

Instructions for Substitute Teacher

Monmouth Beach School

7 Hastings Place, Monmouth Beach, NJ 07750

When you have completed all paperwork in this packet, please return to Dawn Fichera at Monmouth Beach School, (732) 222-6139 ext. 252. The following paperwork must be completed before your name is presented to the Board of Education for approval to substitute in the district:

1. Completed Monmouth Beach School Application.
2. If applying for a Substitute Teacher Certificate, complete the County Substitute Application & Oath of Allegiance. You will also need to have an official transcript reflecting at least 60 credits, and a check/money order for \$125 made payable to "Commissioner of Education". Otherwise, bring in a copy of your Substitute Teaching Certificate or New Jersey Teaching Certificate.
3. You will also need to submit a receipt of your fingerprinting/background check.
4. Complete the Department of Education electronic filing for criminal history. See below for instructions:

A. If you are currently substituting in another district, please bring your approval letter. Currently, N.J.S.A.18A:6-7.1(b) and N.J.S.A.18A:39-19.1 permits an individual serving in a substitute position or a school bus driver holding an "S" endorsement to transfer to another employer without undergoing a new criminal history record check. The New Jersey Department of Education's Criminal History Review Unit (CHRU) requires the new employer to submit a transfer request to allow the unit to maintain tracking on individuals in these positions should they have an arrest added to their criminal history record subsequent to their initial approval. Effective August 16, 2016, individuals in substitute positions and school bus drivers or their employers must file a transfer request to the CHRU. There will be a \$5.00 fee and an additional \$1.00 convenience fee charged by the vendor, similar to the cost for the discontinued approval letter. For additional information, please contact the CHRU at (609) 292-0507.

OR

B. If you are not currently working or substituting in another school district, but have been fingerprinted and processed through the Dept. of Education after February 21, 2003, your fingerprints may be archived. Go to the Dept. website, <http://www.nj.gov/education/educators/crimhist/>. Follow the link for "e-payment Criminal History Record Check", click on "Archive Application Request", and put in your SS#. Complete the form. All fields with a red asterisk must be completed before proceeding to the next page. **Occupation: It is critical to complete this accurately with emphasis on choosing the correct job category. Please select "Substitute Teacher". The cost to archive your prints is \$27.50. Methods of payments are Visa, M/C, Amex or Discover credit cards. Click the submit button only one time to complete the transaction. Print a copy of your confirmation by clicking the print button in the upper right hand corner. Codes necessary to complete this online filing are as follows: **County Code is 25 and District Code is 3250** for Monmouth Beach School.

C. If you are a new substitute:

(a). Go the department Website, <http://www.nj.gov/education/educators/crimhist/>. Follow the link "epayment Criminal History Record Check". Click on "New administrative fee request (Initial Applicants), click on # 1 "All job positions...for Public Schools". Complete the form. All fields with a red asterisk must be completed before proceeding to the next page. **Occupation: It is critical to complete this accurately with emphasis on choosing the correct job category. Please select "Substitute Teacher". The cost of the administrative fee is \$11.00. Methods of payments are Visa, M/C, Amex or Discover credit cards. Click the submit button only one time to complete the transaction. Print a copy of your confirmation by clicking the print button in the upper right hand corner. Codes necessary to complete this online filing are as follows: **County Code is 25 and District Code is 3250** for Monmouth Beach School.

(b). From this page, you may go directly to schedule your appointment. Click on www.bioapplicant.com. You will need to complete the IdentoGo MorphoTrust Fingerprinting form, which is on the online filing. To help you complete the form, some of the information you will need includes the following:

ORI – NJ930100ZN for Department of Education

Category: EDK

Statute: 18A:6-7.2 for Public School Employment

Document Type: RB1 for both Federal and State Cards

Contributor's Case: 253250

Continue to add in your personal information

Occupation: Please select Substitute Teacher"

Employer: Monmouth Beach School, 7 Hastings Place, Monmouth Beach, NJ 07750

Continue to schedule your appointment to your convenience. The cost of prints will be \$62.70. Be sure to print out your confirmation. Also, be sure to bring a photo ID to your appt.

5. Upon your first day of working in the building, you will be required to complete a W-4 and I-9 employment forms. Please note you will be required to submit original appropriate identification forms.

MONMOUTH BEACH SCHOOL
MONMOUTH BEACH, NJ 07750

Substitute Teacher's Application

Name: _____ Telephone No. _____

Address: _____

Birth Date: _____ Social Security No. _____

Educational Background:

Name of College/Address

Degree - Date Earned

| Name of College/Address | Degree - Date Earned |
|-------------------------|----------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Teaching Experience (include dates):

List names, addresses and telephone numbers of two references:

Give title and grades of N.J. Teaching Certificate you hold (include a copy):

Do you have a Certificate for Substitute Teaching (include a copy)? _____

Do you have a Criminal Investigation Certificate (include a copy)? _____

Signature: _____ Date of Application: _____

(REV. 9.17.14)
 STATE OF NEW JERSEY - DEPARTMENT OF EDUCATION
 DIVISION OF FIELD SERVICES AND OFFICE OF LICENSURE AND CREDENTIALS
 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. 8A:09-6.8(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

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

WORK EXPERIENCE (teaching)

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

| FOR DISTRICT OR DISTRICT DESIGNEE* USE: AFFIRMING TRANSMITTAL OF APPLICATION | |
|--|---|
| 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 |
| Name Vendor / Firm if Transmitted by Designee | *District designee is defined as a vendor / firm that contracts with the district for this purpose. |

| 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 _____ |

April 8, 2016

Subject: New Oath of Allegiance Forms and accompanying forms

The Oath and Non-Citizen Oath have been updated to include 5 additional questions. When completing the oath, if an applicant answers "yes" to question number one then they need to submit the Criminal Offense Information Form.

