

# Lopatcong Township School District

Dr. Debra A. Mercora, Superintendent

## Lopatcong Township Elementary School

Dr. Debra A. Mercora, Principal  
263 Route 57  
Phillipsburg, New Jersey 08865  
Phone: 908-859-0800  
Fax: 908-213-1339

## Lopatcong Township Middle School

Richard A. Bonney, Principal  
321 Stonehenge Drive  
Phillipsburg, New Jersey 08865  
Phone: 908-213-2995  
Fax: 908- 213-0373

TO: Substitute Candidate

FROM: Human Resources Assistant

RE: Substitute Certificate Application Packet

FOR: Classroom teacher, school nurse, paraprofessional (aide) and office secretary

FOR: Custodial substitute inquiries: Please email Atilla Sabahoglu, Business Administrator at [Sabahoglua@lopatcongschool.org](mailto:Sabahoglua@lopatcongschool.org)

Please see the substitute application packet below.

Please call for an appointment to bring in the completed forms at the Lopatcong Township Middle School, 321 Stonehenge Drive, Phillipsburg, NJ from Monday through Friday between the hours of 9:00 AM to 3:00 PM at 908-213-2995, extension 2200.

## **Procedure for Applying to be a Substitute for the Lopatcong Township School District**

**A. If you have a permanent teaching certificate in New Jersey, a letter of Eligibility with Advanced Standing, or if you hold a \*valid Substitute Certificate, you need to do the following to become a substitute teacher in the District:**

1. Provide a copy of your certificate.
  2. Provide a copy of your college diploma.
  3. Complete the Criminal History Fingerprinting Application/Payment and bring paid receipt. Instructions below. If you have a valid fingerprinting through MorphoTrust, you will need to either transfer or archive your fingerprint to the Lopatcong School District. See Criminal History instructions below. If you cannot do a transfer or archive, you will have to do a New Applicant application.
  4. Submit the materials to Mrs. Debbie Winters, Lopatcong Township Middle School, 321 Stonehenge Drive, Phillipsburg, NJ 08865.
- \* ***Please note:*** *If you already have a NJ Substitute Certificate, make sure it is valid, as it must be renewed every five (5) years.*

**B. If you do not have one of the certificates listed above, you must do the following:**

1. Complete the Substitute Certificate Application.
2. Complete and have the Oath of Allegiance form notarized-**Note: Oath of Allegiance (2-page form). If any answer to Questions 2 through 6 is “yes”, you will need to complete and submit an additional Information form. Please ask for the additional form when you bring in your completed paperwork.** There is a Notary at the Middle School but you must make an appointment.
3. Submit official sealed transcripts of all college work. A minimum of 60 semester-hour credits completed from an accredited college or university is required for substitute certification. Note: Substitute application for substitute school nurse needs to include a copy of the Current NJ RN license – transcripts are not required. However, if the school nurse applicant wants a teacher/nurse substitute certificate, he/she will need to go the route of providing transcripts.
4. Copy of your college diploma (if applicable).
5. Complete the Criminal History Fingerprinting Application/Payment and bring paid receipt.
6. Complete the Current/Former Employers & Contact Information form and the State of New Jersey Sexual Misconduct/Child Abuse Disclosure Release Employment form for each prior employer for the last 20 years.
7. Bring a personal check, money order or cashier’s check in the amount of **\$125** payable to the “New Jersey Commissioner of Education” – (NO CASH CAN BE ACCEPTED)
8. Submit the materials to Mrs. Debbie Winters, Lopatcong Township Middle School, 321 Stonehenge Drive, Phillipsburg, NJ 08865.

(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.

<p><b>FOR COUNTY USE: REGULAR SUBSTITUTE APPLICATION</b></p> <p><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 _____</p>	<p><b>VOCATIONAL / SCHOOL NURSE APPLICATION</b></p> <p><input type="checkbox"/> For vocational applicants/notarized statement of previous employment or valid occupational license.  <input type="checkbox"/> RN License # _____ Exp.Date _____</p>
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**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

## CRIMINAL HISTORY INSTRUCTIONS FOR NEW APPLICANTS

1. Access the Criminal History Review Unit's direct web address to begin the process. The web address is: <http://www.nj.gov/education/educators/crimhist>. Click on "File Authorization and Make Electronic Payment for Criminal History Record Check."
  
