Notification form. Leave date of hire blank.
 - e. Direct Deposit form. Please include a voided check.
 - f. Physical Form signed by your doctor.
 - g. Questions? Call Joyce Rose at 856-769-0144 extension 22252

FINGERPRINT INSTRUCTIONS FOR BOARD OF EDUCATION MEMBERS

Salem County – Code #33

Woodstown-Pilesgrove Regional School District – Code #5910

CRIMINAL HISTORY INSTRUCTIONS FOR NEW APPLICANTS

1. Access the Criminal History Review Unit's direct web address to begin the process. The web address is: <http://www.nj.gov/education/educators/crimhist>. Click on "File Authorization and Make Electronic Payment for Criminal History Record Check." Enter your Social Security number and click "Continue."
2. Select the first option: "New Administration Fee Request (New Applicants Only)" and enter your Social Security number to ascertain if you are eligible for the process. The screen displays four (4) options as to the job position(s) and employer. Please select the appropriate option and proceed to next screen.
 1. All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Students with Disabilities and Charter Schools
 2. All School Bus Drivers and Bus Aides for Public Schools, Private Schools for Students with Disabilities, Charter Schools and Authorized School Bus Contractors
 3. All Job Positions, except School Bus Drivers and Bus Aides, for Non Public Schools
 4. All School Bus Drivers and Bus Aides for Non Public Schools and Other Agencies
3. Complete the requested applicant information to include the county/district/school/contractor code names (listed at the top of this page) and proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the AA&C by checking the box.
4. Please complete the required payment information. There is a \$10.00 administrative fee for the department to process the request and issue an approval letter. There will also be an additional \$1.00 convenience fee charged by the private vendor, NicUSA for processing the credit card information. Methods of payment are Visa, MasterCard, American Express or Discover credit cards.

You **MUST** click the "Make Payment" button only one time to complete the transaction.

5. After completing the transaction, you will be presented with three required steps:
 1. View and/or print your New Administration Fee Payment Request confirmation page
 2. Complete and/or print your IdentoGO NJ Universal Fingerprint Form
 3. Click here to schedule your fingerprinting appointment with MorphoTrust
6. Select the first option "View and/or print your New Administration Fee Payment Request confirmation page" and print a copy of the receipt by clicking the print button in the upper right corner of the page and presenting a copy to the employing entity.
7. Next select the second option "View and/or print your IdentoGO NJ Universal Fingerprint Form." You must print the IdentoGO NJ Fingerprint Form and fill in the boxes for Height, Weight, Maiden Name (if applicable), Place of Birth, Country of Citizenship, Hair Color, and Eye Color and present it to MorphoTrust at the time of LiveScan fingerprinting.
8. Access the MorphoTrust web page by selecting the third option "Click here to schedule your fingerprinting appointment with MorphoTrust" or call 1-877-503-5981 to schedule a fingerprinting appointment.
9. In about two weeks, you will be able to view and print your "Applicant Approval Employment History" by accessing the Criminal History Review Unit website. Please give a copy to your employer.

FINGERPRINT INSTRUCTIONS FOR BOARD OF EDUCATION MEMBERS

Salem County – Code #33

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ARCHIVE APPLICATION REQUEST

1. Access the Criminal History Review Unit's direct web address to begin the process. The web address is: <http://www.nj.gov/education/educators/crimhist>.
2. Your most recent PCN (Process Control Number) is required for this process. Your PCN can be obtained from your MorphoTrust receipt or by accessing your **"Applicant Approval Employment History"** on the website.
3. Click on **"File Authorization and Make Electronic Payment for Criminal History Record Check."**
4. Select the second option: **"Archive Application Request (Applicants Previously Fingerprinted for the Department of Education and Approved Subsequent to February 2003)."**
5. Please enter your Social Security number to ascertain if you are eligible for the process. Click **"Continue."**
6. Select the appropriate Applicant Authorization and Certification form (AA&C) that is suitable to your job position and employer.
7. Complete the requested applicant information to include the county/district/school/contractor code names listed at the top of the page and proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the AA&C by checking the box. Click **"Next"**
8. Submit your credit card payment. Total payment is \$28.50 (\$27.50 plus a \$1.00 convenience fee charged by the private vendor). Click **"Continue"** and then click **"Make Payment"** at the bottom of the next page.
9. The Payment Confirmation page will state **"Your ePayment transaction has been processed successfully."** You should print a copy of this receipt.
10. In about two weeks, you will be able to view and print your **"Applicant Approval Employment History"** by accessing it on the Criminal History Review Unit website. Please give a copy to your employer.

