

Substitute Application Instructions

Thank you for your interest in being a substitute teacher or nurse at Bay Head School. Once you have compiled all of the documents listed below, please bring them to the Bay Head School main office.

1. Complete a Bay Head School Employment application and return to the school with:
 - a. Your resume
 - b. Your teaching/nursing certificate(s)/license(s)
 - c. Criminal History Review Approval Letter or receipt from Sagem Morpho showing you had your fingerprints recorded. For further instructions on the Criminal History Review Process, please refer to the attached form.

If you **do not** hold a teaching certificate or substitute certificate, follow these steps:

1. Complete a Bay Head School Employment Application and return to the school with:
 - a. Completed Ocean County Substitute Application
 - b. \$125.00 Certified Check or Money Order payable to “The Commissioner of Education.”
 - c. ORIGINAL transcripts showing 60 credits
 - d. Completed Oath of Allegiance This needs to be notarized. There is a Notary here at school for your convenience. Please call ahead to be sure that one is present before coming in. **DO NOT SIGN THE FORMS UNTIL THE NOTARY CAN WITNESS YOUR SIGNATURE.**
 - e. Criminal History Review Approval Letter or receipt from Sagem Morpho showing you had your fingerprints recorded. Please follow the instructions for the CHR process on the attached page

If you are a Registered Nurse but ***do not*** have a County Substitute Certificate, follow these steps:

2. Complete a Bay Head School Employment Application and return to the school with:
 - a. Completed Ocean County Substitute Application
 - b. \$125.00 Certified Check or Money Order payable to “The Commissioner of Education.”
 - c. Copy of your RN License
 - d. Completed Oath of Allegiance This needs to be notarized. There is a Notary here at school for your convenience. Please call ahead to be sure that one is present before coming in. **DO NOT SIGN THE FORMS UNTIL THE NOTARY CAN WITNESS YOUR SIGNATURE.**
 - e. Criminal History Review Approval Letter or receipt from Sagem Morpho showing you had your fingerprints recorded. Please follow the instructions for the CHR process on the attached page.

**Should you have any questions, please call our office at
732-892-0668**

Application for Professional Employment
Bay Head School
Bay Head, New Jersey 08742
732-892-0668 x100
An Equal Opportunity Employer

Name: _____ Date: ___/___/___

Present Address: _____

Phone: _____ cell: _____

DOB: _____ email: _____

Position Requested: (in order of preference)

Certification: (NJ teaching certificate(s) you hold:

Certificates you hold from other states:

Education:

High School: _____ Year Graduated: _____

College: _____ Degree: _____

Major: _____ Minor: _____

Grade Average: _____

Graduate Program _____ Credits: _____

Degree: _____ Date Granted: _____

Other Graduate Course Work:

Student Teaching Experience:

Teaching Experience: (regular contract)

Most recent: (place) _____

Subject: _____ Grade: _____ from/to: _____

Place: _____

Subject: _____ Grade: _____ from/to: _____

Place: _____

Subject: _____ Grade: _____ from/to: _____

List any non-teaching work experience you feel may be related to the position for which you are applying: (military service first)

List hobbies or outside interests that you feel are related to the position in which you are interested:

List other areas in which you feel capable of serving as an advisor, assistant coach: (athletics, drama, school newspaper, yearbook, etc.):

I authorize investigation of all the statements in this application including investigation of previous employment experiences if I am considered for employment. I certify that the above answers are true and complete and understand that falsification of fact on this application shall be considered sufficient cause for disqualification or dismissal. I further agree to take any future physical examinations the district may deem necessary. References and personal information which become part of this record are to be regarded as confidential and will not be revealed.

ATTACH CRIMINAL HISTORY REVIEW CLEARANCE, IF AVAILABLE

Signature: _____ Date: _____

Please return to: Principal
145 Grove Street
Bay Head, NJ 08742

Criminal History Review Process

New Employees

- A. If you have already had your fingerprinting done for another school district, are a certified teacher and have been continuously employed by a district:**

You do not need to repeat the process.

If you are a substitute, you will need to complete the transfer process. You must complete the following steps:

1. Access the Criminal History Review Unit's direct web address to begin the process. The web address is:
<http://www.nj.gov/education/educators/crimhist>.
2. Click on "File Authorization and Make Electronic Payment for Criminal History Record Check."
3. Select the third option: "Transfer Request (Only Substitutes & Bus Drivers are eligible)."
4. Please enter the Social Security number to ascertain if the applicant is eligible for the process. Click "Continue."
5. The screen will display two options:
 1. For All Bus Drivers ONLY
 2. For All Other Job Categories
6. Select the option for the position for which you are requesting the transfer. Complete the requested applicant information including the county/district/school/contractor-vendor code names furnished to you by your employer and click on the "Next" button.

