



BERLIN TOWNSHIP SCHOOL DISTRICT

Adam Lee
Superintendent

(856) 767-9480 Fax (856) 767-8235 225 Grove Avenue West Berlin, NJ 08091

www.btwpschools.org

Megan Stoddart
Business Administrator

Dina Bottley
Supervisor Curriculum and Instruction

Kristin Braidwood
Supervisor of Special Services

Thomas Cunningham
Technology Coordinator

Charles Pfluger, C.E.F.M.
Supervisor Buildings and Grounds

To: Applicant

From: Adam Lee, Superintendent

RE: New Employee Packet

Welcome to the Berlin Township School District.

Please complete the enclosed new employee application and return the following documents:

- Fingerprinting
- Sexual Misconduct Form
- Pension Enrollment/Transfer
- I-9
- W-4
- Direct Deposit Form
- Physical Examination
- Health History

Should you have any questions, please feel free to contact me at 856-767-9480 extension 1111.

“Educating Today For Tomorrow’s Success”

Fingerprinting for Public School Employment



Berlin Township School District

County Code: 07

District Code: 0340

- **New Applicants**
 1. Access the Criminal History Review Unit's direct web address to begin.
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 #1: *New Administration Fee Request (New Applicants Only)*

- **Archiving Your Fingerprints for Public School Employment (Applicants previously fingerprinted for the Department of Education and Approved subsequent to February 2003)**
 1. Access the Criminal History Review Unit's direct web address to begin.
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 #2: *Archive Applicant Request*

- **Transferring Your Fingerprints for Public School Employment (Substitutes and Bus Drivers)**
 1. Access the Criminal History Review Unit's direct web address to begin.
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 #3: *Transfer Applicant Request*

**STATE OF NEW JERSEY
SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE FORM
(UNDER P.L. 2018, CHAPTER 5)**

(Hiring school entity or independent contractor submits this form to ALL current employer(s) and former employers within the past 20 years that were school entities and/or where the applicant had direct contact with children)

To:

Name of Current or Former Employer:
Street Address:
City, State, Zip:
Telephone Number:

<input type="checkbox"/> No Applicable Employment

The named applicant is under consideration for a position with the Berlin Township Board of Education. The State of New Jersey has determined that additional safeguards are necessary in the hiring of school employees to ensure the safety of students. The individual whose name appears below has reported previous employment with your entity. We request you provide the information requested in Section 2 of this form within **20 days** as required by P.L. 2018, c. 5.

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's Name (First, Middle, Last)
Any Former names by which the applicant has been identified:
DOB:
Last 4 Digits of Applicant's Social Security Number:
Approximate dates of employment with the entity listed above:
Position(s):

Have you (the Applicant) ever:

Yes _____ No _____ Been the subject of a child abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement, the Department of Children and Families, or other child protective services agency (unless the investigation resulted in a finding that the allegations were false or the 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?

By signing this form, I certify under penalty of law that the statements made in this form are true, correct, and complete. I understand that any false statements herein, including, without limitation, any willful failure to disclose the information required, shall subject me to criminal prosecution under N.J.S.A. 2C:28-3 (relating to unsworn falsification to authorities) and/or to discipline, up to and including termination or denial of employment, a fine up to \$500, and may subject me to civil penalties in accordance with the Penalty Enforcement Law of 1999, P.L. 1999, c. 274. I also hereby authorize the above-named employer to release to the entity listed below, the information requested in SECTION 2 of this form and any related records. I hereby release, waive, and discharge the above-named employer from any and all liability of any kind that may arise from such disclosure or the release of any related 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 WITHIN THE PAST TWENTY YEARS THAT WERE SCHOOL ENTITIES AND/OR WHERE THE APPLICANT HAD DIRECT CONTACT WITH CHILDREN)

Employing Entity Receipt Date _____

Received by _____

Contact Telephone # _____

Dates of Employment of Applicant _____

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

Yes _____ No _____

Been the subject of a child abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement, the Department of Children and Families, or other child protective services agency (unless the investigation resulted in a finding that the allegations were false or the 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?

