

## **SUBSTITUTE TEACHERS**

*FROM THE DESK OF:*

**MRS. MARY ANN VEZOS, SUPERINTENDENT'S OFFICE**  
**201-955-5023**

*Enclosed please find the following:*

- 1. Application*
- 2. Medical Form*
- 3. County Substitute Application*
- 4. Oath of Allegiance--this must be notarized.*
- 5. W-4 form*
- 6. Addresses of Schools 2014-2015*
- 7. I-9 Form*
- 8. Letter from the State of New Jersey regarding instructions for the fingerprint process. (NEW PRINTS & ARCHIVING PRINTS)*
- 9. Application to complete fingerprint process*
- 10. Substitute Instructions*
- 11. Staff Dress Code Policy*
- 12. Direct Deposit Form – must submit "VOID" check with form.*

*Please notify me upon completion of the on-line fingerprint process at (201) 955-5023, Superintendent's Office, 172 Midland Avenue, Kearny, New Jersey 07032.*

*Also, we will need the following if we will be applying for a County Substitute Certificate:*

- 1. Official transcripts from your school*
- 2. \$125.00 MONEY ORDER made payable to:  
"COMMISSIONER OF EDUCATION" (AFTER PRINTS CLEAR)*

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*The rate of pay for the current school year will be:  
\$75.00 per day for County Substitute Certificate  
\$80.00 per day for Regular Certified Teacher*

**NOTE: Please advise this office immediately when you receive your Certificate of Eligibility and/or Certificate of Eligibility with Advanced Standing so that your rate of pay can be adjusted accordingly.**

*If you currently possess a County Substitute Certificate, you must bring it in to the Superintendent's Office for RECORDING in Hudson County.*

Application for Employment  
**KEARNY PUBLIC SCHOOLS**

**As a Teacher**                       **As Educational Specialist**                       **As a Substitute**

Date of Application \_\_\_\_\_ Date Available \_\_\_\_\_

*Candidate: Please complete all sections and enclose requested copies of documents. If a section is "not applicable", so indicate. Applications not completed in its entirety will be returned to you. Your application becomes active only after all sections are completed and documents attached.*

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Position Desired: \_\_\_\_\_ Elementary PreK-8 Grade/Subject \_\_\_\_\_  
\_\_\_\_\_ High School                      Discipline \_\_\_\_\_  
\_\_\_\_\_ Special Education                      Field \_\_\_\_\_  
\_\_\_\_\_ Other (Specify) \_\_\_\_\_

*Certification/Praxis Results/Highly Qualified (HQT): If you are applying as a teacher, include a copy of your certification and Praxis results. This application is incomplete and will be returned to you unless you submit a copy of these two documents.*

Certificate(s): Date Issued \_\_\_\_\_ Date Issued \_\_\_\_\_  
Exact Title \_\_\_\_\_ Exact Title \_\_\_\_\_  
State \_\_\_\_\_ State \_\_\_\_\_

Praxis:                      Date \_\_\_\_\_                      Date \_\_\_\_\_                      Date \_\_\_\_\_  
                                 Subject \_\_\_\_\_                      Subject \_\_\_\_\_                      Subject \_\_\_\_\_  
                                 Score \_\_\_\_\_                      Score \_\_\_\_\_                      Score \_\_\_\_\_  
                                 *Pass/Fail*                                      *Pass/Fail*                                      *Pass/Fail*

\*HQT: Are you HQT in a subject(s)?  
Subject \_\_\_\_\_                      Subject \_\_\_\_\_                      Subject \_\_\_\_\_  
Grade \_\_\_\_\_                      Grade \_\_\_\_\_                      Grade \_\_\_\_\_

*\*If you have taught in a public school system, attach a copy of your HQT packet.*

Are you an American citizen? \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**RECORD OF HIGH SCHOOL, COLLEGE and OTHER PROFESSIONAL EDUCATION**  
*(Including All Graduate Work)*

High School Name \_\_\_\_\_ Year Graduated \_\_\_\_\_

Address of School \_\_\_\_\_

**COLLEGE/UNIVERSITY:** *Attach a copy of your transcript(s). This application is incomplete without a copy of the transcript(s), and will be returned to you.*

Name & Address	Dates Attended	Date Graduated	Degree	Major	Minor

**RECORD OF PROFESSIONAL EXPERIENCE** – *If not applicable, so indicate.*  
 List present position first. Do not list experience as Daily Substitute, as Permanent Substitute or as Practice Teacher.

