



Little Falls Township Public Schools

32 Stevens Avenue
Little Falls, NJ 074
Phone (973) 256-1034
Fax (973) 812-2107

Applying for a Substitute Teacher Credential Eff. 02/2021

Please review the attached Guide for Applicants from the State of New Jersey, Department of Education.

The Little Falls Township Public Schools is your sponsoring district. Follow the attached instructions to obtain your fingerprint appointment to be cleared for our district.

After you have been fingerprinted and cleared, print your clearance letter from the State of New Jersey's website (<https://www.state.nj.us/education/crimhist/>) Click on Applicant Approval Employment History to get your clearance letter. Print the letter to bring to the Superintendent's Office

Order an original set of sealed transcripts from your college to be sent directly to you.

Apply online in the Teacher Certification System (TCIS) for the substitute credential and pay the \$125.00 application fee via credit/debit card.

https://www-doe.state.nj.us/DOE_TCIS_ONLINEED/

Upon completion of the application, Applicants MUST record their individual Tracking Number generated by TCIS during the application process.

Deliver your Criminal History Clearance, Original sealed set of Transcripts along with your Individual Tracking Number and Personnel packet to:

Little Falls Township Public Schools
Attn: Luci Cruz
32 Stevens Avenue
Little Falls, NJ 07424
973-256-1034

If you have questions, please reach out to me in the office via phone or email: lcruz@lfschools.org

Thank you

Luci Cruz
Administrative Assistant to the Superintendent

One District... One Team... One Vision...

www.lfschools.org

ON LINE FINGERPRINTING PROCEDURE

LOG ONTO WEBSITE:

<http://www.nj.gov/education/crimhist>

- *Click on: File Authorization and Make Electronic Payment*
- *Click on: New Administration Fee Request and then select the first paragraph (if applying to be a substitute teacher)*
- *Complete the Applicant Authorization & Certification form choose your job category. When you get to the School Information Section, our County is Passaic (31) and our district is Little Falls School District 2700 you must choose these codes.*
- *Make the \$11.00 payment with a credit or debit card.*
- *You will then be given 3 choices:*
 - 1-View and print AA&C confirmation page*
 - 2-Complete and print your IDENTOGO, NJ Universal Fingerprint form*
 - 3-Schedule EDEMIA fingerprint appointment*
- *Your IDENTOGO Universal form should be pre-populated with codes. Complete your personal information and schedule your appointment. Make payment of \$66.05 to EDEMIA.*

ON LINE FINGERPRINTING PROCEDURE

Archive Print Search

Log on to website: <http://www.nj.gov/education/crimhist>

- *Click on e-payments*
- *Click on Archive Application Request*
- *Enter your SS number*
- *Click on # 1, all job positions*
- *You will need your PCN number from Identogo to complete the form.*
- *Enter your personal information on AA&C form.*
- *Job Category: _____*
- *School Info: County (31)*
- *District: 2700 Little Falls*
- *Complete form*
- *Make payment of \$29.75 plus \$1 NICUSA fee)*
- *Print copy for your record (send a copy to our office)*



Little Falls Township Public Schools

32 Stevens Avenue
Little Falls, NJ 074
Phone (973) 256-1034
Fax (973) 812-2107

In order to consider your substitute application complete, please do the following:

1. Fill out completely the Northern Region Educational Services Commission application
2. Complete Federal Form I-9 and present photocopies of valid New Jersey Driver's License and either Social Security Card or Birth Certificate. If you have a passport, either valid or invalid, it may be presented in person in lieu of both of the above.
3. Complete Form W-4
4. Follow online fingerprinting procedure. Criminal History Background Check Clearance letter, you must provide a copy to our office.
5. If you have previously been fingerprinted, visit the above listed website and proceed to do an Archived Print Search. The Code for Passaic County is **31** and Code for Little Falls in **2700**.
6. Present proof of a negative Mantoux TB Test
7. Present a copy of your certification. (County Substitute Certificates from a County other than Passaic must be presented at the Passaic County Office for recording.)

