

WOODSTOWN-PILESGROVE REGIONAL SCHOOL DISTRICT
Woodstown, New Jersey 08098-1336

SUBSTITUTE APPLICATION PROCEDURES
(NOT YET CERTIFIED)

The items listed on this front side of the sheet are required for issuance of a substitute teaching certificate:

1. The Department of Education requires all new employees to undergo a criminal history background check. As part of the substitute application process, you are being provided with an instruction sheet detailing the steps to be followed for making arrangements for your fingerprinting; see enclosed.
2. The top portion of the Substitute Credential Application must be completed. The Superintendent will sign the application form when you return the completed packet.
3. The Oath of Allegiance must be completed, signed, and notarized. Someone in the Superintendent's Office can notarize the form for you.
4. An official transcript showing a minimum of 60 semester hour credits completed at an accredited college is required. A transcript is not official unless it contains the signature of the registrar, or other designated officer, and the seal of the college or university. **The transcript must be in an official sealed envelope.**
5. A certified check or money order in the amount of \$125.00 payable to the **New Jersey Commissioner of Education** is required. This is the cost of the substitute certificate, which is valid for five years. Please note that cash or a personal check is not acceptable.

When you have all of the items listed in #1 through #5 above, bring them to the Superintendent's Office at the Woodstown-Pilesgrove Regional School District along with the district required documents listed on the back of this sheet. Once the above documents have been reviewed and the Superintendent has signed the application form, you will be provided with directions to the Salem County Office of Education where your certificate will be issued.

The items listed below are documents required by the district prior to working as a substitute:

1. Employment Application: Complete the district application in its entirety. Be sure to indicate at which schools you are willing to substitute. While some spots may be left blank on the back of the form, you must fill in the reference section and sign the form. In selecting at which schools you wish to substitute, be advised that the ECLC is for grades pre-kindergarten and kindergarten, the "Elementary" school is for grades one through five, the "Middle" school is for grades six through eight, and the "High" school is for grades nine through 12.
2. Complete the following forms:
 - a. W-4 form.
 - b. Top portion of the Employment Eligibility Verification Form. When supplying your forms of identification, we must see the originals; copies are not acceptable. Also, your current legal name must be shown.
 - c. State of New Jersey New Hire Reporting Form. Leave date of hire blank.
 - d. 403(b) Salary Reduction Contribution Eligibility Notification form. Leave date of hire blank.
 - e. Direct Deposit form. Please be advised that this is mandatory.

(continued on next page)

3. A Mantoux TB test is required upon employment of all newly hired employees. See the letter in this packet regarding this.
4. Global Compliance Network (GCN) online mandated training is required of all district employees; an instruction sheet regarding this is included in this packet.
5. All substitute teachers are required to view an online Power Point presentation and video. The instruction sheet for accessing them is enclosed as well as a confirmation form that you must sign and return stating that you've viewed the presentations.
7. Please call Joyce Rose, Administrative Assistant to the Superintendent, when you are ready to return the paperwork in order to arrange for a mutually convenient time. Mrs. Crate may be reached at 769-0144, extension 22252. When you submit your paperwork, be sure to bring the originals of all documents for viewing as required; they will be returned to you at the same time. Copies are not acceptable.

IMPORTANT NOTE:

Your substitute certificate must be issued and all paperwork, including online training, must be completed before your name will be presented to the Board of Education for approval as a district substitute.

Updated: 11/20/17

FINGERPRINT INSTRUCTIONS FOR BOARD OF EDUCATION MEMBERS

Salem County – Code #33

Woodstown-Pilesgrove Regional School District – Code #5910

CRIMINAL HISTORY INSTRUCTIONS FOR NEW APPLICANTS

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."** Enter your Social Security number and click **"Continue."**
2. Select the first option: **"New Administration Fee Request (New Applicants Only)"** and enter your Social Security number to ascertain if you are eligible for the process. The screen displays four (4) options as to the job position(s) and employer. Please select the appropriate option and proceed to next screen.
 1. All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Students with Disabilities and Charter Schools
 2. All School Bus Drivers and Bus Aides for Public Schools, Private Schools for Students with Disabilities, Charter Schools and Authorized School Bus Contractors
 3. All Job Positions, except School Bus Drivers and Bus Aides, for Non Public Schools
 4. All School Bus Drivers and Bus Aides for Non Public Schools and Other Agencies
3. Complete the requested applicant information to include the county/district/school/contractor code names (listed at the top of this page) 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.
4. Please complete the required payment information. There is a \$10.00 administrative fee for the department to process the request and issue an approval letter. There will also be an additional \$1.00 convenience fee charged by the private vendor, NicUSA for processing the credit card information. Methods of payment are Visa, MasterCard, American Express or Discover credit cards.