Former Employer Representative (Signature, Print Name and Title)

Date

Pursuant to P.L. 2018 c. 5, an employer, school entity, administrator, and/or independent contractor that provides information or records about a current or former employee or applicant shall be immune from criminal liability, and from civil liability for the disclosure of the information, unless the information or records provided were knowingly false. Such immunity shall be in addition to, and not in limitation of, any other immunity provided by law, or any absolute or conditional privileges applicable to such disclosure, by virtue of the circumstance of the applicant's consent thereto.

School Entity:		
Address:	Phone:	
State:	Zip:	Fax:

STATE OF NEW JERSEY

SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE FORM

INSTRUCTIONS

This standardized form has been developed, pursuant to P.L. 2018 c. 5, to be used by school entities and independent contractors of school entities, and by applicants who would be employed by or in a school entity in a position involving direct contact with children, to satisfy the Act's requirement of providing information related to child abuse or sexual misconduct. As required by P.L. 2018, c. 5, an applicant who would be employed by or in a school entity in a position having direct contact with children must provide the information requested in SECTION 1 of this form and a written authorization that consents to and authorizes the disclosure by the applicant's current and former employers of the information requested in SECTION 2 of this form.

The applicant shall complete one form for the applicant's current employer(s) and one for **each** of the applicant's former employers within the last twenty (20) years that were school entities or where the applicant was employed in a position having direct contact with children. The applicant must complete as many forms as necessary to provide this information for each such current or former employer. Upon completion by the applicant, the hiring school entity or independent contractor shall submit the form to the applicant's current and former employers to complete SECTION 2.

A school entity or independent contractor may not hire an applicant who does not provide the required information listed in SECTION 1 for a position involving direct contact with children. Further, the failure of a current or former employer to provide the information listed in SECTION 2 within twenty (20) days of receiving the request may be grounds for automatic disqualification of the applicant for employment with the school entity or contracted service provider in a position involving direct contact with students.

By law, the school entity or contracted service provider shall not be liable for any claims brought by an applicant who is not offered employment or whose employment is terminated, because of information received, or due to the inability to obtain required information or conduct a full review of the applicant's employment history.

Relevant Definitions:

"Sexual Misconduct" means any verbal, nonverbal, written, or electronic communication, or any other act directed toward or with a student that is designed to establish a sexual relationship with the student, including a sexual invitation, dating or soliciting a date, engaging in sexual dialogue, making sexually suggestive comments, self-disclosure or physical exposure of a sexual erotic nature, and any other sexual, indecent or erotic contact with a student.

"Child Abuse" means any conduct that falls under the purview and reporting requirements of P.L. 1971, c. 437 (N.J.S.A. 9:6-8.8 et seq.) and is directed toward or against a child or student, regardless of the age of the child or student.

Please Note:

A prospective employer that receives any requested information regarding an applicant may use the information for the purpose of evaluating the applicant's fitness to be hired or for continued employment and shall report the information as appropriate to the Department of Education, a state licensing agency, law enforcement agency, child protective services agency, another school entity, or to a prospective employer.

If the prospective employer decides to further consider an applicant after receiving an affirmative response to any of the questions listed in SECTIONS 1 and 2 of the form, the prospective employer shall request that former employer(s) responding affirmatively to the questions provide additional information about the matters disclosed and include any related records, which shall be promptly provided by the former employer(s).

The completed form and any information or records received shall not be considered public records for the purposes of N.J.S.A. 47:1A-1 et seq., otherwise known as the OPRA Statute, or the common law "Right to Know."

Any provision of any employment contract or agreement for the resignation or termination of employment, or a severance agreement, that is executed, amended, or entered into, that is contrary to the prohibition of entering thereof, or which effectively suppresses, destroys, affects the ability to report, or expunges any information relating to suspected child abuse or sexual misconduct, shall be void and unenforceable.

