

WHARTON BOROUGH PUBLIC SCHOOLS

www.wbps.org

"In partnership with the community, the Wharton School district is committed to educational excellence and guarantees challenging learning opportunities for all students to become life-long learners and productive and responsible members of society."

Marie V. Duffy Elementary School

"Governor's School of Excellence"

Pamela S. Blalock, Principal

Alfred C. MacKinnon Middle School

Dr. Patrick Ketch, Principal

MEMORANDUM

TO: Applicant for Substitute Teaching Position

FROM: Kathy Murphy, Secretary to the Superintendent

Thank you for expressing an interest to substitute teach in the Wharton Borough Public Schools. Please complete the attached Application for Teaching/Substitute Positions.

Please be advised that in order to substitute teach in Morris County you must possess one of the following:

- ✓ **NJ Certification**
- ✓ Certificate of Eligibility with Advanced Standing
- ✓ Certificate of Eligibility or
- ✓ Morris County Substitute Certificate

Upon approval to be hired as a substitute teacher, **if you need to apply for a Substitute Certificate**, please see the information noted below:

- ✓ Complete the attached **County Substitute Certificate Application**.
- ✓ Have official transcripts of 60 semester hour credits from an accredited college mailed to the Board Office to the attention of the Superintendent's secretary.
- ✓ Certified check, money order or personal check in the amount of \$125 made payable to the Commissioner of Education
- ✓ Bring all of the above to the Wharton Board office.

All employees are required to undergo the Criminal History Review process. Please go to the website, <https://homerom2.state.nj.us/chr/> and follow the steps for "New Administration Payment Fee Request" as soon as you receive approval in order to begin the process for the On-line Applicant Authorization and Certification and follow the link to www.bioapplicant.com/nj in order to make an appointment to be fingerprinted through MorphoTrust.

If you were fingerprinted after February 21, 2003, you will not need to be re-fingerprinted and are eligible for the archive process. You must complete the administrative fee process for the "Archive Application Request" on-line at <https://homerom2.state.nj.us/chr/>. The fee in order to archive fingerprints is \$30.25. In addition, a \$1.00 convenience fee will be charged. You will also be required to supply your 12 digit PCN number that you received from Sagem Morpho when you were originally fingerprinted. Please also provide me with a copy of your prior Criminal History Approval Letter.

Please call me at 973-361-2592 with any questions.

WHARTON PUBLIC SCHOOLS
OFFICE OF THE SUPERINTENDENT
137 E. Central Avenue
Wharton, NJ 07885

APPLICATION FOR TEACHING/SUBSTITUTING POSITIONS

PERSONAL DATA

NAME (Last, First, MI, Maiden) Home Phone Work Phone

ADDRESS (No. and Street) City State Zip

Social Security No. _____

Position Applying For _____

PLEASE ATTACH RESUME

Answer questions below only if resume is not included with this application.

EDUCATIONAL DATA

	Name of Institution	Year of Graduation	Degree
High School			
College			
Graduate Work			

TEACHING EXPERIENCE

Dates From/To	Name and Address of Institution	Subject/Grade Taught	Name of Principal	Phone No.

Total Years of Teaching Experience _____

Proof and Date of Last Mantoux tuberculin testing _____

REFERENCES:

Please have College Placement Folder forwarded to the Wharton Schools

List three professional references

<u>Name</u>	<u>Address</u>	<u>Title</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Certification (Please attach photo-copy of certification if available. Also attach copy of fingerprint application)

<u>Type of Certification</u>	<u>State</u>
_____	_____
_____	_____
_____	_____
_____	_____

The following is requested to comply with the U.S. EEOC, and NJ Affirmative Action Programs. This data is used for statistical purposes only.

SEX : _____ Male _____ Female

_____ Date of Birth (Month, Day, Year)

ETHNIC CATEGORIES (Please check one)

_____ White Non-Hispanic _____ Black, Non-Hispanic _____ Hispanic
_____ Asian or Pacific Islander _____ American Indian or Alaskan Native

(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

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 _____

WHARTON BOARD OF EDUCATION
137 E Central Avenue
Wharton NJ 07885

TO: All Substitutes
FROM: Sandy Cammarata
Business Administrator
RE: Payroll records
DATE: 2018-2019 School Year

Payroll for substitute teachers and aides are processed on the 15th and 30th of each month. If you substitute from the 1st of the month to the 15th of the month you will be paid on the 30th of the month. If you substitute from the 16th of the month to the 31st of the month you will be paid on the 15th of the month.

