

DENNIS TOWNSHIP SCHOOL DISTRICT  
601 HAGAN ROAD, CAPE MAY COURT HOUSE, NJ 08210

**OFFICE OF THE SUPERINTENDENT**  
PHONE 609-861-0549 FAX 609-861-1833

## **SUBSTITUTE TEACHER APPLICATION**

Thank you for your interest in the Dennis Township School District.

Following the attached directions and complete the attached forms.

When you are finished, bring the following documentation to Jennifer Hunter in the Superintendent's Office (Primary School) for processing:

- 1) Criminal History Letter from the State of New Jersey;
- 2) Substitute Credential Application;
- 3) Oath of Allegiance;
- 4) Certified Check or Money Order in the amount of \$125.00 paid to "Commissioner of Education";
- 5) Original and Sealed transcripts from your college showing 60 credits;
- 6) Dennis Township Employment Application;
- 7) Substitute Confidentiality Statement;
- 8) Tuberculosis Screening; and
- 9) I-9 Employment Eligibility Verification.

Any forms that need to be notarized may be done in the Superintendent's Office. If you choose to do this, **DO NOT** sign the documents until you arrive in the Superintendent's Office.

If you have any questions regarding this process, please call Jennifer Hunter at 609-861-0549.

# Instruction Sheet for County Substitute Application

**Certified Teachers are not required to obtain a Substitute certificate** – please skip to the Criminal History Printing Process.

**For issuance of a substitute teacher's certificate**, the following items must be returned to the local school district:

1) **Application:** All answers completed legibly and signed.

If the applicant answers "yes" to the "convicted of a crime in this or any other state" question, they must submit a letter stating the name of the municipality it occurred in and any other relevant information. This letter and a copy of the application are then forwarded to the Office of Criminal Investigation in Trenton for review.

2) **Official Transcript(s):** Showing a minimum of 60 credit hours from an accredited college or university.

3) **Check or Money order:** \$125.00 payable to the Commissioner of Education.

4) **Oath of Allegiance:** Notarized and signed.

5) **Criminal History Approval Letter:** see instruction below on how to obtain.

**Criminal History Printing Process:** The Department of Education has initiated electronic filing. The cost for a New Applicant will be \$70.25 paid to MorphoTrak Inc, plus an \$11.00 Administrative Fee paid to the New Jersey Department of Education. Methods of payment are Visa, MasterCard, American Express or Discover credit cards.

Note\*\*If you were previously printed (after 2/21/2004) you may be eligible for an Archive Submission the cost will be \$35.30 to MorphoTrak Inc which includes the \$11.00 administrative fee. Go to link below (1) and follow instructions for archive.

The process is as follows:

- (1) Go to <https://homerom3.state.nj.us/chr/>
- (2) Choose the 1<sup>st</sup> option~ New Administration Fee Payment Request (Initial Applicants).
- (3) Choose option #1 – All Job Positions, except School Bus Drivers, and Bus Aides, for Public Schools, Private Schools for Children with Disabilities and Charter Schools. Follow directions to complete this form. The individual **MUST** click the submit button Only One Time to complete the transaction.
- (4) After completing the AA&C form go to [www.bioapplicant.com](http://www.bioapplicant.com) to schedule your appointment and make your payment with MorphoTrak Inc.
- (5) Under New Applicant click - **Start Here**
- (6) Enter the information from the MorphoTrak Inc. form that you were given at the school that you applied to.
- (7) After completing the transaction it is suggested that you print a copy for your records.

You will receive a Criminal History approval letter in the mail and you may also go to <https://education.state.nj.us/chrs/> to print out an online approval, you should be able to access this approximately 7 days after being printed. If it has been 2 weeks and you cannot access online and have not received your letter by mail, you can contact Tracey Scull at the County office and she can help you 465-1281.

Any question concerning the fingerprinting process, please contact the Criminal History Review Unit between the hours of 8:00 AM and 4:00 PM Monday through Friday at 609-292-0507.

**For School Nurse Substitute:** Please complete the application packet as instructed as well as completing the bottom right corner of the Substitute application and submit a copy of your valid NJ Registered Nurse License.

