

Hamburg School
30 Linwood Ave.
Hamburg, NJ 07419
973-827-7570 ☎ 973-827-3624 FAX
Rev. 9/12/16

Procedure to Obtain Sussex County Substitute Certificate

1. Request your official college transcripts to be sent to Hamburg School, to the attention of Mrs. Murphy.
 2. *Please let Mrs. Murphy know if fingerprinting needs to be done through "Identogo". (through the NJ state AA&C website)
 3. Complete and sign Hamburg School substitute teacher application.
 4. Complete County Substitute Certificate Application (Rev. dated 10/15/14).
 5. Oath of Allegiance (Rev. dated 4/4/16) – complete, sign and have notarized.
 6. Fill out and sign the Confidentiality Statement.
 7. Return above items to Hamburg School with a **certified check or money order** for **\$125.00*** made out to the **Commissioner of Education**. ***Please wait until you receive your Criminal History Background Clearance Letter before you get your money order!**
 8. After receiving your criminal history background check and the above items your name will be submitted to our Board of Education for approval. Once approved, your application/paperwork for your certificate will be submitted to the Sussex County Department of Education.
- **If fingerprinting needs to be done:**
 - The Identogo form (prior to fingerprinting) needs to be done online through the NJ Criminal History website. (You can Google NJ AA&C) The cost for fingerprinting is 67.50.
 - When registering for fingerprinting please be sure to pay the processing fee of \$11.00(\$10.00 for fingerprint processing by the state and \$1.00 processing fee). This enables the state to process them once taken.
 - If you have any questions or problems getting the AA&C done please don't hesitate to contact Mrs. Murphy at 973-827-7570 x 200.

HAMBURG PUBLIC SCHOOL

30 Linwood Avenue
Hamburg, NJ 07419
(973) 827-7440 FAX (973) 827-3624

____ I-9
____ W-4

SUBSTITUTE APPLICATION

Name _____ Date _____
Address _____ S.S.# _____

Telephone # _____
D.O.B. _____ Cell phone# _____
Email address: _____

Grades I feel qualified to substitute in:

____ All Grades (K-8) _____ NURSE
____ Lower grades ONLY (K-5) _____ AIDE
____ Upper grades ONLY (6-8)

Days of the week which I am available _____

Do you have a current Substitute Certificate? ____Yes ____No

Do you have a current teaching certificate? ____Yes ____No

Have you been fingerprinted for employment in a public school? ____Yes ____No

Have you had a recent Mantoux test done (required by N.J. state law)? ____Yes ____No

Are you currently substituting in any other schools? ____Yes ____No

Which
one(s)? _____

Employment Reference (supervisor):

Name _____ Phone # _____

Address _____

Applicant Signature _____

FOR OFFICE USE ONLY

____ Mailed Substitute Cert Paperwork to County Office (application, board res, oath. check)
____ Received Sub (Teaching) Certificate from County Office
____ Date received completed fingerprinting form/ and receipt
____ Date mailed NCR form to Trenton
____ Criminal Background Check Completed (copy of approval letter received)
____ Mantoux Test
____ Date Approved by BOE
____ Mailed Approval Letter to Sub
____ Transfer # _____

Hamburg Public School

30 Linwood Avenue
Hamburg, NJ 07419

As a substitute in Hamburg School, I may review confidential student records/information. I understand that these records are strictly confidential and shall not be discussed at any time.

Substitute Name: _____

Date: _____

(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 _____

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 *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

Instructions for Completing a Criminal History Review

Step 1 – Applicant Authorization and Certification

Go to <http://www.nj.gov/education/educators/crimhist>

Select File Authorization and Make Electronic Payment for Criminal History Record Check

Select New Administration Fee Request (Initial Applicants)

Select 1. All Job Positions for Public Schools

Follow Instructions to Complete the Applicant Authorization and Certification. Payment of \$11.00 required here.

Step 2 – Schedule your Appointment

When continuing request, verify information and if correct, click on Submit to complete this transaction. If successful, a confirmation page will be displayed with a transaction number and an ePayment confirmation number. **Print this page for your records.**

Applicant/employee will print their fee payment receipt, complete the blocks on the IdentoGo form that have not been pre-populated and **print the IdentoGo form.** Following completion of the online filing, there will be a link to MorphoTrust to schedule your appointment to be LiveScan fingerprinted. **The fee for LiveScan is \$67.20.**

Step 3 – Go to Your LiveScan Appointment

Bring your IdentoGo Form with you on your appointment.

Step 4 – Wait for your Approval Letter to Arrive in the Mail