7. Review your information and submit your credit card payment. Click "Continue" and then click "Make Payment" at the bottom of the next page.
8. The Payment Confirmation page will state "Your ePayment transaction has been processed successfully." You may print a copy of this receipt.

B. If you have already had your fingerprinting done for another school district but have NOT been continuously employed by a district:

You will need to apply for the archival process. See attached page titled "Archival Process"

C. If you have never had your fingerprinting done for another school district:

You must complete the following steps.

1. All applicants must submit their Applicant Authorization and Certification by going to the Criminal History website at <http://www.nj.gov/education/educators/crimhist> and clicking on the line "File Authorization and Make Electronic Payment for Criminal History Record Check."
2. Applicant shall select the first choice "New Administration Fee Request" and then select one of the four options depending on their job position and employer.
3. Applicant must complete the Applicant Authorization & Certification (AA&C) form and make the required administrative fee payment with a credit or debit card.
4. After the administrative fee payment has been approved, the applicant will be presented with three choices:
 - a. View and print their Applicant Authorization & Certification (AA&C) confirmation page.

- b. Complete and print their Identogo NJ Universal Fingerprint form.
 - c. Schedule their MorphoTrak fingerprinting appointment.
- 5. Go to www.bioapplicant.com and schedule a fingerprinting appointment.
- 6. Go to the MorphoTrak location for fingerprinting and be sure to bring with you:
 - a. The completed Universal Fingerprint Form
 - b. Photo Identification – driver’s license or photo ID issued by a state department of Motor Vehicles or the NJMVC for ID purposes
 - c. If you scheduled your appointment over the phone and agreed to pay by money order, you will need to bring your money order made payable to MorphoTrak. No other form of payment is accepted at the fingerprint site

TRANSFER REQUEST

1. Access the Criminal History Review Unit's direct web address to begin the process. The web address is: <http://www.nj.gov/education/educators/crimhist>.
2. Click on "**File Authorization and Make Electronic Payment for Criminal History Record Check.**"
3. Select the fourth option: "**Transfer Request (Only Substitutes & Bus Drivers are eligible).**"
4. Please enter the Social Security number to ascertain if the applicant is eligible for the process. Click "**Continue.**"
5. The screen will display two options:
 1. For All Bus Drivers Only
 2. For All Other Job Categories
6. Select the option for the position for which you are requesting the transfer. Complete the requested applicant information and click on the "**Next**" button.
7. Review the information and click on the "**Submit**" button. You can print a copy of the Confirmation page for your records.

ARCHIVE APPLICATION REQUEST

1. Access the Criminal History Review Unit's direct web address to begin the process. The web address is: <http://www.nj.gov/education/educators/crimhist>. Click on **"File Authorization and Make Electronic Payment for Criminal History Record Check."**
2. Select the second option: **"Archive Application Request (Applicants Previously Fingerprinted for the Department of Education and Approved Subsequent to February 2003)."**
3. Please enter your Social Security number to ascertain if you are eligible for the process. Click **"Continue."**
4. Select the appropriate Applicant Authorization and Certification form (AA&C) that is suitable to your job position and employer.
5. Complete the requested applicant information to include the county/district/school/contractor code names furnished to you by your employer) and proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the AA&C by checking the box. Click **"Next"**
6. Submit your credit card payment. Total payment is \$31.25 (\$30.25 plus a \$1.00 convenience fee charged by the private vendor). Click **"Continue"** and then click **"Make Payment"** at the bottom of the next page.
7. The Payment Confirmation page will state **"Your ePayment transaction has been processed successfully."** You should print a copy of this receipt.
8. In about two weeks, you will be able to view and print your **"Applicant Approval Employment History"** by accessing it on the Criminal History Review Unit website. Please give a copy to your employer.

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. 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.

FOR COUNTY USE: REGULAR SUBSTITUTE APPLICATION

Application Oath Transcripts Fee
Date of Criminal History Approval if applicable _____ or
Date of Emergent Hire Approval if applicable _____
CERTIFICATE # _____
DATE OF ISSUE _____

VOCATIONAL / SCHOOL NURSE APPLICATION

For vocational applicants/notarized statement of previous employment or valid occupational license.
 RN License # _____ Exp. Date _____

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.

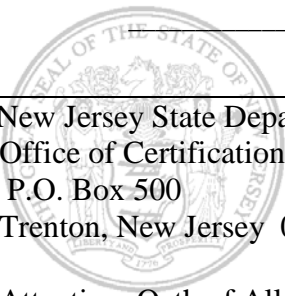
Applicant's Signature (in ink)

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