Please make sure you sign your name in the Staff Attendance Book(s) each day you sub, they are located in the Duffy and MacKinnon school office. If you are asked to do additional subbing after you have already signed in, make sure you sign for the additional time before you leave.
Payroll will only be processed if you have signed your name.

Every effort is made to ensure your paycheck is correct. Please provide your email address below. An email will be sent to you from Yelitza Ledesma prior to payroll being processed for your verification. Only changes to the payroll information need to be emailed back.

Your paycheck can be direct deposited; please email me if you would like a direct deposit form. If you have already filled out one it is not necessary to fill out another one.

I can be reached at 973-361-2593 ext. 223 or at scammarata@wbps.org

Name _____

Email Address _____

Please return this form to: Yelitza Ledesma

WHARTON BOROUGH PUBLIC SCHOOLS

137 East Central Avenue
Wharton, NJ 07885-2499

Christopher Herdman
Superintendent

Telephone: 973-361-2592
Fax: 973-895-2187

MEMORANDUM

TO: New Employees
FROM: Kathy Murphy, Superintendent's Secretary
SUBJECT: Pre-Employment Paperwork and Instructions

The following is a listing of, and instructions for completing the attached paperwork. Please return all to me as quickly as possible.

All employees are required to undergo the Criminal History Review process. Please go to the website, <http://www.nj.gov/education/educators/crimhist> and follow the steps for File Authorization And Make Electronic Payment For Criminal History Record Check as soon as you receive this paperwork in order to begin the process for the On-line Applicant Authorization and Certification and follow the link to <https://nj.ibtfingerprint.com/> in order to make an appointment to be fingerprinted through MorphoTrust. Please print out form after you have made appointment and filled out the paperwork. (As the form I give you is for the employment codes needed)

- ✓ MorphoTrust Fingerprinting – Note: This form is only for reference of the numbers you need to enter, you need to print out the form online when you make your appointment. This is not accepted at the fingerprint site.
- ✓ Emergency Information Form – Fill in all information
- ✓ Staff Directory – Fill in all information
- ✓ Applicant Authorization and Certification Form – Complete all except the shaded areas and notarize
- ✓ New Employee Physical Form – (Not required for substitute teachers)
- ✓ Oath of Allegiance – Sign and Notarize
- ✓ Right to Know Notification – Sign
- ✓ Right to Know Brochure
- ✓ Mantoux/TB Test – If you have had a test previously, please submit a copy of the result. If you have not had a Mantoux/TB Test, then you must have one and submit the result to me as soon as possible. *Please note that your employment cannot begin until we have received the results of the test.*

If you were fingerprinted after February 21, 2003, you will not need to be re-fingerprinted and are eligible for the archive process. You must complete the administrative fee process for the “Archive Application Request” on-line at <http://homeroom2.state.nj.us/chr/>. The fee in order to archive fingerprints is \$32.00. In addition, a \$1.00 convenience fee will be charged. You will also be required to supply your 12 digit PCN number that you received from MorphoTrust when you were fingerprinted. Please also provide me with a copy of your prior Criminal History Approval Letter.

If you have any questions, please call me at 973-361-2592.



FOR REFERENCE

www.bioapplicant.com/nj

Formerly Sagem Morpho Inc

(1) Originating Agency Number (ORI #) NJ930100Z		(2) Category EDK	(3) Statute Number 18A:6-7.2		
(4) Reason for Fingerprinting Public School Employment			(5) Document Type RB1	(6) Payment Information Applicant pays the fee of \$67.60	
(7) Contributor's Case # (Unique Identifier) 27 5770			(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 (Indicates most predominant color, one only)	(23) Eye Color	(24) Race (Select One) A Asian/ Pacific Islander (Includes Asian Indian) B Black U Unknown W White (Includes Hispanic/ Spanish Origin) I American Indian / Alaska Native		
(25) Occupation	(26) Employer (Name) Employer Address City State Zip				

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, 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	



MorphoTrak
SAFRAN Group

www.bioapplicant.com/nj

Formerly Sagem Morpho Inc

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

**NEW JERSEY STATE DEPARTMENT OF EDUCATION
CRIMINAL HISTORY REVIEW UNIT
APPLICANT AUTHORIZATION AND CERTIFICATION**

Substitute Position Transfer: _____

PCN _____

(Previous County/District/School)