You **MUST** click the **"Make Payment"** button only one time to complete the transaction.

5. After completing the transaction, you will be presented with three required steps:
 1. View and/or print your New Administration Fee Payment Request confirmation page
 2. Complete and/or print your IdentoGO NJ Universal Fingerprint Form
 3. Click here to schedule your fingerprinting appointment with MorphoTrust
6. Select the first option **"View and/or print your New Administration Fee Payment Request confirmation page"** and print a copy of the receipt by clicking the print button in the upper right corner of the page and presenting a copy to the employing entity.
7. Next select the second option **"View and/or print your IdentoGO NJ Universal Fingerprint Form."** You must print the IdentoGO NJ Fingerprint Form and fill in the boxes for Height, Weight, Maiden Name (if applicable), Place of Birth, Country of Citizenship, Hair Color, and Eye Color and present it to MorphoTrust at the time of LiveScan fingerprinting.
8. Access the MorphoTrust web page by selecting the third option **"Click here to schedule your fingerprinting appointment with MorphoTrust"** or call 1-877-503-5981 to schedule a fingerprinting appointment.
9. In about two weeks, you will be able to view and print your **"Applicant Approval Employment History"** by accessing the Criminal History Review Unit website. Please give a copy to your employer.

FINGERPRINT INSTRUCTIONS FOR BOARD OF EDUCATION MEMBERS

Salem County – Code #33

Woodstown-Piles Grove Regional School District – Code #5910

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>.
2. Your most recent PCN (Process Control Number) is required for this process. Your PCN can be obtained from your MorphoTrust receipt or by accessing your **"Applicant Approval Employment History"** on the website.
3. Click on **"File Authorization and Make Electronic Payment for Criminal History Record Check."**
4. Select the second option: **"Archive Application Request (Applicants Previously Fingerprinted for the Department of Education and Approved Subsequent to February 2003)."**
5. Please enter your Social Security number to ascertain if you are eligible for the process. Click **"Continue."**
6. Select the appropriate Applicant Authorization and Certification form (AA&C) that is suitable to your job position and employer.
7. Complete the requested applicant information to include the county/district/school/contractor code names listed at the top of the page 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"**
8. Submit your credit card payment. Total payment is \$28.50 (\$27.50 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.
9. The Payment Confirmation page will state **"Your ePayment transaction has been processed successfully."** You should print a copy of this receipt.
10. 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.

(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 ☐

EDUCATION

Regionally-Accredited College Name	Location	Degree / Degree Date	Major	# Credits
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<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

WORK EXPERIENCE (teaching)

<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

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 _____

New Jersey State Department of Education Office of Certification and Induction			
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 <i>Please print your name as it appears on any documentation that you are required to submit</i>			
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
<i>Endorsement Information. Please enter below the code and print the name of each endorsement for which you are applying.</i>			
Code	Name of Endorsement		
B. Oath of Allegiance <i>Choose one of the following.</i>			
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 <i>Failure to complete these items will result in rejection of the candidate's application for certification.</i>			
Circle whichever applies			
1. Have you ever been convicted of, pled guilty, no contest or <i>nolo contendere</i> 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



**Woodstown-Pilesgrove Regional
School District**
135 East Avenue
Woodstown, NJ 08098
(856) 769-0144, ext. 22252

**APPLICATION FOR EMPLOYMENT:
CERTIFICATED STAFF
CERTIFICATED SUBSTITUTES**

APPLICATION FOR:

- ☐ Administrator
☐ Teacher
☐ Educational Services:
CST, Guidance,
Librarian, Nurse
☐ Summer Teaching
☐ Substitute
☐ Other _____

