

**2021 - 2022**

**New Hire Packet**

**Teacher/FT Employee (w/ Benefits)**



**South Amboy Public Schools**  
**240 John Street**  
**South Amboy, NJ 08879**  
**Phone: 732-525-2100 Fax: 732-727-0730**

**EMPLOYMENT APPLICATION**

<b>Name</b>					
	<b>First</b>	<b>MI</b>		<b>Last</b>	
<b>Address</b>					
	<b>Street</b>	<b>Town</b>		<b>Zip Code</b>	<b>State</b>
<b>Home Phone Number</b>		<b>Cell Phone Number</b>			
<b>Social Security Number</b>		<b>Highest Level of Education</b>			
<b>New Jersey Certifications:</b>					
<b>Other Certifications:</b>					

**Current Employment**

<b>Present Employer:</b>	<b>Address:</b>
<b>Supervisor:</b>	<b>Contact Number:</b>
<b>Dates of Employment:</b>	<b>Full Time or Part Time:</b>
<b>Salary:</b>	<b>Guide                      Step</b>
<b>May we contact this Employer:</b>	
<b>Reason for leaving:</b>	

**OTHER EXPERIENCE, Previous 20 Years (Include Military Experience):**

From	To	Name, Address, Telephone # of Employer	Type of Work	May we Contact?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO



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### PROFESSIONAL REFERENCES

List up to three persons living in the United States who are not related to you, who have definite knowledge about your qualifications for the position for which you are applying. Do not repeat the names given previously under Educational or Other Experience:

Full Name	Address & Phone #	Business Occupations	Years Known?

### EDUCATION

Tell us about your Educational background beginning with the most recent.

Name & State	Dates Attended	Major area of study and Semester Hours	Minor Area of Study and Semester Hours	Degree	Date Completed
		Hrs:	Hrs:		
		Hrs:	Hrs:		
		Hrs:	Hrs:		

### EXTRA-CURRICULAR ACTIVITIES

Extra-Curricular Activity	Years Exp.	Participation	Directing or Coaching



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**DISCLOSURES:**

Are you currently under contract?  YES  NO

If yes, which district? \_\_\_\_\_

If yes, when does it expire? \_\_\_\_\_

When may your present employer be contacted? \_\_\_\_\_

Have you obtained tenure status in any other School District?  YES  NO

If yes, where? And when? \_\_\_\_\_

Have you ever been denied tenure?  YES  NO

If yes, explain: \_\_\_\_\_

Have you ever had a teaching certificate or teaching license revoked or suspended?  YES  NO

If yes, explain: \_\_\_\_\_

Have you ever failed to be rehired, been asked to resign a position, resigned to avoid termination, or terminated from employment?  YES  NO

If yes, explain: \_\_\_\_\_

Are you a relative of any board member, administrator, or supervisor who is currently serving the school district?  YES  NO

If yes: Name: \_\_\_\_\_ Position: \_\_\_\_\_ Relationship: \_\_\_\_\_

Can you perform all the essential job function(s) of the position(s) for which you are applying, with or without reasonable accommodation?  YES  NO

**LEGAL INFORMATION:**

Are you eligible to work in the United States?  YES  NO

Have you ever been convicted of a criminal offense other than a minor traffic violation?  YES  NO

If yes, explain, giving dates: \_\_\_\_\_

Have you ever had any indicated finding of child abuse filed in your name or 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 allegations were false or the alleged incident of child abuse or sexual misconduct was not substantiated?  YES  NO

If yes, explain, giving dates: \_\_\_\_\_

Have you ever 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



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If yes, explain, giving dates: \_\_\_\_\_

Have you ever 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?     YES     NO

If yes, explain, giving dates: \_\_\_\_\_

Does your name appear on any Sex Offender Database in any state or country?     YES     NO

**EQUAL OPPORTUNITY EMPLOYER**

South Amboy Public Schools is an Equal Opportunity Employer. South Amboy Public Schools ensure equal employment opportunities regardless of race, creed, gender, color, national origin, religion, age, sexual orientation or disability. South Amboy Public Schools has a policy of active recruitment of qualified minority teachers and non-certified employees. Any individual needing assistance in completing an application for any opening should contact Personnel.

**WARNING**

An applicant who willfully provides false information or willfully fails to disclose information required in the above application:

- (1) shall be subject to discipline up to, and including, termination or denial of employment;
- (2) may be deemed in violation of subsection a. of N.J.S.A. 2C:28-3; and
- (3) may be subject 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 (C.2A:58-10 et seq.).

**Applicant's Acknowledgment and Agreement:**

By signing and dating below, candidate authorizes the school district to conduct an investigation of candidate pursuant to The School Code to determine whether candidate has been convicted of any criminal or drug offenses as set forth in such statute, and, upon request agrees to execute an investigation authorization form as a condition for candidate's employment.