Please return this form to

Berlin Township School District, Superintendent's Office
Huster Administration Building
225 Grove Avenue
West Berlin, NJ 08091
Phone: 856-767-9480 Fax: 856-767-8235



DIVISION OF PENSIONS & BENEFITS — ENROLLMENT SECTION

P.O. Box 295, Trenton, NJ 08625-0295

ENROLLMENT APPLICATION FOR PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS) AND TEACHERS' PENSION AND ANNUITY FUND (TPAF) MEMBERS

FOR DIVISION USE ONLY:	Location Number _____	Membership Number _____
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PART 1 — APPLICANT INFORMATION — Retirement System (Check one) TPAF PERS

1. Name _____
Last First Middle Former Name Used During Previous membership (if applicable)

2. Social Security Number _____ 3. Date of Birth ____ / ____ / ____

4. Gender Male Female Non-Binary 5. Phone Number _____

6. Address _____
Street City State Zip Code

7. Is the applicant a former member of the PERS or TPAF? Yes No

8. Is the applicant receiving a benefit from a N.J. State-administered or local N.J. retirement system at this time? Yes No
 If Yes, please provide retirement system name _____

PART 2 — EMPLOYER INFORMATION

9. Employer Name _____ 10. Title/Position of Applicant _____

11. County _____

12. PERS or TPAF Location Number _____ Bureau Number _____ Payroll Number _____
If Applicable State Locations Only

13. Is the applicant currently employed by more than one public employer? Yes No
 If Yes, please provide name of employer(s) _____

FOR TPAF APPLICATIONS ONLY

14a. Date Employment Began ____ / ____ / ____ (Do not include temporary, substitute, or part-time service.)

14b. Does position require a New Jersey State Certificate issued by the State Board of Examiners within the N.J. Department of Education?
 Yes No

14c. Does the applicant hold a certification issued by the State Board of Examiners within the N.J. Department of Education?
 Yes No

14d. For N.J. Department of Education Only: Is the position Unclassified Professional? Yes No

FOR PERS APPLICATIONS ONLY

15a. Date Employment Began ____ / ____ / ____ 15b. Date of Regular or Permanent Appointment ____ / ____ / ____

15c. Is applicant considered temporary or provisional? Yes No

16. Is the applicant a Workers' Compensation Judge? Yes No 17. Is the applicant an elected official? Yes No

18. Is the applicant appointed under the authority of a local ordinance to a statutory-based, untenured chief administrative position such as business administrator, county or municipal administrator, county or municipal manager? Yes No

19. Is the applicant filling a position with principal operating responsibility of a government function(s), commonly called "department heads" or similar title, that are filled by action of the governing body and who directly report to an elected official(s) or chief administrative officer? Yes No

20. Is the applicant working under a professional services contract? Yes No

21. Is the applicant a bona fide employee serving in a professional services position such as an attorney, engineer, planner, doctor, or accountant at a local government entity? Yes No

22. Current Annual Base Salary \$ _____ 23. (Check one) 10-Month Position 12-Month Position

24. Are the work hours fixed at 32 hours (Local) or 35 hours (State) or more per week? Yes No

PART 3 — EMPLOYER CERTIFICATION

I certify that this employee and position meets the eligibility criteria for the retirement system as provided by law. I acknowledge that I am subject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system in an attempt to defraud the system pursuant to N.J.S.A. 43:3C-15. Two signatures required.

25. _____
Print Certifying Officer's Name Signature Date

26. _____
Print Certifying Officer's Supervisor's Name Signature Date

27. _____
Phone Number



DIVISION OF PENSIONS & BENEFITS — ENROLLMENT SECTION

P.O. Box 295, Trenton, NJ 08625-0295

APPLICATION FOR INTERFUND TRANSFER

This application must be completed by you and your former employer and must accompany a new *Enrollment Application* for the retirement system to which you are transferring.

- PART 1 — Check one:**
- Transfer to Teachers' Pension and Annuity Fund
 - Transfer to State Police Retirement System
 - Transfer to Public Employees' Retirement System
 - Transfer to Judicial Retirement System
 - Transfer to Police and Firemen's Retirement System

1. Print Full Name _____ 2. Membership Number _____

3. Address _____
Street City State Zip Code

4. Currently a member of the _____
Name of Retirement System

5. Resigned Was dismissed Other _____ from my position as _____
Reason Title of Position

6. Date of Termination ____/____/____ 7. New Employer _____
New Employer Name County

8. I hereby apply for the transfer of my membership to the retirement system indicated above and authorize payment of the withdrawal value of my account to be made to that system subject to the statutes, rules and regulations of that system. I understand that once my Application for Interfund Transfer is submitted to the New Jersey Division of Pensions & Benefits (NJDPB), I cannot change my decision to transfer.