School/Company Address	Principal/Supervisor Phone No.	From Month/Yr	To Month/Yr	Salary	Subject/Grade/Position

**LIST DAILY SUBSTITUTE EXPERIENCE (WHERE, WHEN?)** – *If not applicable, so indicate.*  
 If some substitute experience has been permanent, please state place and dates:


**LIST ANY SPECIAL TRAINING, TRAVEL, ADDITIONAL LANGUAGES SPOKEN, OR OTHER EDUCATIONAL ADVANTAGES YOU HAVE HAD (WHERE, WHEN?)**

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

**RECORD OF MILITARY SERVICE**

*If not applicable, so indicate.*

Branch of Service	From Month/Year	To Month/Year	Rank at time of discharge

**RECORD OF PRACTICE TEACHING EXPERIENCE (For applicants with no teaching experience)-**  
*If not applicable, so indicate.*

School & Address	From Month/Year	To Month/Year	Grade, subject, type of experience

**RECORD OF EXTRACURRICULAR ACTIVITIES AND OTHER SPECIALIZED TALENTS -**  
*If not applicable, so indicate.*

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**LIST SCHOOL ACTIVITIES AND/OR SPORTS YOU HAVE COACHED**

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**RECORD OF PROFESSIONAL REFERENCES**

List the names of professional people who know of your work experience and can testify to your ability and character.

NAME	ADDRESS	TITLE	PROFESSIONAL OR OTHER RELATIONSHIP TO YOU

**RECORD FOR CANDIDATE'S STATEMENT**

Attach a separate sheet summarizing any additional significant features of your education and experience which have not been herein listed that you feel will assist in determining your ability and aid in your selection for the position sought. Community work experiences, other positions held, articles published, hobbies, etc. should be listed if you feel these things are significant to a more careful analysis of your background.

What length of notice of withdrawal from your present position would be required for honorable release? \_\_\_\_\_

My signature indicates that my statements and any/all attachments are true, correct and complete to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \* \_\_\_\_\_

**RETURN TO: SUPERINTENDENT OF SCHOOLS, 100 DAVIS AVENUE,  
KEARNY, NJ 07032**

Not to be completed by applicant:

1. Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

2. Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

3. Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

*\*Your completed application remains on file for one year as of date of signature. If you wish to keep it longer, so indicate in writing one month prior to the expiration date.*

Kearny Board of Education  
Kearny, New Jersey 07032

**Report of Medical Examination  
Health Certificate**

Applying for position of:	
Name:	Date of Birth:
Address:	

**Note:** If any of the questions are answered "yes", please give details on the reverse side of this page.

	YES	NO
1. Was the applicant rejected by or discharged from the armed services for physical or mental reasons?		
2. Has the applicant ever had tuberculosis, diabetes or mental disease?		
3. Has the applicant ever been in a hospital, sanatorium, or health resort for examination, treatment or observation?		
4. Does the applicant contemplate any surgical operations?		
5. Has the applicant ever been refused health, life, or accident insurance?		
6. Does the applicant have any chronic disease, permanent or temporary disability, deformity or infirmity?		

I hereby certify that I am the person named above and that the foregoing statements and answers, each of which I have made and read, are complete, true and correctly recorded.