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in the application to verify my statement, and I authorize past employers, all references and other person to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

Printed Name: \_\_\_\_\_

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

**South Amboy Public Schools is an Equal Opportunity Employer, all eligible persons are encouraged to apply.**



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## New Applicant Request

County Code: 23 District Code: 4830

1. Access the [Criminal History Review's New Applicant](#) process.
2. Select the first option: "**New Administration Fee Request (New Applicants Only)**".
3. Enter your Social Security number to ascertain whether you are eligible for the process. Click "**Continue**".
4. If you are eligible for the process, the screen will display four (4) options as to the job position(s) and employer. Please select the appropriate option and proceed to the next screen.
  - a. All job positions, except school bus drivers and bus aides, for public schools, private schools for students with disabilities and charter schools;
  - b. All school bus drivers and bus aides for public schools, private schools for students with disabilities, charter schools and authorized school bus contractors;
  - c. All job positions, except school bus drivers and bus aides, for nonpublic schools; or
  - d. All school bus drivers and bus aides for nonpublic schools and other agencies.
5. Complete the requested applicant information to include the county/district/school/contractor codes 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 Applicant Authorization and Certification form (AA&C) by checking the box.
6. Complete the required payment information. There is a \$10.00 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. Accepted methods of payment are Visa, MasterCard, American Express or Discover credit cards.
7. You **must** click the "**Make Payment**" button only **one time** to complete the transaction. After completing the transaction, you will be presented with three required steps:
  - a. View and/or print your New Administration Fee Payment Request confirmation page;
  - b. Complete and/or print your IdentoGO NJ Universal Fingerprint Form;
  - c. [Click here to schedule your fingerprinting appointment with MorphoTrust](#)
8. 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.
9. Next select the second option -- "View and/or print your IdentoGO NJ Universal Fingerprint Form." You must print the IdentoGO NJ Fingerprint Form and fill in the boxes for height, weight, maiden name (if applicable), place of birth, country of citizenship, hair color, and eye color and present it to MorphoTrust at the time of LiveScan fingerprinting.
10. Access the MorphoTrust web page by selecting the third option "Click here to schedule your fingerprinting appointment with MorphoTrust" or call 1-877-503-5981 to schedule a fingerprinting appointment.
11. In about two weeks, you will be able to view and print your "Applicant Approval Employment History" by accessing the [Office of Student Protection website](#). Provide a copy to your employer.



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## Archive Applicant Request

County Code: 23 District Code: 4830

1. Access the [Criminal History Review Archive](#) process.
2. Select the second option: **"Archive Application Request (Applicants Previously Fingerprinted for the Department of Education and Approved Subsequent to February 2003)."**
3. Enter your Social Security number to ascertain if you are eligible for the process. Click **"Continue."**
4. Select the appropriate Applicant Authorization and Certification form (AA&C) that is suitable to your job position and employer.
5. Complete the requested applicant information to include the county/district/school/ contractor codes 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. Click **"Next"**
6. Submit your credit card payment. Total payment is \$29.75 Click "Continue" and then click "Make Payment" at the bottom of the next page.
7. The Payment Confirmation page will state **"Your ePayment transaction has been processed successfully."** You should print a copy of this receipt.
8. In about two weeks, you will be able to view and print your **"[Applicant Approval Employment History](#)"** by accessing it on the Criminal History Review Unit website. Provide a copy to your employer.



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## Transfer Applicant Request

County Code: 23 District Code: 4830

1. Access the [Criminal History Review Transfer](#) process.
2. Select the third option: "**Transfer Request (Only Substitutes and Bus Drivers are eligible),**"
3. Enter your Social Security number to ascertain whether you are eligible for the process. Click "**Continue.**"
4. The screen will display two options:
  - a. For all bus drivers **only**
  - b. For all other job categories
5. Select the option applicable to the position for which you are requesting the transfer. Complete the requested applicant information, including the county/district/school/contractor-vendor codes furnished to you by your employer and click on the "**Next**" button.
6. Review your information and submit your credit card payment. Total payment is \$6.00 (\$5.00 plus a \$1.00 convenience fee charged by the private vendor). Click "**Continue**" and then click "**Make Payment**" at the bottom of the next page.
7. The Payment Confirmation page will state "[Your ePayment transaction has been processed successfully.](#)" Print a copy of this receipt.





