

Instructions for Substitute Lunch Aide Position

Please complete the following forms:

- Criminal History Review Application
- Harrington Park School Application
- Oath of Allegiance (this must be notarized)
- Mantoux test -- signed by your doctor

Applications will not be processed until all information is received.

If you have any questions, please contact Ms. Urban at (201)768-5700 x38617

EDUCATION (PLEASE LIST FROM MOST RECENT)

Institution: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Institution: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Institution: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Institution: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

REFERENCES

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

PROFESSIONAL EXPERIENCE – EDUCATION EMPLOYMENT (LIST FROM MOST RECENT INCLUDING PRESENT POSITION.)

School District: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
School District: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

School District: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

School District: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

PROFESSIONAL PREPARATION—OTHER EMPLOYMENT

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

HONORS, DISTINCTIONS, PUBLICATIONS, AND ELECTIVE OFFICES HELD

APPLICANT'S PARAGRAPH

On a separate page, please describe how your background and experiences have prepared you for the position for which you have applied.

DISCLAIMER AND SIGNATURE

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____

The Harrington Park Board of Education is an equal opportunity employer. We do not discriminate in hiring, selection or employment decisions on the basis of gender, race, creed, color, religion, age, national origin, ancestry, marital status, familial status, veteran status, sexual orientation, handicap or disability.

The Harrington Park Board of Education offers reasonable accommodations to qualified applicants or candidates for employment with handicaps or disabilities. Any individual requiring reasonable accommodation in the application process should contact Dr. Adam D. Fried, Superintendent.

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

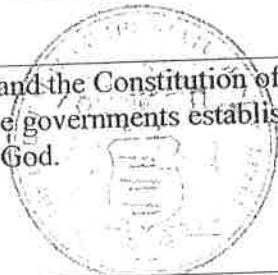
Endorsement Information. Please enter below the code and print the name of each endorsement for which you are applying.

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

HEALTH OFFICE
Harrington Park School
191 Harriot Avenue
Harrington Park, NJ 07640

Date: _____

To Whom It May Concern:

The Mantoux Test for Tuberculosis was administered to the following student or teacher:

Name: _____

Placed on: _____

Read on: _____

Result (on mm): _____

Test administered by: _____

Signed: _____

Physician