Member Signature Date

PART 2 — CERTIFICATION OF FORMER EMPLOYING AGENCY (Certification will be used to calculate the payment due.)

- resigned position abolished/laid off
- was dismissed (no appeal pending)
- was dismissed (appeal pending)

I hereby certify that _____
Name of Member

from this department, agency, or school district on ____/____/____. The last salary deduction was made on
Date of Separation

____/____/____ for ____/____/____. The employee's annual base salary prior to resignation/dismissal was \$ _____.

I further certify that the following deductions have been made from his/her salary during the last two quarterly periods ending with the current quarter (see *Quarterly Report Of Contributions*). Biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salary projected until termination date.

Quarter Ending	Base Salary Subject to Contributions This Quarter	Pension Contribution	Loan Repayment	Back Deductions		Arrears and/or Purchases	Total Pension Deductions	Supplemental Annuity	
				No. Payments	Amount			% Rate	Amount

I certify that this employee and position met the eligibility criteria for the retirement system as provided by law. I further certify that I have successfully completed the online training and Annual Membership Certification required by N.J.S.A. 43:3C-15. I acknowledge that I am subject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system in an attempt to defraud the system pursuant to N.J.S.A. 43:3C-15. Two Signatures Required.

Signature Of Certifying Officer Print Name Of Certifying Officer Date

Title Employing Agency

County Phone Number Extension

Signature Of Certifying Officer's Supervisor Print Name Of Certifying Officer's Supervisor Date

Title Phone Number Extension



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — ENROLLMENT SECTION

P.O. Box 295, Trenton, NJ 08625-0295

REPORT OF TRANSFER / MULTIPLE ENROLLMENT FORM

REPORT OF TRANSFER or MULTIPLE ENROLLMENT (PERS and TPAF Only)

PART 1 — MEMBER INFORMATION

- 1. Retirement System PERS TPAF PFRS
- 2. Membership Number _____
- 3. Social Security Number _____
- 4. Name _____
Last First Middle Maiden
- 5. Address _____
Street City State Zip Code
- 6. Phone Number _____

PART 2 — EMPLOYER INFORMATION

- 7. Name of Former Employer _____
- 8. Date of Last Pension Deduction Reported by Former Employer _____
Month/Year or Pay Period/Year
- 9. Termination Date ____/____/____
- 10. Name of New Employer _____
- 11. New Employer Location/Payroll Number _____
- 12. Is New Employer a Board of Education? Yes No
- 13. Title of New Position _____
- 14. Date Current Employment Began ____/____/____

To be completed for TPAF applications only

- 15. Date Employment Began ____/____/____ (Do not include temporary or substitute service)
- 16. Does position require a New Jersey State Certificate issued by the State Board of Examiners within the N.J. Department of Education? Yes No
- 17. Does the applicant hold a certification issued by the State Board of Examiners within the N.J. Department of Education? Yes No
- 18. For N.J. Department of Education Only: Is the position Unclassified Professional? Yes No

- 19. Is the applicant a Workers' Compensation Judge? Yes No
- 20. Is the applicant appointed under the authority of a local ordinance to a statutory-based, untenured chief administrative position such as business administrator, county or municipal administrator, county or municipal manager? Yes No
- 21. Is the applicant filling a position with principal operating responsibility of a government function(s), commonly called "department heads" or similar title, that are filled by action of the governing body and who directly report to an elected official(s) or chief administrative officer? Yes No
- 22. Is the applicant working under a professional services contract? Yes No
- 23. Is the applicant a bona fide employee serving in a professional services position such as an attorney, engineer, planner, doctor, or accountant at a local government entity? Yes No
- 24. Current Annual Base Salary \$ _____
- 25. Employee is paid on: 10-month basis 12-month basis
- 26. Are the work hours fixed at 32 hours (Local) or 35 hours (State) or more per week? Yes No
- 27. Is employee currently employed by more than one public agency? Yes No

I certify that this employee and position meets the eligibility criteria for the retirement system as provided by law. I further certify that I have successfully completed the online training and Annual Membership Certification required by N.J.S.A. 43:3C-15. I acknowledge that I am subject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system in an attempt to defraud the system pursuant to N.J.S.A. 43:3C-15. Two signatures required.

