

**NON-CITIZEN OATH OF ALLEGIANCE****IMPORTANT: This form is to be completed by only those individuals who are NOT U.S. citizens.****A. Please print your name as it appears on any documentation that you are required to submit.**

Last Name		First Name		Middle Name/Initial	
Street Address					
City			State		Zip
Social Security Number		Date Of Birth	Month	Day	Year
E-mail Address		Phone Number	Area Code		

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

Endorsement Code	Endorsement Name
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**B. Oath of Allegiance** – choose one of the options below. (To be subscribed to by non-citizens pursuant to N.J.S.A. 18A: 26-9.)

**Option I**

I, \_\_\_\_\_ do solemnly swear, (or affirm) that, during the period of my employment, I will support the Constitution of the United States and the Constitution of the State of New Jersey, so help me God.

**Option II**

I, \_\_\_\_\_ do solemnly swear, (or affirm) that, during the period of my employment, I will support the Constitution of the United States and the Constitution of the State of New Jersey.

**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
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Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Seal	Notary Signature
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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: Non-Citizen Oath of Allegiance

Revised 04/04/2016