Holder of a valid New Jersey Registered Nurse (RN) License may be issued a county substitute certificate to serve as a substitute for a school nurse/non-instructional.

### Also

If the applicant chooses to substitute for grades P-12 and School Nurse they may also submit official transcripts showing a minimum of 60 credit hours in addition to the RN license.

### General Information:

- The Substitute certificate is good for 5 years and can be used to Substitute in any New Jersey School District.
- The holder of the certificate may serve for no more than 20 consecutive days, in the same position in one school district during the school year. The County Superintendent may extend the service in a single position to a total of 40 instructional days, upon written request and good cause.
- The holder must present their Original Certificate and Criminal History approval letter to every district that they wish to substitute. *(We recommend that you keep these 2 documents together in a safe place, due to the fact that it will cost you to get duplicates from the State.)*

### Certified Teachers are not required to obtain a Substitute certificate:

**Holders of a CE or CEAS** may serve as a substitute teacher **in areas authorized by their credentials** for a total of **60** instructional days in the same position in one school district during the school year. If substituting outside their certificated field, they will be bound by the "20-day" rule.

**Holders of a Standard Teaching Certificate** may serve as a substitute teacher in areas **authorized by their credentials with no restrictions on time**. If substituting outside their area of credentials, a period of 40 instructional days in the same position in one school district during the school year.

Revised: 10/10

**Formerly Sagem Morpho Inc**

(1) Originating Agency Number (ORI #) <b>NJ930100Z</b>		(2) Category <b>EDK</b>		(3) Statute Number <b>N.J.S.A. 18A:6-7.2</b>	
(4) Reason for Fingerprinting <b>PUBLIC SCHOOL EMPLOYMENT</b>				(5) Document Type <b>RB1</b>	(6) Payment Information Applicant Pays Fee of <b>\$70.25</b>
(7) Contributor's Case # (Unique Identifier) <b>09-1080</b>				(8) Miscellaneous	
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number ( ) -		(13) Social Security Number	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden Name (if married female)		(18) Place of Birth (U.S. State -for US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City		State	Zip
(21) Gender (Select one) Male ( ) Female ( ) Both ( )	(22) Hair Color (Indicate most predominant color, one only)	(23) Eye Color	(24) Race (Select One) A Asian/ Pacific Islander ( Includes Asian Indian) B Black W White ( Includes Hispanic/ Spanish Origin) U Unknown I American Indian / Alaska Native		
(25) Occupation	(26) Employer (Name) Employer Address City	<b>Dennis Township School District 601 HAGAN ROAD CAPE MAY COURT HOUSE State: NJ Zip: 08210</b>			

**APPLICANT INFORMATION - READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. You MUST present this completed form at your appointment to be FINGERPRINTED. NO EXCEPTIONS ALLOWED. Applicants without forms or with incomplete forms will not be printed.**

**IDENTIFICATION IS REQUIRED- ACCEPTABLE ID REQUIREMENTS -ID MUST include Photo, Name, Address (Home/ Employer) and Date of Birth. Acceptable ID MUST be issued by a Federal, State, County or Municipal entity for Identification purposes. Examples of acceptable ID are: 1) Valid Photo Drivers License or Valid Photo ID issued by any State DMV or NJ MVC, 2) Passport. Acceptable ID MUST meet all of the underlined requirements above and MUST be present on one (1) ID. Combinations of documents are NOT acceptable. If acceptable ID is not presented you will not be fingerprinted.**

For applicants who are required to pay for their own fingerprinting fees, payment is required at the time of scheduling. Payment may be made with a credit card or electronic debit from a checking account. Remember your account will automatically be debited. An \$11 fee is charged to cover the cost of a scheduled appointment for applicants who do not cancel/reschedule by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). All appointments can be canceled/rescheduled via the web without penalty if cancellation requirements are met. The \$11 fee will also apply for applicants who are turned away from the printing sites due to the inability to present proper ID, who fail to present this completed Universal Fingerprint Form provided to you by your requesting agency or employer, or who are turned away because information on this form does not match the information provided during the scheduling process. You will be refunded State and Federal search fees only.