DATE _____

FULL NAME _____
Last First Middle

PERMANENT ADDRESS _____ PHONE _____
No. & Street City State Zip

TEMPORARY ADDRESS _____ PHONE _____
No. & Street City State Zip

CELL PHONE NUMBER _____ EMAIL ADDRESS _____

TEACHERS' PENSION & ANNUITY FUND NUMBER _____ STATE _____

POSITION DESIRED: ☐ ECLC ☐ Elementary ☐ Middle ☐ High SUBJECT: _____

GRADE OR SUBJECT PRESENTLY TEACHING: _____ PRESENT SALARY: _____ UNDER CONTRACT: _____

CERTIFICATES HELD: 1. _____ DATE ISSUED: _____
Type Area State
2. _____ DATE ISSUED: _____
Type Area State
3. _____ DATE ISSUED: _____
Type Area State

EDUCATIONAL EMPLOYMENT EXPERIENCE: (LIST EACH POSITION COMPLETELY)

	<u>YEAR</u>	<u>SCHOOL & LOCATION</u>	<u>SUBJECT OR GRADE</u>	<u>SALARY</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

EDUCATIONAL PREPARATION:

	<u>SCHOOL</u>	<u>DATES ATTENDED</u>	<u>LOCATION</u>	<u>MAJOR</u>	<u>YR. GRAD.</u>	<u>DEGREE</u>
High School:	_____	_____	_____	_____	_____	_____
College/Univ:	_____	_____	_____	_____	_____	_____
Grad. Study:	_____	_____	_____	_____	_____	_____

WE ARE AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

NON-EDUCATIONAL EMPLOYMENT EXPERIENCE:

	<u>DATE</u>	<u>LOCATION</u>	<u>POSITION</u>	<u>NO. OF YEARS</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

MILITARY SERVICE DATES: _____ to _____

MILITARY BRANCH: _____ DUTIES: _____

ARE YOU FLUENT IN A LANGUAGE OTHER THAN ENGLISH? ☐ NO ☐ YES, IF YES, WHAT LANGUAGE _____

EXTRA-CURRICULAR ACTIVITIES YOU ARE ABLE & WILLING TO SPONSOR:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS, FRATERNAL, & CIVIC ORGANIZATIONS:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

PUBLICATIONS, ACCOMPLISHMENTS, HONORS, HOBBIES, & INTERESTS:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

REFERENCES: GIVE NAMES, **COMPLETE** ADDRESSES, AND OFFICIAL POSITIONS OF AT LEAST THREE PERSONS WHO CAN SPEAK OF YOUR CHARACTER, SCHOLARSHIP, AND TEACHING ABILITY. GIVE NAME OF PRINCIPAL OF SCHOOL OR SUPERVISOR WHERE PRESENTLY EMPLOYED.

	<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>	<u>PHONE #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

swear/affirm that I have not been convicted nor do I have any charges pending for the following crimes or offenses: any crime of the first or second degree; any crime bearing upon or involving sexual offense or child molestation; an offense involving the possession, manufacture, transportation, sale, distribution, habitual use of a controlled dangerous substance or any violation involving drug paraphernalia, including hypodermic needles; any crime involving the use of force or the threat of force to or upon a person or property including, but not limited to, robbery, aggravated assault, stalking, kidnapping, arson, manslaughter and murder, any crime of possessing weapons; a third degree crime as set forth in Chapter 20 of Title 2C (theft); recklessly endangering another person, terroristic threats, criminal restraint, luring or enticing a child(ren) into a motor vehicle or isolated structure; causing or risking widespread injury or damage; criminal mischief, burglary, usury, threats and other improper influence, perjury and false swearing, resisting arrest, escape; any conspiracy to commit or attempt to commit any of the crimes described in this act.

(Applicant's Signature)

The Woodstown-Pilesgrove Regional School District does not discriminate in its educational programs, activities or employment practices based on race, color, national origin, gender, sexual orientation, disability, religion, ancestry or any other legally protected classification. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 503 AND 504 of The Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and the Americans with Disabilities Act of 1990. Information relative to special accommodation, grievance procedure, and the designated responsible official for compliance with Title VI, Title IX, and Section 503 and 504 may be obtained by contacting the school district.

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A
B	Enter "1" if: <ul style="list-style-type: none">• You're single and have only one job; or• You're married, have only one job, and your spouse doesn't work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F
(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)		
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H
For accuracy, complete all worksheets that apply. <ul style="list-style-type: none">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.		