Signature of Applicant \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

SEE REVERSE SIDE

**General Appearance**

Height – Weight	Height	Weight
Eyes – Vision	<i>Right</i>	<i>Left</i>
Eyes – Pupils	<i>Right</i>	<i>Left</i>
Ears – Hearing	<i>Right</i>	<i>Left</i>
Ears – Drums	<i>Right</i>	<i>Left</i>
Mouth		
Pharynx		
Neck		
Thyroid		
Heart		
Blood Pressure		
Pulse		
Lungs		
Abdomen		
Hernia		
Extremities		
Varicose Veins		
Skin		
Lymph Nodes		
Reflexes		

<b>Mantoux</b>	Positive	Negative	Date
Remarks and Recommendations:			

Signature of Examining Physician	
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Address of Examining Physician

(REV. 5/10)  
 STATE OF NEW JERSEY - DEPARTMENT OF EDUCATION  
 DIVISION OF FIELD SERVICES AND OFFICE OF LICENSURE AND CREDENTIALS  
 SUBSTITUTE CREDENTIAL APPLICATION

COUNTY: **Hudson**

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: 9-6.5(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 Data	Major	# Credits	

**WORK EXPERIENCE (teaching)**

I certify that the above statements and data are correct: \_\_\_\_\_  
 (Signature of Applicant) (Date)

<b>FOR DISTRICT USE</b>	
DESIGNATED DISTRICT REPRESENTATIVE'S SIGNATURE AFFIRMING TRANSMITTAL OF APPLICATION	
Print Name _____	Signature _____
District _____	Date _____

<b>FOR COUNTY USE: REGULAR SUBSTITUTE APPLICATION</b> <input type="checkbox"/> Application <input type="checkbox"/> Oath <input type="checkbox"/> Transcripts <input type="checkbox"/> Fee Date of Criminal History Approval if applicable _____ or Date of Emergent Hire Approval if applicable _____ CERTIFICATE # _____ DATE OF ISSUE _____	<b>VOCATIONAL / SCHOOL NURSE APPLICATION</b> <input type="checkbox"/> For vocational applicants/notarized statement of previous employment or valid occupational license. <input type="checkbox"/> RN License # _____ Exp. Date _____
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New Jersey State Department of Education  
Office of Licensure and Credentials

**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

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

All Subjects

Substitute Teacher

**B. Oath of Allegiance** Choose one of the following. This form is to be completed only by those individuals who are U.S. citizens.

**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.

Have you ever had a certificate revoked or suspended in this or any state?

If yes, enclose a statement indicating the action taken and provide the pertinent details.

Circle whichever applies

Yes

No

Have you ever been convicted of a criminal offense in this or any other state or any jurisdiction outside of the United States? If yes, enclose a statement indicating the municipality where this occurred and provide the pertinent details.

Circle whichever applies

Yes

No

**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:

# Form W-4 (2014)

**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 2014 expires February 17, 2015. 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 cannot claim exemption from withholding if your income exceeds \$1,000 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 do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not 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 2014. 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/w-4](http://www.irs.gov/w-4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent	<b>A</b>
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>
<b>C</b>	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.)	<b>C</b>
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	<b>D</b>
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	<b>E</b>
<b>F</b>	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.</li> <li>• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child</li> </ul>	<b>G</b>
<b>H</b>	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.)	<b>H</b>

For accuracy, complete all worksheets that apply.

- 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.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2014</b>	
1 Your first name as: Last name and middle initial			Last name		
Home address (number and street or rural route)			2 Your social security number		
City or town, state, and ZIP code			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.		
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)		6 Additional amount, if any, you want withheld from each paycheck		7 \$	
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption: <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here					
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)

# Kearny Public Schools - 2014-2015

## **FRANKLIN SCHOOL (PreK-6)**

100 Davis Avenue  
Kearny, New Jersey 07032  
Mrs. Yvonne Cali, Principal  
Mr. Justin Avitable, Vice Principal

201-955-5020  
FAX 201-955-0139

[ycali@kearnyschools.com](mailto:ycali@kearnyschools.com)  
[javitable@kearnyschools.com](mailto:javitable@kearnyschools.com)

## **GARFIELD SCHOOL (PreK-6)**

360 Belgrove Drive  
Kearny, New Jersey 07032  
Mr. Curtis Brack, Principal

201-955-5090  
FAX 201-246-1340

[cbrack@kearnyschools.com](mailto:cbrack@kearnyschools.com)

## **LINCOLN MIDDLE SCHOOL (7-8)**

121 Beech Street  
Kearny, New Jersey 07032  
Mr. Robert Zika, Principal  
Mr. Patrick Ragnoni, Vice Principal

201-955-5095  
FAX 201-997-2590

[rzika@kearnyschools.com](mailto:rzika@kearnyschools.com)  
[pragnoni@kearnyschools.com](mailto:pragnoni@kearnyschools.com)