Return completed packet to:

Office of the Superintendent of Schools School

#1, 32 Stevens Avenue

Little Falls, NJ 07424

If you have any questions, please feel free to call 973-256-1034.

One District... One Team... One Vision...

www.lfschools.org



**NORTHERN REGION
EDUCATIONAL SERVICES COMMISSION
45 REINHARDT ROAD
WAYNE, NJ 07470
Tel. (973) 614-8585 ext 3816
Fax (973) 614-1334**

SUBSTITUTE INTERVIEW FORM

NAME _____ DATE / /

ADDRESS _____ TOWN _____ N.J. (ZIP) _____

TELEPHONE _____ SOCIAL SECURITY NO. _____

EMAIL ADDRESS _____

EDUCATION

	<u>ENTERED</u>	<u>GRADUATED</u>	<u>DEGREE IF ANY</u>
COLLEGE _____	_____	_____	_____
HIGH SCHOOL _____	_____	_____	_____

EMPLOYMENT RECORD

TYPE OF WORK

**DATES
FROM TO**

SCHOOL NAME _____
ADDRESS _____
TOWN _____ STATE _____ ZIP _____

SCHOOL NAME _____
ADDRESS _____
TOWN _____ STATE _____ ZIP _____

DAYS AVAILABLE:

Monday Tuesday Wednesday Thursday Friday

I WILL SUBSTITUTE IN:

YES

NO

HALEDON	_____	_____	_____
LITTLE FALLS	_____	_____	_____
NORTH HALEDON	_____	_____	_____
PROSPECT PARK	_____	_____	_____
TOTOWA (REQUIRES 4 YR.DEGREE)	_____	_____	_____
WOODLAND PARK	_____	_____	_____
COMMUNITY CHARTER SCHOOL OF PATERSON	_____	_____	_____
PCCC CHILD DEVELOPMENT CENTER, PATERSON	_____	_____	_____
SKYLANDS SCHOOL, BLOOMINGDALE(SPEC.ED./DISABLED),	_____	_____	_____
HOPE ACADEMY, PASSAIC (ALTERNATIVE HIGH SCHOOL)	_____	_____	_____

I PREFER THE FOLLOWING GRADES: _____

HAVE YOU HAD A MANTOUX TUBERCULIN TEST _____ DATE / /
(IF YES, PLEASE SUBMIT PROOF)

For Office Use Only

DATE OF BOARD APPROVAL _____ / _____ / _____ PRIORITY _____

APPROVAL DATE OF BACKGROUND CHECK (N.J.S.A. 18A:6-7.2) _____

TYPE OF CERTIFICATION/EXPIRATION DATE _____ / _____ / _____

_____ STANDARD CERTIFICATE / PRIORITY I

_____ CERTIFICATE OF ELIGIBILITY / PRIORITY II

_____ COUNTY SUBSTITUTE CERTIFICATE / PRIORITY III

For Office Use Only

APPROVED BY:	_____ CCSP	_____ PROSPECT PARK
	_____ LITTLE FALLS	_____ TOTOWA
	_____ NORTH HALEDON	_____ WOODLAND PARK
	_____ P.C.E.S.C.	_____ HALEDON PUBLIC SCHOOL



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number
		[][] - [][] - [][][][]				

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR	AND	
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

2021

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple Jobs or Spouse Works Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 ▶ \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ Employee's signature (This form is not valid unless you sign it.)		▶ Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

ON LINE FINGERPRINTING PROCEDURE

Archive Print Search

Log on to website: <http://www.nj.gov/education/crimhist>

- Click on e-payments
- Click on Archive Application Request
- Enter your SS number
- Click on # 1, all job positions
- You will need your PCN number from Sagem Morpho to complete the form.
- Enter your personal information on AA&C form.
- Job Category: _____
- School Info: County (31)
- District: 2700 Little Falls
- Complete form
- Make payment of \$29.75 plus \$1 NICUSA fee)
- Print copy for your record (send a copy to our office)

ON LINE FINGERPRINTING PROCEDURE

LOG ONTO WEBSITE:

<http://www.nj.gov/education/crimhist>

- Click on: File Authorization and Make Electronic Payment
- Click on: New Administration Fee Request and then select the first paragraph (if applying to be a substitute teacher)
- Complete the Applicant Authorization & Certification form choose your job category. When you get to the School Information Section, our County is Passaic (31) and our district is Little Falls School District 2700 you must choose these codes.
- Make the required payment with a credit or debit card. \$10.00 Administration Fee and \$ 1.00 NICUSA fee.
- You will then be given 3 choices:
 - 1-View and print AA&C confirmation page
 - 2-Complete and print your IDENTOGO, NJ Universal Fingerprint form
 - 3-Schedule Morpho Trust fingerprint appointment
- Your IDENTOGO Universal form should be pre-populated with codes. Complete your personal information and schedule your appointment. Make payment of \$66.05.

State of New Jersey
Sexual Misconduct/Child Abuse Disclosure Release
P.L. 2018, c. 5
Effective June 1, 2018

P.L. 2018, c. 5 concerns school employees and supplements chapter 6 of Title 18A of the New Jersey Statutes. This law prohibits a school district, charter school, nonpublic school, or contracted service provider holding a contract with a school district, charter school, or nonpublic school (collectively referred to as "hiring entity") from employing a person serving in a position which involves regular contact with students unless the hiring entity conducts a review of the employment history of the applicant by contacting former and current employers and requesting information regarding child abuse and sexual misconduct.

The applicant must submit this form for (1) all current employers and (2) to former employers within the last 20 years that were school entities or where the applicant was employed in a position that involved direct contact with children. The applicant will submit completed copies of this form to the hiring entity. The hiring entity will then submit this form to each of the current or former employers for completion of Section 2.

Applicant, please complete the information immediately below and Section 1 of this form and return it to the hiring entity. Please complete additional forms as necessary for each of your current and former employers for the last 20 years that were school entities or where you were employed in a position that involved direct contact with children.

To: _____

Name of Current or Former Employer: _____ No applicable employment

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

_____ is under consideration for a position with Little Falls Board of Education. The individual whose name appears herein has reported previous employment with your entity. As required by *P.L. 2018, c. 5*, please provide the information requested in Section 2 of this form within **20 days** of receipt.

Section 1: Applicant Certification and Release

(to be completed by the applicant even if the applicant has no current or prior employment to disclose)

Applicant Name (First, Middle, Last): _____

Date of Birth: _____

Any former names by which the Applicant has been identified: _____

Last 4 digits of Applicant's Social Security Number: _____

Approximate dates of employment with the entity listed above: _____

Position(s) held: _____

Have you (Applicant) ever:

Yes No Been the subject of any child abuse or sexual misconduct investigation by any employer, State licensing agency, law enforcement agency, or the Department of Children and Families (*unless the investigation resulted in a finding that the allegations were false or the alleged incident of child abuse or sexual misconduct was not substantiated)?

Yes No Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from any employment (1) while allegations of child abuse or sexual misconduct were pending or under investigation, or (2) due to an adjudication or finding of child abuse or sexual misconduct?

Yes No Had a license, professional license, or certificate suspended, surrendered, or revoked (1) while allegations of child abuse or sexual misconduct were pending or under investigation, or (2) due to an adjudication or finding of child abuse or sexual misconduct?

By signing this form, I (the applicant) certify under penalty of law that the statements made in this form are true, correct, and complete. I understand that willfully providing false information or willfully failing to disclose information required in Section 1 of this form, as required by N.J.S.A. 18A:6-7.7, may subject me to discipline up to, and including, termination or denial of employment; may be a violation of N.J.S.A. 2C:28-3; and may subject me to a civil penalty of not more than \$500, which shall be collected in proceedings in accordance with the "Penalty Enforcement Law of 1999," P.L. 1999, C. 274.