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2017	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		6 \$	
6 Additional amount, if any, you want withheld from each paycheck					
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶			
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	



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>
<p>QR Code - Section 1 Do Not Write In This Space</p>

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

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



Employer Completes Next Page



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		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		

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

New Jersey New Hire Reporting Form

Federal and state legislation (N.J.S.A. 2A: 17-56.61) requires all New Jersey employers, both public and private, to report to the State of New Jersey all newly hired, contracted, rehired, or returning to work employees. Information about new hire reporting and online reporting is available on our website: www.ni-newhire.com

Send completed forms to:

New Jersey New Hire Directory
PO Box 4654 Trenton, NJ 08650-4901
Toll-free fax: 800-304-4901

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A B C

1 2 3

EMPLOYER INFORMATION

Federal Employer ID Number (FEIN): (Please enter the same FEIN used to report the employee's quarterly wages)

2 1 - 6 0 0 3 5 5

Employer Name:

W O O D S T O W N - P I L E S G R O V E

Employer Address:

1 3 5 E A S T A V E N U E

Employer City:

W O O D S T O W N

State:

N J

Zip Code:

0 8 0 9 8

Employer Phone (optional):

8 5 6 7 6 9 0 1 4 4

Extension:

2 2 2 6 4

Employer Fax (optional):

8 5 6 7 6 9 8 0 3 6

Email Address:

H A L L . L @ W O O D S T O W N . O R G

EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

- - - - -

Is this employee an Independent Contractor?

Yes ☐

No ☐

Employee First Name:

- - - - -

Middle Initial

☐

Employee Last Name:

- - - - -

Employee Address:

- - - - -

Employee City:

- - - - -

State:

☐

Zip Code:

☐

Date of Hire (MMDDYY):*

- - - - -

Date of Birth (MMDDYY):

- - - - -

*Date of Hire is defined as the date an employee first performed services for pay.

Reports must be submitted within 20 days of hire or rehire date. Failure to report could result in a fine.

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Questions? Call us at (609) 631-0330 or toll-free at (877) NJ-HIRES



Woodstown-Pilesgrove Regional School District

135 East Avenue, Woodstown, NJ 08098

Rose W. Chin

School Business Administrator/Board Secretary
Telephone: (856) 769-0144 *** Fax: (856) 769-8036

August 1, 2017

In compliance with recently enacted IRS regulations please sign and date the following notification and return to the board office.

Rose W. Chin
SBA/BS

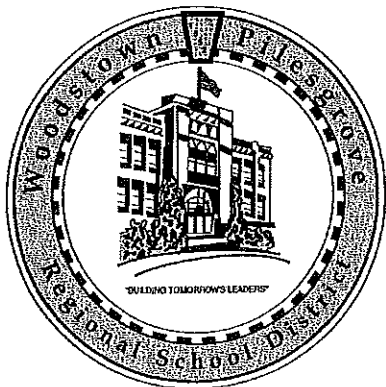
403(B) Salary Reduction Contribution Eligibility Notification

I have been notified that I am eligible to participate in the tax exempt employer 403(B) Salary Reduction Program. I have received a copy of the Summary Plan Description and Salary Plan Agreement. Should I choose to participate, I will complete a Salary Reduction Agreement Form and return it to Lynn Hall, Payroll Department.

Name: _____

Date of Hire: _____

Signature: _____ Date: _____



Woodstown-Pilesgrove Regional School District

135 East Avenue, Woodstown, NJ 08098

Lynn L. Hall

Benefits/Payroll

Telephone: (856) 769-0144 ext. 22264 Fax: (856) 769-8036

To: All District Staff
From: Lynn Hall
Subject: Direct Deposit Payroll Services

Please complete the bottom portion of this memo with a voided check from your personal account. The voided check will provide the necessary information needed to perform a test run on your account to insure the money will be deposited correctly into your account. Once the test run is complete, your direct deposit will go live. Only one account is eligible for direct deposit.

If you have any questions about direct deposit, please contact me at extension 22264.