2. Select Option #1: "**New Administration Fee Request (New Applicants Only)**" - This screen displays four (4) options as to the job position(s) and employer. Please select the appropriate option and proceed to next screen.
  1. All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Children with Disabilities and Charter Schools
  2. All School Bus Drivers and Bus Aides for Public Schools, Private Schools for Children with Disabilities, Charter Schools and Authorized School Bus Contractors
  3. All Job Positions, except School Bus Drivers and Bus Aides, for Non Public Schools
  4. All School Bus Drivers and Bus Aides for Non Public Schools and Other Agencies
  
3. Complete the requested applicant information (to include the county/district/school/contractor code names furnished to you by your employer) and proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the AA&C by checking the box.
  
4. Please complete the required payment information. There is an \$11.00 administrative fee for the department to process the request and issue an approval letter. There will also be an additional \$1.00 convenience fee charged by the private vendor, NicUSA for processing the credit card information. Methods of payment are Visa, MasterCard, American Express or Discover credit cards.

You **MUST** click the "**Make Payment**" button only **one time** to complete the transaction.

5. After completing the transaction, the individual will be presented with three required steps:
  1. View and/or print your New Administration Fee Payment Request confirmation page
  2. Complete and/or print your IdentoGO NJ Universal Fingerprint Form
  3. Click here to schedule your fingerprinting appointment with MorphoTrust

Select the first option "**View and/or print your New Administration Fee Payment Request confirmation page**" and print a copy of the receipt by clicking the print button in the upper right corner of the page and presenting a copy to the employing entity.

Next select the second option "**Complete and/or print your IdentoGO NJ Universal Fingerprint Form**" to complete the IdentoGO NJ Universal Fingerprint Form. After the form is complete, you must click on the "**Submit**" button at the bottom of the page. When the form has been submitted, you must view and print the IdentoGO NJ Fingerprint Form and present it to MorphoTrust at the time of LiveScan fingerprinting.

Access the MorphoTrust web page by selecting the third option "**Click here to schedule your fingerprinting appointment with MorphoTrust**" to schedule a fingerprinting appointment and submit to LiveScan Fingerprinting.

**LOPATCONG TOWNSHIP BOARD OF EDUCATION**  
321 Stonehenge Drive \* Phillipsburg, New Jersey 08865 \* (908) 213-2995

**State of New Jersey**  
**Sexual Misconduct/Child Abuse Disclosure Release**

**Current / Former Employers & Contact Information**  
(Please print list in chronological order, from most to least recent for the past 20 years.)

NAME: \_\_\_\_\_

	<u>Dates</u>	<u>Employer</u>	<u>Address</u>	<u>Contact Name</u>	<u>Phone Number</u>	<u>Email</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____	_____

**LOPATCONG TOWNSHIP BOARD OF EDUCATION**  
321 Stonehenge Drive \* Phillipsburg, New Jersey 08865 \* (908) 213-299

**State of New Jersey**  
**Sexual Misconduct/Child Abuse Disclosure Release**

**Current / Former Employers & Contact Information**  
(Please print list in chronological order, from most to least recent for the past 20 years.)

**Dates**                      **Employer**                      **Address**                      **Contact Name**                      **Phone Number**                      **Email**

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**State of New Jersey**  
**Sexual Misconduct/Child Abuse Disclosure Release**  
**P.L. 2018, c. 5**  
*Effective June 1, 2018*

P.L. 2018, c. 5 concerns school employees and supplements chapter 6 of Title 18A of the New Jersey Statutes. This law prohibits a school district, charter school, nonpublic school, or contracted service provider holding a contract with a school district, charter school, or nonpublic school (collectively referred to as "hiring entity") from employing a person serving in a position which involves regular contact with students unless the hiring entity conducts a review of the employment history of the applicant by contacting former and current employers and requesting information regarding child abuse and sexual misconduct.

**The applicant must submit this form for (1) all current employers and (2) to former employers within the last 20 years that were school entities or where the applicant was employed in a position that involved direct contact with children. The applicant will submit completed copies of this form to the hiring entity. The hiring entity will then submit this form to each of the current or former employers for completion of Section 2.**

*Applicant, please complete the information immediately below and Section 1 of this form and return it to the hiring entity. Please complete additional forms as necessary for each of your current and former employers for the last 20 years that were school entities or where you were employed in a position that involved direct contact with children.*

To: Name of Current or Former Employer: \_\_\_\_\_ [ ] No applicable employment

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_, is under consideration for a position with Lopatcong Township Board of Education. The individual whose name appears herein has reported previous employment with your entity. As required by P.L. 2018, c. 5, please provide the information requested in Section 2 of this form within **20 days** of receipt.