(Type or print in ink)

(1) Last Name _____ (2) First Name _____ (3) Middle Initial _____ (4) Social Security Number _____
 (5) Date of Birth _____ (6) Sex (Select One): M F (7) Race (Select One): W B O A H
 _____ (9) City _____ (10) State _____ (11) Zip _____

- (12) Job Category (Check One):
- 01 Administrator/Supervisor
 - 02 Classroom Teacher
 - 03 Educational Support Services (Certificated)
 - 04 Substitute Teacher
 - 05 Teacher Aide
 - 06 Custodial/Maintenance
 - 07 _____
 - 08 Clerical/Secretarial
 - 09 Food Service
 - 10 Security
 - 11 Other (Specify below) _____

DISTRICT USE ONLY

Morris _____ Wharton Borough _____ 5770 _____
 (13) NAME OF COUNTY/LOCATION (14) COUNTY CODE (15) NAME OF EMPLOYING DISTRICT (16) DISTRICT CODE
 PRIVATE/HANDICAPPED/NONPUBLIC EDUCATION/AGENCY USE ONLY

_____ (17) COUNTY CODE (18) NAME OF PRIVATE/SCHOOL _____ (19) AGENCY CODE (20) SCHOOL CODE
 (17) COUNTY CODE (21) SCHOOL CODE

I do hereby authorize the New Jersey State Department of Education, its agents and representatives, to submit fingerprint data pertaining to me to the Federal Bureau of Investigation and the New Jersey State Police Bureau of Identification for the purpose of obtaining criminal history record information as required by N.J.S.A. 18A:6-7.1 at seq. or N.J.S.A. 18A:6-4.13.

FORM "A" -- (NEW EMPLOYEES OR EMPLOYEES WITH OVER 180 DAYS BREAK IN SERVICE)

I, _____ 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, terrorist threats, criminal restraint, luring or enticement of child into 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.

FORM "B" -- (CURRENT EMPLOYEES CHANGING DISTRICTS -- BREAK IN SERVICE UNDER 180 DAYS)

I, _____ swear/affirm that I have not been convicted of any crime or offense bearing upon or involving sexual offense or child molestation; and endangering the welfare of children or incompetents; an offense involving the manufacture, transportation, sale, possession, habitual use of a controlled dangerous substance; any crime involving the use of force or the threat of force to or upon a person or property including robbery, aggravated assault, kidnapping, arson, manslaughter and murder; or a simple assault involving the use of force which results in bodily injury.

 Signature of Applicant Telephone No. _____ Date _____ Notary

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

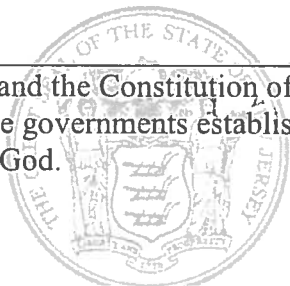
Endorsement Information. Please enter below the code and print the name of each endorsement for which you are applying.

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

New Jersey State Department of Education
Office of Certification and Induction

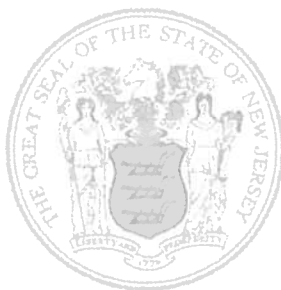
CRIMINAL/OFFENSE INFORMATION FORM

Identification Information. Please print clearly.			
Last Name	First Name		Middle Name/Initial
Street Address			
City		State	Zip
Social Security Number	Date of Birth	Month	Day Year

INFORMATION REGARDING CRIMES AND/OR OFFENSES

You indicated on your application for certification that you have been convicted of, pled guilty, no contest or *nolo contendere*, or had adjudication withheld to a crime or offense, including DUI. Before your application can be processed, the State Board of Examiners, the teacher licensing authority, requires that you provide answers to the following questions regarding your crime(s) and/or offense(s). The State Board of Examiners will review the information provided to determine if your application for certification can be processed.

1. Specify and describe the nature of the crime(s) and/or offense(s). Attach additional sheets, as necessary. Include the Item # when items are continued on another sheet.



