

Harrington Park School
191 Harriot Avenue
Harrington Park, NJ 07640
(201) 768 – 5700
www.hpsd.org

INSTRUCTIONS FOR SUBSTITUTE TEACHER CERTIFICATION AND BOARD APPROVAL

1. A Criminal History Review (background check) must be completed prior to any other paperwork being filled out. Please DO NOT submit any of the attached paperwork before you have been fingerprinted and brought in your approval letter from the State of New Jersey. You will have to go online to see if the background check was completed. Please print out the form and include it when you hand in your paperwork.
2. Complete the following paperwork and hand in to Ms. Urban in the Main Office Vestibule:
 - A. Current resume.
 - B. Harrington Park School Application.
 - C. Substitute Certification Application *in duplicate* **OR** your NJ Teaching Certificate.
 - D. Completed Oath of Allegiance – **this must be notarized.**
 - E. Continuous letter of employment filled out by district through which you filed for your background check – **if applicable.**
 - F. Medical Record of negative Mantoux (TB) test.
 - G. **Official** transcripts (they must be in a sealed envelope) – you do not need this if you have a permanent Teaching license.
 - H. Money Order in the amount of \$125 made payable to Commissioner of Education – do not need this if you have a permanent Teaching license. *Do NOT obtain a money order until AFTER you have been Board approved!*
3. After you have completed your paperwork and submitted it to the Ms. Urban, you will be scheduled for an interview with the Principal.
4. Following your interview you will be placed on the Board of Education agenda for approval to begin working in Harrington Park School. After approval you will receive notification from Ms. Urban regarding your status. At that time you are responsible for coming into the Board of Education office to fill out W-4 paperwork for tax purposes as well as direct deposit forms. You will not be placed on the sub calling list until all of these steps have been completed.
5. If you have any questions regarding any of this information, please contact Ms. Urban at (201) 768-5700, ext 38617 or at urban@hpsd.org.

HARRINGTON PARK SCHOOL DISTRICT

191 HARRIOT AVENUE
HARRINGTON PARK, NEW JERSEY 07640
201-768-5700

APPLICATION FOR FACULTY POSITION

Please complete this application form and return it to the Office of the Superintendent along with copies of your teaching certifications, college and graduate school transcripts, and letters of recommendation prior to the closing date for applications. All correspondence should be directed to the above address.

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City _____ State _____ ZIP Code _____

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____

Position Applied for: _____

Have you ever been dismissed or not had your contract renewed or denied?
 YES NO If so, when? _____

Have you ever been convicted of a felony?
 YES NO
 If yes, explain: _____

CERTIFICATION

I hold a New Jersey Teaching Certificate in the subject area in which I have applied for a faculty position. YES NO

I hold a New Jersey Certificate of Eligibility in the subject area in which I have applied for a faculty position. YES NO

I hold the following professional teaching certificates:

Title	State	Date Issued	Date Expires

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 CURRENT 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.

(REV 10.15.14)
 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

Regionally-Accredited College Name	Location	EDUCATION 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 _____

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

Regionally-Accredited College Name	Location	EDUCATION	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

Date of Birth: Month

Day

Year

Social Security Number

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.

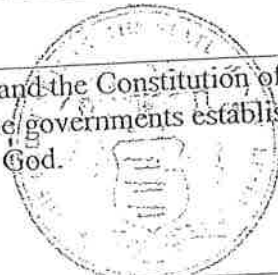
Code

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

Harrington Park School
191 Harriot Avenue
Harrington Park NJ 07640
201 768-5700

To: Personnel/Payroll Department of:

(School District through which fingerprints were originally processed)

From: HARRINGTON PARK SCHOOL

Subject: Verification of Continuous Employment
(Required criminal history procedure)

The Harrington Park District wishes to Employ _____
(Name)

as a substitute teacher. In order for our district to be in compliance with approval procedures for those people who have been previously employed as substitutes as established by the Office of Criminal History Review, this school district must confirm that this candidate has been continuously employed with your district, with no break in service.

Thank you for your assistance in this matter.

(Name of Employee)

Substitute Teacher
(Title of Position Held)

Dates of Employment: From: _____ To: _____
(Date) (Date)

I hereby certify that the above information being provided to the Harrington Park School District is true.

Signature of District Administrator

Title

Date

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