## **ROOSEVELT SCHOOL (PreK-6)**

733 Kearny Avenue  
Kearny, New Jersey 07032  
Mr. Steven Way, Principal

201-955-5100  
FAX 201-991-7523

[sway@kearnyschools.com](mailto:sway@kearnyschools.com)

## **SCHUYLER SCHOOL (PreK-6)**

644 Forest Street  
Kearny, New Jersey 07032  
Ms. Valerie English, Principal  
Mrs. Donna Masters, Vice Principal

201-955-5105  
FAX 201-997-4875

[venGLISH@kearnyschools.com](mailto:venGLISH@kearnyschools.com)  
[dmasters@kearnyschools.com](mailto:dmasters@kearnyschools.com)

## **WASHINGTON SCHOOL (PreK-6)**

80 Belgrove Drive  
Kearny, New Jersey 07032  
Mr. Jon Zimmerman, Principal  
Mr. Antonio Moyano, Vice Principal

201-955-5110  
FAX 201-246-1129

[jjzimmerman@kearnyschools.com](mailto:jjzimmerman@kearnyschools.com)  
[amoyano@kearnyschools.com](mailto:amoyano@kearnyschools.com)

## **KEARNY HIGH SCHOOL (9-12)**

336 Devon Street  
Kearny, New Jersey 07032  
Mr. Al Gilson, Principal  
Mr. William Gaydos, Vice Principal  
Mr. John Millar, Vice Principal

201-955-5048  
FAX 201-998-9653

[agilson@kearnyschools.com](mailto:agilson@kearnyschools.com)  
[wgaydos@kearnyschools.com](mailto:wgaydos@kearnyschools.com)  
[jmillar@kearnyschools.com](mailto:jmillar@kearnyschools.com)



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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		E-mail Address			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):

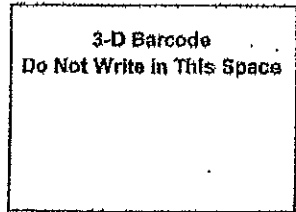
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		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



**Section 2: Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				<b>3-D Barcode</b> Do Not Write in This Space
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**Certification**

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

**Section 3: Reverification and Rehires (To be completed and signed by employer or authorized representative)**

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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**Substitute Instructions**  
**Effective May 1, 2014**

- The employer must provide the applicant/employee with the county, district, and if required, school names and codes or the county and contractor names and codes along with the following information:
  - All applicants must submit their Applicant Authorization and Certification by going to the Criminal History website at <http://www.nj.gov/education/educators/crimhist> and clicking on the line "File Authorization and Make Electronic Payment for Criminal History Record Check."
  - Applicant/Employee shall select the first choice "New Administration Fee Request" and then select one of the four options depending on their job position and employer.
  - Applicant/Employee must complete the Applicant Authorization & Certification (AA&C) form and make the required administrative fee payment with a credit or debit card.
  - After the administrative fee payment has been approved, the applicant will be presented with three choices:
1. View and print their Applicant Authorization & Certification (AA&C) confirmation page.
  2. Complete and print their IdentoGO NJ Universal Fingerprint form.
  3. Schedule their MorphoTrust fingerprinting appointment.

**Employer:      Kearny Public Schools**  
**100 Davis Avenue**  
**Kearny, NJ 07032**

**Form Codes:**

<b>Occupation:</b>	<b>Substitute Teacher</b>
<b>Reason for Fingerprinting:</b>	<b>Public School Employment</b>
<b>County Code:</b>	<b>17</b>
<b>District Code:</b>	<b>2410</b>
<b>Contributor's Case#:</b>	<b>172410</b>
<b>Originating Agency Number:</b>	<b>NJ 930100Z-Dept. of Education</b>
<b>Category:</b>	<b>EDK</b>
<b>Statute Number:</b>	<b>N.J.S.A. 18A:6-7.2</b>
<b>Document Type:</b>	<b>RBI</b>

ARCHIVE INSTRUCTIONS:

**On the initial application main page go #2 and then #2 archive and follow instructions.**

# **SUBSTITUTE TEACHERS**

## **K-8**

When you are needed in KINDERGARTEN through EIGHTH GRADE, inclusive, you will be called by Mrs. Mary Ann Vezos between the hours of 7:00 A.M. and 8:00 A.M. Please report to the elementary school no later than 8:45 A.M.