By signing this form, I also hereby authorize the above-named employer to disclose the information requested in Section 2 and release related records pertaining to the disclosures identified in SECTION 2. I understand that pursuant to N.J.S.A. 18A:6-7.7, the above-named employer is released from liability that may arise of the disclosure or release of records.

Signature of Applicant: _____

Date: _____

Section 2: Current/Former Employer Verification

(to be completed by the applicant's current employer(s) and all former employers that were school entities or former employers in which the applicant had direct contact with children). Please complete the information below and return this form to the hiring entity.

N.J.S.A. 18A:6-7.7(b) provides that a hiring entity shall not employ for pay or contract for the paid services of any person in a position that involved regular contact with students unless the hiring entity conducts a review of the employment history of applicant by contacting those employers listed by the applicant under the provisions of N.J.S.A. 18A:6-7.7(a) and collecting the information requested below.

Employing Entity receipt date: _____ Received by: _____

Applicant's dates of employment: _____ Contact phone #: _____

To the best of your knowledge, has the applicant ever:

Yes No Been the subject of any child abuse or sexual misconduct investigation by any employer, State licensing agency, law enforcement agency, or the Department of Children and Families (*unless the investigation resulted in a finding that the allegations were false or the alleged incident of child abuse or sexual misconduct was not substantiated)?

Yes No Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from any employment while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct?

Yes No Had a license, professional license, or certificate suspended, surrendered, or revoked while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct?

Current/Former Employer Representative Signature: _____ Date: _____

Current/Former Employer Representative Title: _____

If a current or former employer responds to any Section 2 disclosure in the affirmative, the hiring entity may request additional information regarding the disclosure by requesting that the current or former employer complete the Sexual Misconduct/Child Abuse Disclosure Information Request form within 20 days and attach additional information, including the initial complaint and final report, if any, regarding the incident of child abuse or sexual misconduct. Pursuant to *N.J.S.A. 18A:6-7.11*, a current or former employer that provides information or records about a current or former employee or applicant shall be immune from criminal and civil liability for the disclosure of the information, unless the information or records provided were knowingly false. The immunity shall be in addition to, and not in limitation of, any other immunity provided by law.

The failure of a current or former employer to provide the information requested in Section 2 within the 20-day time frame required by *N.J.S.A. 18A:6-7.9* may be grounds for the automatic disqualification of an applicant from employment with the hiring entity. The hiring entity shall not be liable for any claims brought by an applicant who is not offered employment or whose employment is terminated: (1) because of any information received by the hiring entity from an employer pursuant to *N.J.S.A. 18A:6-7.7*; or (2) due to the inability of the hiring entity to conduct a full review of the applicant's employment history pursuant to *N.J.S.A. 18A:6-7.7*.

Return all completed information to:

Hiring Entity: Little Falls Board of Education

Address: 32 Stevens Avenue

Phone #: 973-256-1034

City: Little Falls

State: NJ

Zip: 07424

Fax or Email: 973-812-2107 lcruz@lfschools.org

State of New Jersey
Sexual Misconduct/Child Abuse Disclosure Release Instructions
P.L. 2018, C. 5
Effective June 1, 2018

Instructions

This standardized form has been developed by the New Jersey Department of Education, pursuant to *P.L. 2018, c. 5*, to be used by hiring entities and by applicants, who would be employed by, or in, a school, in a position involving regular contact with students. This form satisfies the statutory requirement to provide information related to child abuse or sexual misconduct. An applicant who would be employed by or in a school in a position having regular contact with students must provide the information requested in Section 1 of this form and sign the authorization for the disclosure by the applicant's current and former employers of the information requested in Section 2 of this form.

The applicant shall complete one form for the applicant's current employer(s) and separate forms for each of the applicant's former employers for the last 20 years that were school entities or where the applicant was employed in a position having direct contact with children. The applicant will submit this form in its entirety, with the information on Page 1 and Section 1 completed, to the hiring entity. The applicant must also authorize, by signature, the release of information regarding child abuse and/or sexual misconduct from the current and/or former employers to the hiring entity. The hiring entity is prohibited from hiring an applicant for a position involving regular contact with students if the applicant does not provide the information and authorization required by law.