When completing the oath, if the applicant answers "yes" to any questions numbered 2-6 they need to submit the Additional Information for the Oath of Allegiance Form.

Please let me know if you have any questions.

New Jersey State Department of Education
Office of Certification and Induction

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

New Jersey State Department of Education
Office of Certification and Induction

CRIMINAL/OFFENSE INFORMATION FORM

| | | | | |
|---|--|---------------|-------|---------------------|
| Identification Information. Please print clearly. | | | | |
| Last Name | | First Name | | Middle Name/Initial |
| Street Address | | | | |
| City | | | State | Zip |
| Social Security Number | | Date of Birth | Month | Day Year |

INFORMATION REGARDING CRIMES AND/OR OFFENSES

You indicated on your application for certification that you have been convicted of, pled guilty, no contest or *nolo contendere*, or had adjudication withheld to a crime or offense, including DUI. Before your application can be processed, the State Board of Examiners, the teacher licensing authority, requires that you provide answers to the following questions regarding your crime(s) and/or offense(s). The State Board of Examiners will review the information provided to determine if your application for certification can be processed.

1. Specify and describe the nature of the crime(s) and/or offense(s). Attach additional sheets, as necessary. Include the Item # when items are continued on another sheet.

| | | | |
|--------------------------|----------------|----------------|--------------------------------|
| 2. Date of Crime/Offense | Date of Arrest | Indictment No. | Date of Disposition of Charges |
|--------------------------|----------------|----------------|--------------------------------|

3. Name and address of court.

4. What was the disposition of the case (e.g., convicted, pled guilty, accepted into Pretrial Intervention program, etc.)?

Were you sentenced? Yes ___ No ___ If yes, what was the sentence imposed (include fines, community service, etc.)?

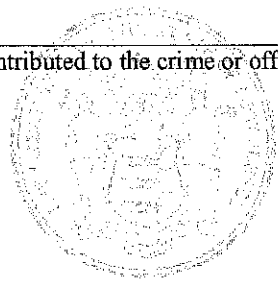
PLEASE COMPLETE SECTIONS ON NEXT PAGE

5. What was your age at the time the crime or offense was committed? _____

6. Describe the circumstances under which the crime or offense occurred.

7. Indicate if the crime or offense was an isolated or repeat incident.

8. Indicate any social conditions which may have contributed to the crime or offense.



9. Provide written evidence of rehabilitation, such as good conduct in prison or in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs, or the recommendation of persons who have supervised you in some capacity.

10. You may provide any additional information or documentation that you wish the State Board of Examiners to consider. For example, you may provide documentation such as an employment approval letter from the Criminal History Review Unit in the New Jersey State Department of Education that approves you for public school employment or a copy of the judgment(s) of conviction for your crime(s) and/or offense(s). The phone number of the Criminal History Review Unit is (609) 292-0507.

I certify that the aforementioned information is true. I am aware that I am subject to punishment if I willfully provide incorrect or misleading information.

Signature

Date (mm/dd/yyyy)

Once completed, return this form to: Coordinator for the State Board of Examiners, New Jersey Department of Education, P.O. Box 500, Trenton, New Jersey, 08625-0500.

Note: Pursuant to N.J.A.C. 6A:9B-4.2, candidates for certification must provide information regarding their criminal history, which will then be reviewed by the State Board of Examiners. Your application for certification may not be processed until you complete and return this form to the State Board of Examiners. In accord with N.J.A.C. 6A:9B-5.6, fees are nonrefundable. If you do not complete the application process, you may not request that your money be returned to you.

New Jersey State Department of Education
Office of Certification and Induction

**ADDITIONAL INFORMATION FOR THE OATH OF ALLEGIANCE
FOR THE APPLICATION OF CERTIFICATION**

| | | | | |
|---|---------------|------------|-------|---------------------|
| Identification Information. Please print clearly. | | | | |
| Last Name | | First Name | | Middle Name/Initial |
| Street Address | | | | |
| City | | | State | Zip |
| Social Security Number | Date of Birth | Month | Day | Year |

I. Please select (✓) appropriate question(s) from the list below and provide pertinent details. The State Board of Examiners and teacher licensing authority require that you provide additional information and documentation. The State Board of Examiners will review the information provided to determine if your application can be processed.

- 1. 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?
- 2. Have you ever surrendered or relinquished an education or other professional certificate, license or credential in New Jersey or any other state or jurisdiction?
- 3. 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?
- 4. 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?
- 5. Are you the subject of any civil, criminal or administrative investigation in New Jersey or any other state or jurisdiction?

II. Please provide pertinent details regarding your "yes" answer to question 1, 2, 3, 4, or 5 from section (I) above and attach any official documentation.

III. You may provide any additional information or documentation that you would like the State Board of Examiners to consider. If you wish to provide additional information, please attach additional sheets.

I certify that the aforesaid information is true. I am aware that I am subject to punishment if I willfully provide incorrect or misleading information.

Signature

Date (mm/dd/yyyy)

Once completed, return this form to: Coordinator for the State Board of Examiners, New Jersey Department of Education, P.O. Box 500, Trenton, New Jersey, 08625-0500.

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OCI 3/31/2016

