



ENGLEWOOD PUBLIC SCHOOLS

DWIGHT MORROW HS, 274 KNICKERBOCKER ROAD, ENGLEWOOD, NJ 07631

Office of Human Resources

T: (201) 862-6217, F: (201) 567-5382

TO: Prospective Substitute Teacher
FROM: Human Resources Department
DATE: July 1, 2018
RE: Substitute Teacher Credential Procedure

For Applicants Seeking Issuance of a New Jersey Substitute Credential:

- Return the enclosed New Jersey Substitute Credential Application with notarized Oath of Allegiance
- \$125 money order or certified bank check, payable to the NJ Commissioner of Education. *(Note: Be sure to include your name, social security number and address on the money order. Personal checks will not be accepted.)*
- Official undergraduate transcript, noting a minimum of sixty (60) undergraduate credits from an accredited college or university.
- **Fingerprint Clearance from the NJ Department of Education, Criminal History Review Unit**
(Note: Fingerprinting by your local police department is not acceptable. You must use the approved vendor, Morpho Trust, to conduct the fingerprint screening. Please see the enclosed form.)

For Applicants Holding a New Jersey Substitute Credential or valid NJ Teaching Credential Wishing to Substitute in Englewood:

We are pleased to announce that the Englewood Public School District has appointed ESS to manage our substitute program. ESS is a seasoned educational staffing firm with nearly two decades of experience providing trained and qualified substitute personnel to school districts, and we are excited to work with them. Please apply using the link below to apply for Substitute Teaching in the Englewood Public Schools.



ESS.com | Source4Teachers.com

(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

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

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					
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 the each endorsement for which you are applying.									
Endorsement Code		Endorsement Name							
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 <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? *

* 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: Non-Citizen Oath of Allegiance

Revised 07/14/2016