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**NEW HIRE QUESTIONNAIRE AND  
 AUTHORIZATION TO EXCHANGE INFORMATION**

Name:			
<b>PART I - CURRENT EMPLOYER</b>			
Name of Employer:		Contact person:	
Address:		Phone number:	
Dates of Employment:			
<b>PART II - FORMER EMPLOYER(S)</b>			
<p>Have you (circle all that apply):                  worked for a school in the last 20 years? YES/NO                  worked in a position that involved direct contact with children in the last 20 years? YES/NO</p> <p>If the answer to any of the above two questions was YES, you must complete the below. Identify all applicable former employer(s). Attach additional sheets as necessary.</p>			
Employer: _____ Contact person: _____ Address: _____ Phone number: _____ Dates of Employment: _____	Employer: _____ Contact person: _____ Address: _____ Phone number: _____ Dates of Employment: _____		
Employer: _____ Contact person: _____ Address: _____ Phone number: _____ Dates of Employment: _____	Employer: _____ Contact person: _____ Address: _____ Phone number: _____ Dates of Employment: _____		



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**PART III - MANDATORY DISCLOSURES**

Have you ever 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? Note, if the investigation resulted in a finding that the allegations were false or the alleged incident of child abuse or sexual misconduct was not substantiated, you may answer no. YES/NO

Have you ever 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

Have you ever 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? YES/NO

If your answer to any of the foregoing is Yes, you must attach an explanation to this questionnaire.

Pursuant to applicable law, you are to be advised that an applicant who willfully provides false information or willfully fails to disclose information required above:

- (1) shall be subject to discipline up to, and including, termination or denial of employment;
- (2) may be deemed in violation of subsection a. of N.J.S. 2C:28d; and
- (3) may be subject 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. 1992 c,274 (C.2A:58-10 et seq.).

The undersigned hereby consents to the disclosure of the information requested herein to the South Amboy Public School District ("District") and authorizes any current or former employer to disclose such information to the District. The undersigned further consents and authorizes the District to seek records relating to the information requested from any current or former employer, and authorizes any current or former employer to provide such records to the District. In connection therewith, the undersigned releases the District and any current or former employer, their agents and employees, from and against any liability as a result of the provision and/or solicitation of information and/or records as required by this questionnaire and applicable law.

I, the undersigned applicant, hereby certify that the foregoing statements made by me are true and correct to the best of my knowledge and belief, I am aware if any of the foregoing is willfully false, I am subject to punishment.

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Print Name

Signature

Date



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Dr. Harold V. McKenna, M.D., P.A.  
305 Main Street  
South Amboy, NJ 08879  
Telephone: 732-721-1120

**South Amboy Board of Education**  
**Employee Physical Information**

Date: \_\_\_\_\_

Physical Exam of \_\_\_\_\_

I have given \_\_\_\_\_ a physical exam, Mantoux Test and a urine drug screening in order to determine if \_\_\_\_\_ is capable of performing his/her duties as a teacher, custodian, secretary or other (circle one).

I have found \_\_\_\_\_ physically capable of performing his/her duties. He/she has also had a negative Mantoux Test and urinary drug screen.

\_\_\_\_\_  
**Harold McKenna, M.D.**



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**PHYSICAL FOR NEW EMPLOYEE FORM**

I agree to conform to Policy 4212.4 and also agree that all reports will be sent to the Superintendent of Schools and the School Medical Inspector. Upon review by the Superintendent of Schools and the School Medical Inspector, the results will be made available to me.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SCHOOL MEDICAL INSPECTOR**

Dr. Harold McKenna  
305 Main Street  
South Amboy, NJ 08879  
(732-721-1120)



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**DIRECT DEPOSIT AUTHORIZATION  
SOUTH AMBOY BOARD OF EDUCATION**

I hereby authorize South Amboy Board of Education to initiate by electronic means direct deposits (credit entries) of my net earnings to my ( ) Checking or ( ) Savings account in the entity named below (\*Depository\*) and to initiate, if necessary, debit entries and adjustments for any credit entries in error. I authorize the Depository to accept and to credit and/or debit the amount of such entries to my account.

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**DEPOSITORY (BANK) NAME**

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**ADDRESS**

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**TRANSIT/ABA NUMBER**

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**ACCOUNT NUMBER**

This authority is to remain in full force and effect until the company has received written notification from me of its termination in such time and in such manner as to afford the company and the depository a reasonable opportunity to act on it and in no event shall a termination notice be effective with respect to entries processed by the Company or the depository prior to its receipt.

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**EMPLOYEE NAME**

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**SOCIAL SECURITY #**

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**DATE**

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**EMPLOYEE SIGNATURE**

Submit this form to the payroll department with a voided blank check or proof of bank information. Please note that it takes at least one (1) to (2) pay periods for pre-notification of bank routing and account number verification.

**ATTACH CHECK HERE**



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Please complete the attached documents and submit them to Tabatha Noble at [tnoble@sapublicschools.com](mailto:tnoble@sapublicschools.com):

[2022 Form W-4 \(Federal\)](#)

[Form W-4 \(New Jersey\)](#)

[Employment Eligibility Verification Form I-9](#)

[Health and Dental Benefits](#)