## **HIGH SCHOOL**

When you are needed in the HIGH SCHOOL, you will be called by Mrs. Ellen Goodlad between the hours of 6:45 A.M. and 7:30 A.M. Please report to the high school no later than 8:15 A.M.

## **SPECIAL EDUCATION**

When you are needed for SPECIAL EDUCATION classes in the ELEMENTARY SCHOOLS, you must report at least ½ hour before the pupils arrive.

SPECIAL EDUCATION classes in the ELEMENTARY SCHOOLS will operate either 9:00 A.M. to 2:15 P.M. or from 9:30 A.M. to 2:45 P.M. depending on which classes you are covering.

SPECIAL EDUCATION classes in the HIGH SCHOOL operate on the same schedule as other high school classes.

## **PROCEDURES**

Soon after you are called, the secretary will notify the Principal that you are covering one of the classes. When you arrive at the building, it is necessary for you to do the following:

1. Report to the Principal's Office and introduce yourself to the Principal, Vice Principal or Secretary.
2. Write your name on the **teacher's sign-in sheet**.
3. The Principal, Department Chairperson or other designated person will issue you keys and make sure you get to the assigned room.

## **IN THE CLASSROOM**

When you arrive in the classroom, you are to do the following:

1. Locate and review the LESSON PLAN for the day. Check to see if there are special substitute plans or special notes for substitutes.
2. Locate the texts needed (generally on the teacher's desk) and seating charts.
3. If any assistance is needed, do not hesitate to consult with the teacher next door, the nearest teacher of the same grade level; or the Department Chairperson in the high school.
4. Be sure to take ATTENDANCE.
5. Substitutes are expected to follow the LESSON PLAN as closely as possible. DO NOT GO BEYOND the work that the teacher wishes completed.
6. If a serious problem develops, you can contact the Principal's Office with the intercom phone. DISCIPLINE must be maintained at all times.
7. At the end of the day, substitutes are expected to write a brief review of the material covered. Include in the note exactly what was covered. Clip the note to the LESSON PLAN BOOK. In the high school, check out with the Department Chairperson.
8. Make sure that the classroom and teacher's desk are left neat and orderly.
9. Substitutes are to remain in the building until 3:20 P.M. in the elementary schools and 2:47 P.M. in the high school. This is fifteen (15) minutes after student dismissal.
10. When it is time to leave, please do the following:
  - a. Return keys to the office
  - b. Sign out
  - c. Leave anything else given to you when you arrived that day.

## **SUBSTITUTE PAY**

The rate of pay for substitute teachers is:

\$75.00 per day for County Substitute Certificate

\$80.00 per day for Fully Certified Teacher.

Pay day will be every THURSDAY. The checks will be sent to the school in which you are assigned. If you are not scheduled to substitute on Thursday, your check will be sent to your home. If you would prefer to pick up your check in the Superintendent's Office, you may do so by calling me in advance so that I may hold your check for you.

## **SUBSTITUTE DON'TS**

Substitute should NOT do the following:

1. Do not allow children to leave the room in groups. Generally, no more than one should go to the rest room at a time unless you take the entire class. The exception is grades K-3 where it is a good idea to send two together.
2. Do not dismiss class before the bell at lunch and dismissal time. Crossing guards are only present at certain times.
3. Do not dispense teacher's personal supplies to the children.
4. Do not record grades in teacher's grade book.
5. Do not deviate too far from the lesson plan except for a good reason.
6. Cell phone use **IS NOT PERMITTED** in the classroom unless there is an emergency.

FOR EXAMPLE: If a major event occurred the previous day, it would be acceptable to discuss it in lieu of the days history lesson.