Upon completion by the applicant, the hiring entity shall submit the form to the applicant's current and former employers to complete Section 2 of this form. A hiring entity may not employ an applicant who does not provide the required information for a position involving regular contact with students.

If a current and/or former employer responds to any Section 2 disclosure in the affirmative, the hiring entity may request additional information regarding the disclosure by requesting that the current and/or former employer complete the Sexual Misconduct/Child Abuse Disclosure Information Request form and attach additional information, including the initial complaint and final report, if any, regarding the incident of child abuse or sexual misconduct. Upon providing documentation due to an affirmative response, every measure should be taken to ensure student privacy and confidentiality. All student identifiers should be redacted prior to release.

Relevant Statutory Definitions Pursuant to N.J.S.A. 18A:6-7.6

Child abuse is defined as any conduct that falls under the purview and reporting requirements of *P.L. 1971, c. 437 (N.J.S.A. 9:6-8.8 et seq.)* and is directed toward or against a child or student, regardless of the age of the child or student.

Sexual misconduct is defined as any verbal, nonverbal, written, or electronic communication, or any other act directed toward or with a student that is designed to establish a sexual relationship with the student, including a sexual invitation, dating or soliciting a date, engaging in sexual dialogue, making sexually suggestive comments, self-disclosure or physical exposure of a sexual or erotic nature, and any other sexual, indecent or erotic contact with a student.

ADDITIONAL INFORMATION

Per *N.J.S.A. 18A:6-7.9*, a hiring entity shall have the right to immediately terminate an individual's employment or rescind an offer of employment if: (1) the applicant is offered employment or commences employment with the hiring entity following the effective date of this act; and (2) information regarding the applicant's history of sexual misconduct or child abuse is subsequently discovered or obtained by the employer that the employer determines disqualifies the applicant or employee from employment with the hiring entity. The termination of employment pursuant to *N.J.S.A.*

18A:6-7.9 shall not be subject to any grievance or appeals procedures or tenure proceedings pursuant to any collective bargaining agreement or negotiated agreement or any law, rule, or regulation.

Per *N.J.S.A. 18A:6-7.10*, after reviewing the information disclosed in Section 1 and/or Section 2 of this form, and finding an affirmative response to any of the inquiries, the hiring entity, prior to determining to continue with the applicant's job application process, shall make further inquiries of the applicant's current or former employer to ascertain additional details regarding the matter disclosed. The hiring entity should use its discretion, consistent with statute, in the event that a current/former employer is no longer in operation or fails to respond to Section 2 of this form.

The hiring entity may employ or contract with an applicant on a provisional basis for a period not to exceed 90 days pending the hiring entity or independent contractor's review of information received related to Section 1 and/or Section 2 of this form, provided that all of the following conditions are satisfied: (1) the applicant has complied with *N.J.S.A. 18A:6-7.7*; (2) the hiring entity has no knowledge or information pertaining to the applicant that the applicant is required to disclose pursuant to *N.J.S.A. 18A:6-7.7(a)(3)*; and (3) the hiring entity determines that special or emergent circumstances exist that justify the temporary employment of the applicant.

The sexual misconduct or child abuse disclosures articulated herein are required in addition to satisfying any pre-existing requirements for employment in a school, including a criminal history review, pursuant to *N.J.S.A. 18A:6-7.1* and *N.J.A.C. 6A:9B-4.2*.

Open Public Records Act

Pursuant to *N.J.S.A. 18A:6-7.11*, information received by a hiring entity under this Act shall not be deemed a public record under *P.L. 1963, c. 73* or the common law concerning access to public records.

Immunity

Pursuant to *N.J.S.A. 18A:6-7.11*, a current or former employer that provides information or records about a current or former employee or applicant shall be immune from criminal and civil liability for the disclosure of the information, unless the information or records provided were knowingly false. The immunity shall be in addition to, and not in limitation of, any other immunity provided by law.

Contact

For more information, please contact the County Office of Education for the hiring entity.