Appointment scheduling is available via the web at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj), 24 hours per day, 7 days per week. For applicants who do not have web access, appointments can be made by contacting us toll free at (877) 503-5981 on a first call, first served basis Monday through Friday 8:00 AM to 5:00 PM EST and Saturday, 8:00 AM to 12 noon EST. English and Spanish speaking operators are available. Hearing impaired scheduling is available at (800) 673-0353. ONLY applicants who schedule through the call center can make payment by money order at the fingerprint site. No other form of payment is accepted at the fingerprint site.

Your APPLICANT ID, Site, Date, Time of your appointment, and payment authorization will be confirmed by the call center agent or web confirmation when scheduling is complete. You must record this information in the appropriate blocks below while speaking with the operator. If you appear for fingerprinting at a site where you are not scheduled or on a different date and time, you will be turned away and not fingerprinted. If applicable, you may incur the \$11 appointment fee.

Your PCN number will be recorded when your fingerprinting has been completed. You **MUST** retain a copy of the form and a copy of the receipt provided to you by the Fingerprint Technician for your records. **NO RECEIPTS WILL BE PROVIDED AFTER THE DATE OF PRINTING.**

Applicant ID No.	Scheduled Site/ Date/ Time	PYMT Authorization	PCN
Agency Information #1		Agency Information #2	

**APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM**

(REV. 5/10)  
 STATE OF NEW JERSEY – DEPARTMENT OF EDUCATION  
 DIVISION OF FIELD SERVICES AND OFFICE OF LICENSURE AND CREDENTIALS  
 SUBSTITUTE CREDENTIAL APPLICATION COUNTY: CAPE MAY

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: 9-6.5(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)

<b>FOR DISTRICT USE</b>	
DESIGNATED DISTRICT REPRESENTATIVE'S SIGNATURE AFFIRMING TRANSMITTAL OF APPLICATION	
_____ JENNIFER HUNTER Print Name	_____ Signature
_____ DENNIS TOWNSHIP District	_____ Date

<b>FOR COUNTY USE: REGULAR SUBSTITUTE APPLICATION</b>  <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 _____	<b>VOCATIONAL / SCHOOL NURSE APPLICATION</b>  <input type="checkbox"/> For vocational applicants/notarized statement of previous employment or valid occupational license. <input type="checkbox"/> RN License # _____ Exp. Date _____
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**DENNIS TOWNSHIP SCHOOL DISTRICT  
ADMINISTRATION OFFICE  
601 HAGAN ROAD  
CAPE MAY COURT HOUSE, NJ 08210**

**EMPLOYMENT APPLICATION  
SUBSTITUTE TEACHERS**

**Contact Information**

Name \_\_\_\_\_  
Last First Middle Social Security Number

Mailing Address \_\_\_\_\_ ( ) Telephone \_\_\_\_\_

City State Zip

E-Mail Address (if available & at your discretion) \_\_\_\_\_

**Criminal History Review**

Do you have a Criminal History Approval Letter from NJ Dept. of Education: \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

If yes, which school district filed your Criminal History Request: \_\_\_\_\_

**Certification**

New Jersey Substitute Teaching Certificate Expiration Date: \_\_\_\_\_

New Jersey Teaching Certificate(s) held: \_\_\_\_\_

If you do not hold any certificates, please answer the following:

Do you have at minimum 60 college credits: \_\_\_\_\_ (Yes) \_\_\_\_\_ (No) (minimum of 60 credits required)

If yes, which colleges/universities will be forwarding transcripts: \_\_\_\_\_

**Miscellaneous**

Date of Negative TB test: \_\_\_\_\_

Availability/Grade Preference: \_\_\_\_\_

I hereby certify that all statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Office Use Only**

Copy of Sub Cert \_\_\_\_\_ Copy of NJ Cert \_\_\_\_\_ or Cnty App \_\_\_\_\_ Transcripts \_\_\_\_\_ Oath \_\_\_\_\_ Fee \_\_\_\_\_

Criminal History Approval letter \_\_\_\_\_ TB results \_\_\_\_\_ W-4 \_\_\_\_\_ I-9 \_\_\_\_\_ Verif. Empl. \_\_\_\_\_

**SUBSTITUTE CONFIDENTIALITY STATEMENT**

As a certified professional substitute teacher of the Dennis Township Public Schools I realize that I will be exposed to through conversation, in writing or through records, information about students or staff that is confidential. I realize that it is part of my professional obligation to keep all such confidential information in my confidence and only discuss it or share it with other confidential employees of the Dennis Township School District. If I ever have a question about sharing confidential information I understand that it is my obligation to discuss this with the building principal.