OATH OF ALLEGIANCE / VERIFICATION OF ACCURACY

IMPORTANT: This form is to be completed by only those individuals who are U.S. citizens. See Section B below.

A. Basic Information Please print your name as it appears on any documentation that you are required to submit

Last Name First Name Middle Name or Initial

Street Address

City

State

Zip

Social Security Number

Date of Birth: Month

Day

Year

Tracking Number

Email Address

Phone Number Including Area Code

Are you applying for the New Charter School Certificates? Circle whichever applies YES NO

Are you a military veteran? Circle whichever applies YES NO

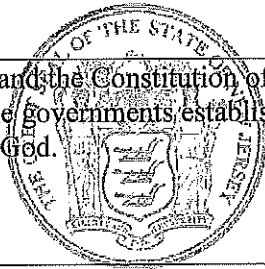
Endorsement Information. Please enter below the code and print the name of each endorsement for which you are applying.

Code Name of Endorsement

B. Oath of Allegiance Choose one of the following.

Option I

I, _____ do solemnly swear, (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey, and that I will bear true faith and allegiance to the same and to the governments established in the United States and in this State, under the authority of the people, so help me God.



Option II

I, _____ do solemnly swear, (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey, and that I will bear true faith and allegiance to the same and to the governments established in the United States and in this State, under the authority of the people.

C. Certification Failure to complete these items will result in rejection of the candidate's application for certification.

Circle whichever applies

1. Have you ever been convicted of, pled guilty, no contest or *nolo contendere* to, or had adjudication withheld to a crime or offense, including DUI, in New Jersey or any other state or jurisdiction? If yes, complete and submit a Criminal/Offense Information Form. Yes No

2. Have you ever had an education or other professional certificate, license or credential revoked, suspended, invalidated or denied for cause in New Jersey or any other state or jurisdiction? * Yes No

3. Have you ever surrendered or relinquished an education or other professional certificate, license or credential in New Jersey or any other state or jurisdiction? * Yes No

4. Are you the subject of any pending action or proceedings against your education or other professional certificate(s), license(s) or credential(s) in New Jersey or any other state or jurisdiction? * Yes No

5. Have you ever resigned, retired or been dismissed or suspended from an education-related position in New Jersey or any other state or jurisdiction following allegations of misconduct? * Yes No

6. Are you the subject of any civil, criminal or administrative investigation in New Jersey or any other state or jurisdiction? * Yes No

* If any answer to Questions 2 through 6 is "yes," complete and submit an Additional Information For the Oath of Allegiance Form.

D. Verification of Accuracy

I certify that all statements and information provided herein are true and accurate.

Applicant's Signature (in ink)

Date

Sworn and subscribed to before me this _____ day of _____, 20____

Notary Seal

Notary Signature

Once completed, mail the form to:

New Jersey State Department of Education
Office of Certification and Induction
P.O. Box 500
Trenton, New Jersey 08625-0500

Attention: Oath of Allegiance/Verification of Accuracy

(REV. 10.15.14)
 STATE OF NEW JERSEY – DEPARTMENT OF EDUCATION
 DIVISION OF FIELD SERVICES AND OFFICE OF CERTIFICATION AND INDUCTION
SUBSTITUTE CREDENTIAL APPLICATION COUNTY: _____

NOTE: THIS APPLICATION MUST BE TRANSMITTED TO THE COUNTY OFFICE IN WHICH THE SPONSORING DISTRICT IS LOCATED

This credential will be issued for a five-year period, but the holder may serve for no more than 20 total instructional days in the same position in one school district during the school year unless approved by the Executive County Superintendent for an additional 20 instructional days pursuant to N.J.A.C. 6A: 9B-6.5(b). Such credentials, which are issued by the Executive County Superintendent of Schools under the authority of the State Board of Examiners, are designed only for emergency purposes when the supply of properly certificated substitutes is inadequate to staff a school. They are intended only for persons temporarily performing the duties of a fully certificated and regularly employed teacher.