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**Section 1: Applicant Certification and Release**

(to be completed by the applicant even if the applicant has no current or prior employment to disclose)

Applicant Name (First, Middle, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Any former names by which the Applicant has been identified: \_\_\_\_\_

Last 4 digits of Applicant's Social Security Number: \_\_\_\_\_

Approximate dates of employment with the entity listed above: \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Have you (Applicant) ever:

Yes  No Been the subject of any child abuse or sexual misconduct investigation by any employer, State licensing agency, law enforcement agency, or the Department of Children and Families (\*unless the investigation resulted in a finding that the allegations were false or the alleged incident of child abuse or sexual misconduct was not substantiated)?

Yes  No Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from any employment (1) while allegations of child abuse or sexual misconduct were pending or under investigation, or (2) due to an adjudication or finding of child abuse or sexual misconduct?

Yes  No Had a license, professional license, or certificate suspended, surrendered, or revoked (1) while allegations of child abuse or sexual misconduct were pending or under investigation, or (2) due to an adjudication or finding of child abuse or sexual misconduct?

**By signing this form, I (the applicant) certify under penalty of law that the statements made in this form are true, correct, and complete. I understand that willfully providing false information or willfully failing to disclose information required in Section 1 of this form, as required by N.J.S.A. 18A:6-7.7, may subject me to discipline up to, and including, termination or denial of employment; may be a violation of N.J.S.A. 2C:28-3; and may subject me to a civil penalty of not more than \$500, which shall be collected in proceedings in accordance with the "Penalty Enforcement Law of 1999," P.L. 1999, c. 274.**

**By signing this form, I also hereby authorize the above-named employer to disclose the information requested in Section 2 and release related records pertaining to the disclosures identified in SECTION 2. I understand that pursuant to N.J.S.A. 18A:6-7.7, the above-named employer is released from liability that may arise of the disclosure or release of records. Signature of Applicant Date Section 2: Current/Former Employer Verification (to be completed by the applicant's current employer(s) and all former employers that were school entities or former**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Section 2: Current/Former Employer Verification**

**(to be completed by the applicant's current employer(s) and all former employers that were school entities or former employers in which the applicant had direct contact with children). Please complete the information below and return this form to the hiring entity.**

N.J.S.A. 18A:6-7.7(b) provides that a hiring entity shall not employ for pay or contract for the paid services of any person in a position that involved regular contact with students unless the hiring entity conducts a review of the employment history of applicant by contacting those employers listed by the applicant under the provisions of N.J.S.A. 18A:6-7.7(a) and collecting the information requested below.

Employing Entity receipt date: \_\_\_\_\_ Received by: \_\_\_\_\_

Applicant's dates of employment: \_\_\_\_\_ Contact phone #: \_\_\_\_\_

To the best of your knowledge, has the applicant ever:

Yes  No Been the subject of any child abuse or sexual misconduct investigation by any employer, State licensing agency, law enforcement agency, or the Department of Children and Families (\*unless the investigation resulted in a finding that the allegations were false or the alleged incident of child abuse or sexual misconduct was not substantiated)?

Yes  No Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from any employment while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct?

Yes  No Had a license, professional license, or certificate suspended, surrendered, or revoked while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct?

\_\_\_\_\_  
Current/Former Employer Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Current/Former Employer Representative Title

If a current or former employer responds to any Section 2 disclosure in the affirmative, the hiring entity may request additional information regarding the disclosure by requesting that the current or former employer complete the Sexual Misconduct/Child Abuse Disclosure Information Request form within 20 days and attach additional information, including the initial complaint and final report, if any, regarding the incident of child abuse or sexual misconduct. Pursuant to N.J.S.A. 18A:6-7.11, a current or former employer that provides information or records about a current or former employee or applicant shall be immune from criminal and civil liability for the disclosure of the information, unless the information or records provided were knowingly false. The immunity shall be in addition to, and not in limitation of, any other immunity provided by law.

The failure of a current or former employer to provide the information requested in Section 2 within the 20-day timeframe required by N.J.S.A. 18A:6-7.9 may be grounds for the automatic disqualification of an applicant from employment with the hiring entity. The hiring entity shall not be liable for any claims brought by an applicant who is not offered employment or whose employment is terminated: (1) because of any information received by the hiring entity from an employer pursuant to N.J.S.A. 18A:6-7.7; or (2) due to the inability of the hiring entity to conduct a full review of the applicant's employment history pursuant to N.J.S.A. 18A:6-7.7.

Return all completed information to:

Hiring Entity: Lopatcong Township Board of Education  
321 Stonehenge Drive  
Phillipsburg, NJ 08865  
Attn: Debbie Winters

Fax: 908-213-0373

Email: [wintersd@lopatcongschool.org](mailto:wintersd@lopatcongschool.org)