I swear to abide by the statement above and live up to my professional obligation to keep student and staff information confidential as attested by my signature below.

\_\_\_\_\_  
Signature of Substitute Teacher

Subscribed and sworn to before me this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

**DENNIS TOWNSHIP SCHOOL DISTRICT  
Tuberculosis Screening Form**

Pursuant to New Jersey Department of Education mandate 6:29-2.3, "all new employees (full and part time) and volunteers working 20 hours a month, must be screened for tuberculosis." Substitute staff must also supply the school board with documentation of tuberculosis screening prior to work in the district.

Any person having a documented past positive reaction to tuberculin should not be retested. An employee transferring between school districts or a non-public school within New Jersey, will not have to be tuberculin tested if there is a documented Mantoux tuberculin test administered upon his/her initial employment, nor, would employees who have a documented Mantoux test within the past six months have to be retested. Documentation of this must be provided in writing to the school district prior to employment.

If you have received a live virus vaccine (such as measles, mumps, rubella, chicken pox) in the past two months, received BCG, or had a previous positive reaction to tuberculin, please notify the school nurse.

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**PLEASE COMPLETE (CHECK THE ONE THAT APPLIES)**

please print name

I, \_\_\_\_\_, am a substitute staff member and will supply the school district with written proof of tuberculosis screening prior to substitute employment. I understand that I can obtain this from my private physician or county health department.

Or

I, \_\_\_\_\_, am a full-time employee, part-time employee or volunteer and consent to the Mantoux 5TU tuberculin test to be administered by the school nurse.

Or

I, \_\_\_\_\_, am exempt from tuberculin testing due to a past positive reaction to tuberculin. I will supply the written record of this and provide the school with the chest xray results.

Or

I, \_\_\_\_\_, am exempt from tuberculin testing as I am transferring from a New Jersey School District and have received the necessary screening or have been screened for tuberculosis within the past six (6) months. I will supply written documentation to the school district.

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**DO NOT WRITE IN THIS SPACE FOR SCHOOL NURSE USE ONLY**

Transfer within New Jersey School? If yes, date: \_\_\_\_\_ Name of school? \_\_\_\_\_ Written proof of screening provided? \_\_\_\_\_ Received Mantoux within past 6 months? \_\_\_\_\_ If yes, written proof provided? \_\_\_\_\_

BCG received? \_\_\_\_\_ If yes, date: \_\_\_\_\_ Live virus received? \_\_\_\_\_ If yes, date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Mantoux administered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Manufacturer/Product: \_\_\_\_\_ Lot# \_\_\_\_\_

exp. date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date read: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_ mm negative or positive Administered/read by: \_\_\_\_\_

Date referred for chest x-ray and follow-up if applicable: \_\_\_\_/\_\_\_\_/\_\_\_\_ To which health care facility \_\_\_\_\_

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-9, Employment Eligibility Verification**

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A \_\_\_\_\_
- An alien authorized to work until \_\_\_\_\_  
(Alien # or Admission #)

Employee's Signature	Date (month/day/year)
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**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____	OR	_____	_____	_____
Issuing authority: _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____	_____	_____	_____	_____

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name Jennifer Hunter	Title Admin. Assistant to Supt.
Business or Organization Name and Address (Street Name, City, State, Zip Code) Dennis Twp. Board of Education Cape May Court House NJ 08210		Date (month/day/year)

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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	Date (month/day/year)
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## LISTS OF ACCEPTABLE DOCUMENTS

### LIST A

Documents that Establish Both  
Identity and Employment  
Eligibility

### LIST B

Documents that Establish  
Identity

### LIST C

Documents that Establish  
Employment Eligibility

OR

AND

1. U.S. Passport (unexpired or expired)	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	1. U.S. Social Security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States (Form I-179)
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS (other than those listed under List A)
	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	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)