Employee Name: _____ School/Department: _____

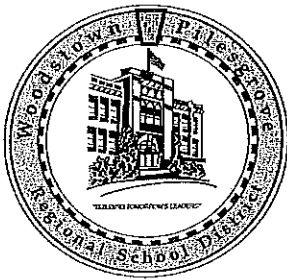
Name/Address of Bank: _____

Bank Routing Number _____

Account Number _____

Indicate: _____ Checking Account _____ Savings Account

Please attach a voided check for verification purposes



Woodstown-Pilesgrove Regional School District

135 East Avenue, Woodstown, NJ 08098

Virginia M. Grossman
Superintendent of Schools
(856) 769-0144, Ext. 22252
Fax: (856) 769-4549

Rose Wang Chin
Business Administrator
(856) 769-0144, Ext. 22251
Fax: (856) 769-8036

Dear Applicant:

In accordance with New Jersey Law, the State Board of Education requires all personnel employed in a school district to have a test for tuberculosis (TB). Please ask your medical provider to administer either a Mantoux TB skin test or an IGRA blood test, and return the results to the Superintendent's Office.

These tests will show whether or not you have been exposed to the germs that cause tuberculosis. If your results are positive, follow-up medical evaluation will be necessary to rule out active lung disease.

There are several exemptions to this TB testing requirement. Tuberculosis testing is not required if:

1. You have a documented negative tuberculosis test result within the last six months.
2. You have a documented positive tuberculosis test, regardless of when this test was done. Please contact a school nurse for information regarding a chest x-ray requirement in this situation.
3. You are a school employee transferring between a New Jersey public or non-public school district, with a documented tuberculosis test result upon initial employment by a New Jersey school.
4. You claim, in writing, a religious exemption. In this instance, a symptom assessment must be done. Please contact a school nurse for more information.

Sincerely,

Virginia M. Grossman
Superintendent of Schools

TAC/jar

RETURN THIS FORM TO THE SUPERINTENDENT'S OFFICE WHEN COMPLETED
TUBERCULOSIS TESTING FOR NEW EMPLOYEES

Applicant name: _____ **Prospective position:** _____

Type of test administered:

_____ Mantoux skin test _____ IGRA blood test

IGRA blood test:

Date: _____ Result: _____

Mantoux skin test: *(Must be read by health care provider or school nurse within 48-72 hours of placement)*

Date placed: _____ Date read: _____ Result: _____

Results confirmed by MD/RN:

Print: _____ Signature: _____ Date: _____

Facility: _____ Contact #: _____

REQUIRED ONLINE TRAININGS: SUBSTITUTE EMPLOYEES

The following trainings are **mandatory** for **ALL** employees and must be completed online:

- Allergy Management/Food Allergies (21 minutes)
- Anti-Bullying Bill of Rights – NJ (34 minutes)
- Bloodborne Pathogens (20 minutes)
- Child Abuse NJ (15 minutes)
- Diabetes Awareness (20 minutes)
- Discrimination (18 minutes)
- Sexual Harassment (22 minutes)

Substitute teachers and substitute paraprofessionals must also complete the following sessions:

- Anaphylaxis and Anaphylactic Shock (EpiPen) (16 minutes)
- Asthma (18 minutes)

Substitute custodians must also complete Hazard Communications (Right-to-Know) (29 minutes).

To access the online program, go to www.gcntraining.com. Select the following:

"Login To View Training"

"Login To View Training" (This is correct; you'll need to select it this second time.)

"New User – I do not have a Personal ID"

In the "Organization ID" box, enter 53865w.

"Preferred Personal ID": Enter an ID that you'll remember.

NOTE: If you are a returning substitute and have an account already established, please enter the site as an "Existing User" rather than setting up a new account.

The boxes that are marked with an asterisk (*) must be completed. Do so as follows:

First Name and Last Name: List as you did on your employment application.

Job Title: Substitute

Department: N/A

School: District

Team: N/A

Email: Your personal email address.

Once your account is set up, click "Return to Welcome Page". At this point, you may begin by selecting the first module that you wish to complete. When you have completed all modules, it is suggested that you print the completion certificate for your file. You do not, however, need to submit it to the Superintendent's Office.

IMPORTANT: Until these trainings are completed, your name will not be presented for Board approval and you will not be able to serve as a substitute within this district. Please notify Betty Crate in the Superintendent's Office by email at rose.j@woodstown.org when you have completed this requirement.

In addition to completing the trainings listed, it is important that you familiarize yourself with the following district policies:

#5131.1 – Harassment, Intimidation, and Bullying

#5141.4 – Child Abuse and Neglect

These policies are available on the district's website: www.woodstown.org, under "Board Policies" listed on the "BOE" dropdown box.