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If you must cancel your assignment or if you are going to be late for your assignment, please call:

**Mrs. Mary Ann Vezos - Elementary Schools - (201)955-5023**

**Mrs. Ellen Goodlad - High School - (201)955-5050**

WE HOPE YOU ENJOY YOUR DAY IN THE KEARNY PUBLIC SCHOOLS.

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## Staff Dress Code Policy

The Kearny Board of Education believes that the appearance and dress of all staff members is an important component of the educational program of the school district. In order to create an atmosphere of respect for staff and an environment conducive to discipline and learning, the Kearny Board of Education establishes the following rules for the dress of staff members in the performance of their professional duties:

1. This **Dress Code Policy** will be in effect during the regular school year when students are in attendance.
2. **Female staff members** may wear dresses, skirt suits or pant suits, or skirts or pants with tops, shirts, blouses or sweaters.
3. **Male staff members** may wear suits or slacks with or without jackets; male staff members must wear a dress shirt with necktie or a turtleneck shirt or dress sweater with or without a jacket. Collared polo shirts or golf shirts may be worn between **April 15<sup>th</sup> through October 31<sup>st</sup>**.
4. The clothing and appearance of all staff members shall be business/work appropriate, clean and neat.
5. No clothing or accessories may be worn that **constitutes a danger** to health or safety to the wearer or to others.
6. Staff members **shall demonstrate** by example and precept a professional attitude toward neatness, cleanliness, propriety in attire and appearance.
7. Teachers teaching **Physical Education** may wear clothing and footwear appropriate to their subject area (**excludes Health teachers only**).
8. Teachers who operate **dangerous electrical/mechanical machines** may wear clothing and footwear appropriate to their subject matter.
9. Nurses must wear appropriate nursing attire.
10. **Custodians/Maintenance Staff**. See attached dress code guidelines already in effect.
11. **Security guards** may wear a shirt with "**Kearny High School Security**" insignia, any color pants (**no jeans**) and appropriate footwear.

12. In keeping with professional dress the following items are considered **unacceptable** dress for all personnel:

**Unacceptable Dress**

- a) Wearing of jeans regardless of color;
  - b) Sweat/warm-up suits, excluding **physical education teachers**;
  - c) Inappropriate t-shirts;
  - d) Exposed midriffs or backs;
  - e) Skin tight clothing;
  - f) Shorts, skirts above the knee;
  - g) Mini-skirts;
  - h) Halter tops, tank tops, spaghetti straps or off the shoulder blouses or off the shoulder sweaters;
  - i) Flip flops;
  - j) Athletic shoes (**except for documented medical reasons**), excluding physical education teachers;
  - k) Sunglasses over the eyes shall not be worn within the building (**except for documented medical reasons**);
  - l) Student school uniforms except as noted in **number 13**.
13. The building **principal** shall have full discretion in temporarily suspending the dress code during after school activities. Occasionally, specifically organized learning activities (**i.e., field trips**) may reasonably dictate variations from the dress code of the normal classroom setting. In addition, the suspension of dress code may be done by the building **principal** for special theme days, but no more than once a month.
14. The building **principal** or the **staff member's director/supervisor**, as appropriate, shall determine whether a violation of this dress code has occurred. Appropriate actions will be taken for any violation of this Policy.
15. Any exceptions to this Policy will be **made by the Superintendent or his designee** and disseminated to the staff.
16. It shall be the policy of the Board to review this staff dress code and invite comments or appropriate staff members in that review.

*Adopted: September 15, 2008*

# Kearny Board of Education

## Direct Deposit Agreement Form

Check one

( ) New Authorization ( ) Authorization to Transfer to Another Depository ( ) Change of Account Number ( ) Cancellation

### Authorization Agreement

I hereby authorize **Kearny Board of Education** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Kearny Board of Education** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Kearny Board of Education** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Kearny Board of Education** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

### Account Information

Name of Financial Institution: \_\_\_\_\_

Branch City, State Zip Code \_\_\_\_\_

Routing Number  
(Must be 9 Digits) 

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Account Number: \_\_\_\_\_

Checking

Savings

### Signature

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check and return this form to the Payroll Department.**  
**\*\*\*\*For Cancellation Do Not Supply Account Number and Routing\*\*\*\***