TO BE COMPLETED BY APPLICANT -- Please Type or Print Clearly

Name _____ Social Security # _____
 (First) (Middle/Maiden) (Last)

Address _____
 (Street) (City) (State) (Zip)

Date of Birth _____ E-Mail Address _____ Telephone _____

Are you a citizen of the United States? Yes No
 If no, have you filed an Affidavit of Intent to Become a Citizen? Yes No If yes, Alien Registration # _____

NOTE: The Affidavit of Intent to Become a Citizen is **not** a requirement for the substitute credential.

Have you ever been convicted of a crime in this or any other state? Yes No
 If yes, give the name of the municipality and attach statement giving details.

Have you ever had an educator's certificate revoked or suspended in this or any other state? Yes No
 If yes, attach statement giving details.

Have you taken the Oath of Allegiance? Yes No

EDUCATION

Regionally-Accredited College Name	Location	Degree / Degree Date	Major	# Credits

WORK EXPERIENCE (teaching)

I certify that the above statements and data are correct: _____ (Signature of Applicant) _____ (Date)

<u>FOR DISTRICT OR DISTRICT DESIGNEE* USE: AFFIRMING TRANSMITTAL OF APPLICATION</u>	
Print Name of District Representative or District Designee Representative _____	Signature of District Representative or District Designee Representative _____
Name of District for Which Application is Transmitted _____	Date _____
*District designee is defined as a vendor / firm that contracts with the district for this purpose.	
Name Vendor / Firm if Transmitted by Designee _____	

FOR COUNTY USE: REGULAR SUBSTITUTE APPLICATION	VOCATIONAL / SCHOOL NURSE APPLICATION
<input type="checkbox"/> Application <input type="checkbox"/> Oath <input type="checkbox"/> Transcripts <input type="checkbox"/> Fee Date of Criminal History Approval if applicable _____ or Date of Emergent Hire Approval if applicable _____ CERTIFICATE # _____ DATE OF ISSUE _____	<input type="checkbox"/> For vocational applicants/notarized statement of previous employment or valid occupational license. <input type="checkbox"/> RN License # _____ Exp. Date _____

WOODSTOWN-PIESGROVE REGIONAL SCHOOL DISTRICT

SUBSTITUTE APPLICATION FOR EMPLOYMENT



Applicant's Full Name _____
(Last) (First) (M.I.)

Other Name(s) _____

(Please provide any additional information relative to change of name, use of an assumed name, or nickname, necessary to enable a check on your work or school record.)

Present Mailing Address _____
(Address) (City) (State) (Zip)

Permanent Mailing Address _____
(Address) (City) (State) (Zip)

Telephone Numbers - Home _____ Cell Phone _____

Email Address _____

Social Security Number _____ Birthdate _____

I certify that the responses on this application and any accompanying pages are true. I understand that the Woodstown-Pilesgrove Regional Board of Education will rely on the information contained in this application. I understand that any material omission or false response will be sufficient grounds for failure to employ or for my discharge should I become employed with the Board of Education.

I understand that any offer of employment will be conditioned upon receipt of reports revealing satisfactory results from a criminal background check and a medical examination demonstrating the absence of any conditions that would prevent me performing the essential functions of the job.

Date _____ Signature of Applicant _____

Are you legally eligible to work in the U.S.? Yes No

- INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE QUALIFIED**
- | | | | |
|--|--------------------------------------|--------------------------------------|---|
| <u>Support</u> | <u>Facilities</u> | <u>Office</u> | <u>Teacher</u> |
| <input type="checkbox"/> Classroom Aide | <input type="checkbox"/> Custodian | <input type="checkbox"/> Secretarial | <input type="checkbox"/> Substitute Certificate |
| <input type="checkbox"/> Lunch Aide | <input type="checkbox"/> Grounds | | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Paraprofessional
(ParaPro test/Substitute Certificate) | <input type="checkbox"/> Maintenance | | Certificate |

- PLEASE CHECK WHICH BUILDINGS YOU WOULD LIKE TO SUBSTITUTE IT:**
- High School (Grades 9-12) Middle School (Grades 6-9) Mary Shoemaker (Grades 1-5) William Roper (PreK-K)

I. EDUCATIONAL AND PROFESSIONAL TRAINING (List chronologically.)

Level of Education	Name of School or University/Branch	State	Field of Study	Graduated Yes or No	Type of Diploma/Certificate/Discharge
High School					
College/University					
Military					

II. WORK EXPERIENCE (List chronologically full time, part time and summer employment. Attach additional sheets if necessary.)