2. Date of Crime/Offense	Date of Arrest	Indictment No.	Date of Disposition of Charges
--------------------------	----------------	----------------	--------------------------------

3. Name and address of court.

4. What was the disposition of the case (e.g., convicted, pled guilty, accepted into Pretrial Intervention program, etc.)?

Were you sentenced? Yes ___ No ___ If yes, what was the sentence imposed (include fines, community service, etc.)?

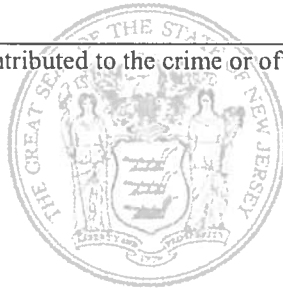
PLEASE COMPLETE SECTIONS ON NEXT PAGE

5. What was your age at the time the crime or offense was committed? _____

6. Describe the circumstances under which the crime or offense occurred.

7. Indicate if the crime or offense was an isolated or repeat incident.

8. Indicate any social conditions which may have contributed to the crime or offense.



9. Provide written evidence of rehabilitation, such as good conduct in prison or in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs, or the recommendation of persons who have supervised you in some capacity.

10. You may provide any additional information or documentation that you wish the State Board of Examiners to consider. For example, you may provide documentation such as an employment approval letter from the Criminal History Review Unit in the New Jersey State Department of Education that approves you for public school employment or a copy of the judgment(s) of conviction for your crime(s) and/or offense(s). The phone number of the Criminal History Review Unit is (609) 292-0507.

I certify that the foregoing information is true. I am aware that I am subject to punishment if I willfully provide incorrect or misleading information.

Signature

Date (mm/dd/yyyy)

Once completed, return this form to: Coordinator for the State Board of Examiners, New Jersey Department of Education, P.O. Box 500, Trenton, New Jersey, 08625-0500.

Note: Pursuant to N.J.A.C. 6A:9B-4.2, candidates for certification must provide information regarding their criminal history, which will then be reviewed by the State Board of Examiners. Your application for certification may not be processed until you complete and return this form to the State Board of Examiners. In accord with N.J.A.C. 6A:9B-5.6, fees are nonrefundable. If you do not complete the application process, you may not request that your money be returned to you.

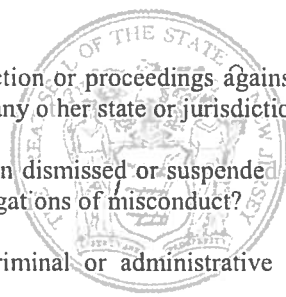
New Jersey State Department of Education
Office of Certification and Induction

**ADDITIONAL INFORMATION FOR THE OATH OF ALLEGIANCE
FOR THE APPLICATION OF CERTIFICATION**

Identification Information. Please print clearly.					
Last Name		First Name		Middle Name/Initial	
Street Address					
City			State		Zip
Social Security Number		Date of Birth	Month	Day	Year

I. Please select (✓) appropriate question(s) from the list below and provide pertinent details. The State Board of Examiners and teacher licensing authority require that you provide additional information and documentation. The State Board of Examiners will review the information provided to determine if your application can be processed.

- 1. 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?
- 2. Have you ever surrendered or relinquished an education or other professional certificate, license or credential in New Jersey or any other state or jurisdiction?
- 3. 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?
- 4. 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?
- 5. Are you the subject of any civil, criminal or administrative investigation in New Jersey or any other state or jurisdiction?



II. Please provide pertinent details regarding your "yes" answer to question 1, 2, 3, 4, or 5 from section (I) above and attach any official documentation.

III. You may provide any additional information or documentation that you would like the State Board of Examiners to consider. If you wish to provide additional information, please attach additional sheets.

I certify that the aforementioned information is true. I am aware that I am subject to punishment if I willfully provide incorrect or misleading information.

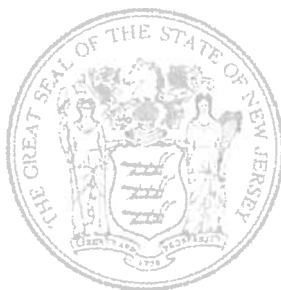
Signature

Date (mm/dd/yyyy)

Once completed, return this form to: Coordinator for the State Board of Examiners, New Jersey Department of Education, P.O. Box 500, Trenton, New Jersey, 08625-0500.