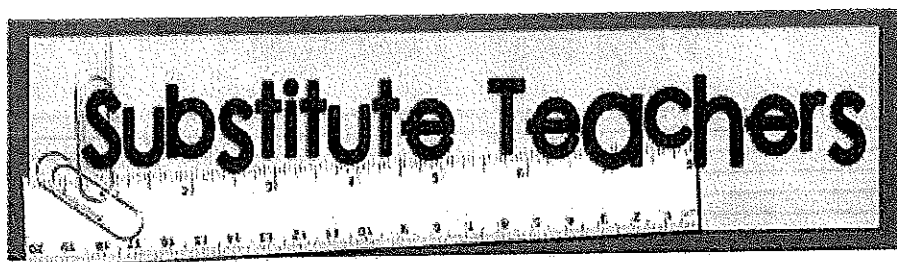
2016-2017 MANDATED TRAINING CHART

EMPLOYEE GROUP	Allergy Management/ Food Allergies (18 min.)	Anti-Bullying Bill of Rights - NJ (34 min.)	Bloodborne Pathogens (20 min.)	Child Abuse - NJ (20 min.)	Diabetes Awareness (20 min.)	Discrimination (18 min.)	Sexual Harassment (22 min.)	Suicide Prevention Video (2 hours)	Anaphylaxis and Anaphylactic Shock (EpiPen) (16 min.)	Asthma (18 min.)	Hazard Communications (Right-to-Know) (29 min.)
Administrators and ALL Certified Staff (Teachers, Counselors, Nurses)	X	X	X	X	X	X	X	X*	X	X	Science and Art Teachers
Support Staff	X	X	X	X	X	X	X		Paraprofessionals & Lunch Aides	Paraprofessionals & Lunch Aides	Maintenance and Custodial Staff
Substitutes	X	X	X	X	X	X	X		Teachers and Paraprofessionals	Teachers and Paraprofessionals	
Tier II Volunteers, Including Volunteer Coaches	X	X	X	X	X	X	X				
***** ATTENTION COACHES *****											
Coaches	X	X	X	X	X	X	X	X	X	X	
COACHES: In addition to the district requirements above, you must complete the following as required by NJSIAA and submit a copy of your completion certificates to Ms. Bramante, Director of Athletics:											
1. CPR/AED Training: You may either sign up with Dan Evans, District Athletic Trainer, or secure the training on your own.											
2. Concussion Training: Please go to www.nfhslearn.com to complete this course.											
3. Heat Acclimatization: Please go to www.nfhslearn.com to complete this course.											

***NOTE REGARDING SUICIDE PREVENTION TRAINING:** All certificated staff members (teachers, counselors, nurses) are required to complete a two-hour training session in a five-year period. If staff members new to the district this year completed this required training prior to starting with this district, they are to submit proof of such completion to the Curriculum Office.

WOODSTOWN-PILESGROVE REGIONAL SCHOOL DISTRICT
WOODSTOWN, NEW JERSEY

2017-2018 REQUIRED TRAININGS FOR



IMPORTANT NOTE: Please be advised that your name will not be presented for Board of Education approval until you have viewed these trainings.

1. Open your Internet browser (Internet Explorer, Safari, Firefox, etc.).
2. In the address bar, type "www.woodstown.org".
3. You will now see "Resources" as an option on the right-hand side of the blue menu bar. When you hover the mouse over "Resources", a dropdown menu will appear with "Substitute Training" as an option. Once you click on that, a screen listing the 1) Substitute Teacher Training Power Point Presentation and 2) Substitute Teacher Training Video will appear, both of which are "clickable" links.
4. After you have viewed both of these trainings, please be sure to sign the attached confirmation sheet and submit it to the Superintendent's Office as part of your substitute teacher application packet.

Should you have any questions, please don't hesitate to contact Joyce Rose in the Superintendent's Office. Mrs. Rose may be reached at 856/769-0144, extension 22252, or by email at rose.j@woodstown.org.

**WOODSTOWN-PILESGROVE REGIONAL SCHOOL DISTRICT
WOODSTOWN, NEW JERSEY**

**CONFIRMATION:
2017-2018 SUBSTITUTE TEACHERS'
REQUIRED TRAININGS**

My signature below indicates that I have viewed the following training presentations required of substitute teachers for the 2016-2017 school year as provided on the district's website:

1. Substitute Teacher Training Power Point Presentation.
2. Substitute Teacher Training Video.

Printed Name

Signature

Date