Employer	Complete Address City, State Zip	Phone #	Full/Part Time	Type of Work	Dates of Employment From....To
1.					
Supervisor:		Salary		Reason for leaving:	
Employer	Complete Address City, State Zip	Phone #	Full/Part Time	Type of Work	Dates of Employment From....To
2.					
Supervisor:		Salary		Reason for leaving:	
Employer	Complete Address City, State Zip	Phone #	Full/Part Time	Type of Work	Dates of Employment From....To
3.					
Supervisor:		Salary		Reason for leaving:	
Employer	Complete Address City, State Zip	Phone #	Full/Part Time	Type of Work	Dates of Employment From....To
4.					
Supervisor:		Salary		Reason for leaving:	

VIII. GENERAL INFORMATION

Yes No Have you ever had a professional certificate or license revoked or suspended? If yes, explain.

Yes No Have you ever been convicted of a violation of law other than a minor traffic violation? If yes, explain.

Yes No Are any criminal charges now pending against you? If yes, attach written explanation.

Yes No Have you been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child? If yes, explain.

Yes No Are you related to any board members or Woodstown-Pilesgrove Regional School District employee?
If yes, who? _____ Relationship? _____

Yes No Have you had military experience? From: _____ To: _____ Number of Years: _____

Yes No Do you have children attending our schools? If so, which school(s)?

Yes No Are you able with or without accommodation, to perform all essential functions of the position for which you are applying?

VII. REFERENCES

Name of Reference	Position/Relationship	Mailing Address	Phone Number
1.			
2.			
3.			
4.			
5.			



Woodstown-Pilesgrove Regional School District

Employee Account Agreement

Name: _____

Position: _____ Location: _____

I have read the District Internet Safety (6142.10) policy regarding Acceptable Use. I agree to follow the rules contained in this policy. I understand that if I violate the rules, I may face disciplinary action.

I hereby release the District, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my use of, or inability to use, the District system, including, but not limited to, claims that may arise from the unauthorized use of the system to purchase products or service.

By signing of this agreement, I do not agree to any particular discipline as being appropriate in any particular circumstance. Per our negotiated agreement, I reserve the right to contest any disciplinary action through the grievance procedure.

I understand this agreement will become part of my personnel file.

Signature: _____ Date: _____

Woodstown-Piles Grove Regional School District
Employee Physical Examination Form

NAME: _____ Address: _____

POSITION: _____ PHONE #: _____ EMAIL ADDRESS: _____

- As a condition for employment in the Woodstown-Piles Grove Regional School District you must successfully pass an examination to determine that you are in good health and free of tuberculosis. In addition, **your physician must provide the results of your TB skin test or chest x-ray, as well as the date on which it was performed, and read.**
- I hereby give consent to have further information that is requested by the Woodstown-Piles Grove Regional School District released by the physician who examined me.
- I certify that my responses above are complete and true to the best of my knowledge.

Signature of Employee: _____ Date: _____

TO BE COMPLETED BY PHYSICIAN:

Date of Examination: _____ General Appearance: _____

Height: _____ Weight: _____ Allergies: _____

Temperature: _____ Pulse: _____ Respiration: _____ B/P: _____

TB Test: _____ Date Done: _____

_____ Date Read: _____ Result: _____ MM

If Positive, chest x-ray: _____ Date Done: _____ Result: _____ Date TB prophylaxis initiated: _____

SYSTEM	Yes	No	If Abnormal, Comments:
Skin			
Eyes			
Ears			
Nose			
Throat/Dental			
Cardiovascular			
Respiratory			
Gastro Intestinal			
Genito-Urinary			
Neurological			
Musculoskeletal			
Other			

Summary of Findings:

I hereby certify that I have examined the above applicant and that the above is a complete and accurate record of my examination.

I hereby state that this employee is in good physical and mental health which is required to perform the essential functions of the position for which he or she is applying.

Medical License Number: _____

Print Name of Examiner Signature of Examiner M.D./D.O.

Address Office Number Office Fax Number