Note: Pursuant to N.J.A.C. 6A:9B-4.2, candidates for certification must provide information regarding their criminal history, which will then be reviewed by the State Board of Examiners. Your application for certification may not be processed until you complete and return this form to the State Board of Examiners. In accord with N.J.A.C. 6A:9B-5.6, fees are nonrefundable. If you do not complete the application process, you may not request that your money be returned to you.

OCI 3/31/2016



TO: All Employees

FROM: J. O'Malley-Dorr – School Nurse

RE: 2018 - 2019 Emergency Information

Please fill in the following information and return it to me:

Name: _____

Phone Number: _____

Address: _____

Religion (Optional): _____

In case of serious accident or serious illness, please contact:

Name: _____

Relationship: _____

Phone: _____

Cell: _____

Family Doctor: _____

Phone: _____

Signature of Employee _____ Date: _____

**WHARTON BOROUGH PUBLIC SCHOOLS
WHARTON, NJ 07885**

To: All Staff
From: Kathy Murphy
Subject: 2018–2019 Staff Directory/Vehicle Information

Please complete the entire section below and **return to me by the end of the week.**

Check box if any information has changed since last year.

Please be sure to list your Area Code and specify if your phone number is Listed or Unlisted.

Thanks.

_____/_____
Name Spouse

Address

_____/_____/_____
City State Zip

(_____) _____ Check One Listed Unlisted
Home Phone – Starting with Area Code

(_____) _____
Cell Phone – Starting with Area Code

Classroom Aides, please note the name of your assigned teacher: _____



AUTOMOBILE REGISTRATION

PLEASE SUBMIT INFORMATION FOR EACH VEHICLE YOU DRIVE TO SCHOOL

_____/_____/_____
MAKE OF VEHICLE YEAR LICENSE PLATE NUMBER COLOR

_____/_____/_____
MAKE OF VEHICLE YEAR LICENSE PLATE NUMBER COLOR

_____/_____/_____
MAKE OF VEHICLE YEAR LICENSE PLATE NUMBER COLOR

WHARTON PUBLIC SCHOOLS
WHARTON, NJ 07885

**MEDICAL INFORMATION FOR
SCHOOL EMPLOYEES AND APPLICANTS**

PHYSICIANS EXAMINATION

Name of Applicant or Employee _____

Height _____ Weight _____ Blood Pressure _____ D.O.B. _____

Vision (Snellen): Corrected, R20/ _____ L20/ _____ Uncorrected, R20/ _____ L20/ _____

Hearing (Pure tone):	Right Ear	Left Ear
Markedly impaired	_____	_____
Slightly impaired	_____	_____
Normal	_____	_____

General Appearance _____

Note any deviations from normal in examination and review of the following:

Eyes _____

Ears, Nose, Throat _____

Cardiorespiratory _____

Lymphoid system _____

Nervous system _____

Gastrointestinal _____

Musculoskeletal _____

Genitourinary (include menstrual history) _____

Skin, hair, nails _____

Other _____

Note any physical deformity _____

Date and result of most recent Mantoux test _____

If Mantoux test positive give result of chest X-Ray _____

Where Taken _____

Other _____

Explanation of physical or mental condition materially affecting the efficiency of this individual's school employment:

Is the applicant free of any condition which might affect his/her ability to do his/her job? _____

If not, what limitations are advised? _____

Date _____

Physician's Signature _____

Address _____

City/State/Zip _____

Results of tuberculosis tests: Mantoux _____ Positive _____ Negative _____

Date _____

Signature _____

To be completed by Employee:

I authorize release of all information to the Superintendent of Schools, and/or the School Nurse, if the need arises.

Date _____

Signature of Employee _____

WHARTON BOROUGH PUBLIC SCHOOLS
137 East Central Avenue
Wharton, NJ 07885
973-361-2592

Christopher Herdman, Superintendent

RIGHT TO KNOW NOTIFICATION

I have been notified by the Wharton Borough School District of the availability of its workplace surveys and appropriate hazardous substance facts prior to entering into my employment agreement. I also realize this information is available at the Department of Health, County Health Department, County Clerk, or designated County Lead Agency. This notification is a result of 8:59-6.2(e) of the Right to Know Worker and Community Act.

Signature of Prospective Employee / *Position* / *Date*