Print Certifying Officer's Name _____
Signature _____/_____/_____
Date

Print Certifying Officer's Supervisor's Name _____
Signature _____/_____/_____
Date

Phone Number



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
	<input type="checkbox"/> 1. A citizen of the United States					
	<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
	<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) _____						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee			Today's Date (mm/dd/yyyy)			

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the **Additional Information** box: see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.
Multiple Jobs or Spouse Works Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____	3	\$
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here		
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

**WORKPLACE BANKING
AUTHORIZATION AGREEMENT FOR ACH
SERVICE
CLIENT 20870**

Name & Employee #	Social Security Number
Company Name BERLIN TOWNSHIP BOARD OF EDUCATION	Company Address 225 Grove Avenue West Berlin, New Jersey 08091

I hereby authorize my employer (Berlin Township Board of Education) herein after called "COMPANY", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my account(s) indicated below and the depository institution named below, hereinafter called "DEPOSITORY", to credit and/or debit the same such account.

PRIMARY ACCOUNT

Depository Name (Bank)	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number _____
Transit/ABA Number (9 Digits)	Amount to Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> \$ _____ (fixed amount)

If my company allows direct deposit to more than one account, I elect to have part of my pay put into the following account:

OPTIONAL SECONDARY ACCOUNT

Depository Name (Bank)	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number _____
Transit/ABA Number (9 Digits)	Amount to Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> \$ _____ (fixed amount)

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Date	Signature
------	-----------

BERLIN TOWNSHIP SCHOOL DISTRICT

PERSONNEL PHYSICAL EXAMINATION
(to be completed by a physician)

Name: _____

Position: _____

Examination:

Blood Pressure: _____ Is this normal for individual? _____

Heart: _____ Is this normal for individual? _____

Lungs: _____ Is this normal for individual? _____

Eyes: Right _____ Left _____ Abdomen: _____

Ears (otoscopic): _____ Hernia: _____

Lymph Nodes: _____ Orthopedic: _____

Thyroid: _____ Posture: _____

Nose: _____ Feet: _____

Mouth: _____ Skin (noncom.): _____

Nervous Disorder: _____ Reflexes: _____

Deformities: _____ Allergies: _____

Height: _____ Weight: _____

General Health (circle one): Good Fair Poor

Tests:

TB Test (Mantoux): Date _____ Results _____

Remark and Recommendations: _____

Date

Signature of Examining Physician

BERLIN TOWNSHIP SCHOOL DISTRICT
EMPLOYEE HEALTH HISTORY
(to be completed by the employee)

Name: _____ DOB: _____

Address: _____

Phone Number: _____

Family Physician: _____ Phone: _____

Person to be notified in case of emergency: _____

Phone number of above mentioned person: _____

Health History:

Accidents (serious): _____ Date: _____

Operations (serious): _____ Date: _____

Allergies (Pollens, Drugs, Food): _____ Asthma: _____

Blood Type: _____

Convulsive Disorder: _____ Diabetes: _____

Earaches: _____ Eye Problem: _____

Frequent Colds: _____ Headaches: _____

Hear Condition: _____ High Blood Pressure: _____

Hernia: _____ Kidney Disease: _____

List any other health problems you may have: _____

List any current medications you are now taking: _____

Inoculations:

Date of series of tetanus toxoid and/or booster: _____

Are you a positive tuberculin reactor? (circle one) Yes No

Date of most recent mantoux test: _____ Results: _____

Hepatitis B Vaccine: Have you been immunized (circle one) Yes No

If not, are you interested (circle one) Yes No

Complete attached form if you are not interested.

Date

Signature of Applicant

BERLIN TOWNSHIP SCHOOL DISTRICT

DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious material I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Date