

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 on line fingerprinting procedure. <http://www.nj.gov/education/crimhist/>. **Criminal History Background Check Clearance letter, you must provide a copy to our office. County Substitute Certificates will not be issued until we have a copy of your clearance letter to supply to the County Office with your application.**

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.

5. Present proof of a negative Mantoux TB Test
6. 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.)
7. If you are applying for a Passaic County Substitute Certificate, in addition to the above you must do the following:
 - a. Order a set of official transcripts showing at least 60 or more credits. Have them sent to the address below.
 - b. Take and have notarized the Oath of Allegiance required of all County employees.
 - c. Return completed application for substitute certificate along with a certified check or money order in the amount of \$125 made payable to the Commissioner of Education.

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.



**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

ENTERED GRADUATED

DEGREE IF ANY

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 08/31/2019

► **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 ZIP Code
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):

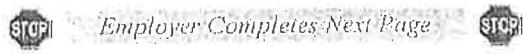
<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized 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>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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





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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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		OR 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)
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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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Form **W-4**

Employee's Withholding Certificate

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ **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.**

2020

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 online estimator, 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 2020 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 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) _____

LITTLE FALLS BOARD OF EDUCATION
32 STEVENS AVE. - SCHOOL #1
LITTLE FALLS, NJ 07424

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 – 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)

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.

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