

**NORTHFIELD BOARD OF EDUCATION**  
**2000 New Road**  
**Northfield, New Jersey 08225**

**GUIDELINES TO COMPLETE APPLICATION**  
Substitute Teacher/Nurse

- \_\_\_\_\_ Complete all pages of application.
- \_\_\_\_\_ List three (3) references - **friends & relatives cannot be references**. Please only submit local area codes or email addresses.
- \_\_\_\_\_ Complete fingerprinting application – refer to “Guide for Applicants”. If you have already been fingerprinted, wait until further instructions. You will either have to archive or transfer depending on your current employment.
- \_\_\_\_\_ Substitute Credential Application – refer to “Guide for Applicants” to obtain substitute certificate. (included with application)
- \_\_\_\_\_ Provide a current mantoux test. Results must be within the last three (3) years.
- \_\_\_\_\_ Bring 2 forms of identification along with a completed I-9 form. List of acceptable documents follow I-9.
- \_\_\_\_\_ Child Abuse Disclosure Release – complete page 1 and the top of page 2. Return with application. Please complete one for every workplace for the last twenty (20) years that has involved children.
- \_\_\_\_\_ Complete W-4. (federal and state)
- \_\_\_\_\_ Complete Direct Deposit form. All substitutes are required to have direct deposit. Need a Voided check. Some type of banking documentation.
- \_\_\_\_\_ Provide either teacher or substitute certification if you possess one.
- \_\_\_\_\_ Return completed substitute packet to main entrance receptionist.

If you have any questions concerning the completion of the substitute application, please call: Mrs. Guetzlaff at 609-407-4001

NORTHFIELD COMMUNITY SCHOOL  
BOARD OF EDUCATION  
2000 NEW ROAD  
NORTHFIELD, NJ 08225

**SUBSTITUTE TEACHER APPLICATION**

**I PERSONAL DATA:**

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

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

**II EDUCATION:**

HIGH SCHOOL NAME \_\_\_\_\_

LOCATION/YEAR: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

LOCATION/MAJOR: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

LOCATION/MAJOR: \_\_\_\_\_

GRADUATE SCHOOL: \_\_\_\_\_

LOCATION/MAJOR: \_\_\_\_\_

DEGREES (year) \_\_\_\_\_

**III MILITARY SERVICE:** (Attach copy of your DD-214)

Branch: \_\_\_\_\_

Have you had full time military experience? \_\_\_\_\_

**IV HEALTH DATA:**

Do you have any physical disability that will prevent satisfactory job performance? \_\_\_ No \_\_\_ Yes

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

**V: OTHER EMPLOYMENT:**

| NAME OF EMPLOYER | DATE OF EMPLOYMENT | DUTIES |
|------------------|--------------------|--------|
|                  |                    |        |
|                  |                    |        |
|                  |                    |        |
|                  |                    |        |

\_\_\_\_\_

Do you hold a current NJ Substitute Certificate? \_\_\_\_\_ (please include copy)

Do you hold a permanent NJ Teacher's Certification? \_\_\_\_\_ (please include copy)

Have you been through the criminal history fingerprinting process in New Jersey? \_\_\_\_\_ (please include copy)

**I certify that the answers given herein are true and complete to the best of my knowledge.**

**I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.**

**In the event of employment I understand that false or misleading information given in my application or interview may result in discharge.**

**I understand that I am required to abide by all rules and regulations of the Northfield School District.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Northfield Community School  
2000 New Road  
Northfield, NJ 08225

**REFERENCES**

**PLEASE PROVIDE AT LEAST THREE (3) PROFESSIONAL REFERENCES.**

**Please do not list friends, family, or co-workers.**

**If your references are teachers/professors, please supply an email address.**

| NAME & POSITION/OCCUPATION | HOW DO YOU KNOW REFERENCE? | TELEPHONE NUMBER AND EMAIL ADDRESS |
|----------------------------|----------------------------|------------------------------------|
|                            |                            | <i>(LOCAL CALLS PLEASE)</i>        |
|                            |                            |                                    |
| 1.                         |                            |                                    |
|                            |                            |                                    |
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|                            |                            |                                    |
| 2                          |                            |                                    |
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|                            |                            |                                    |



## A Guide for Applicants: How to Apply for a Substitute Credential or CTE Substitute Credential

Updated January 2021

### Step One: Seek and Obtain a Sponsor School District or Organization for Criminal History Record Clearance.

The sponsoring organization should be the candidate's teacher preparation program, school district, or vendor organization that the candidate will serve (such as [Source4Teachers](#) or [Insight Educational Workforce Solutions](#)). If the candidate plans to substitute in multiple school districts, he or she must select at least one for application purposes.

### Step Two: Complete Criminal History Record Check Process

1. Pay administrative fee(s) for the [criminal history background clearance](#) and print out the Identogo New Jersey Universal Fingerprint Form from the New Jersey Department of Education (NJDOE) [Office of Student Protection webpage](#) (\$11);
2. Go to the [Identogo Website](#) to schedule an appointment and pay fingerprinting fees (\$66.05 for those who have never been fingerprinted in New Jersey, or \$29.75 if previously printed through the NJDOE subsequent to March 2003).
3. Attend the scheduled appointment time and get fingerprinted. Make sure to bring the following to your scheduled appointment:
  - o Picture Identification (ID) Note: Foreign passports will no longer be accepted as proof of identification;
  - o Identogo New Jersey Universal Fingerprint Form; and
  - o [Verify criminal history status form](#).

### Step Three: Apply for the Substitute Credential Online

Apply online in the [Teacher Certification Information System \(TCIS\)](#) for the substitute credential and pay the \$125.00 application fee. Questions concerning technical use of TCIS may be resolved by emailing [TCIS techassist@doe.nj.gov](mailto:TCIS techassist@doe.nj.gov).

Upon completion of the online application, Applicants should record their individual Tracking Number generated by TCIS during the application process, and then deliver the following information/documentation with your tracking number to your [County Office of Education](#).

1. Sealed college transcripts proving at least 60 college credit hours (substitute credential) *or* signed letter from employer documenting work experience (CTE substitute credential only); and
2. Approved [criminal history status check](#).

Hello and thank you for your interest in becoming a Substitute in Atlantic County! To apply for Substitute Credential, please follow the steps below:

### Complete Fingerprinting/Criminal History Record Check

Please ensure you select Substitute for your Job Position

1. Go to the Office of Student Protection website:
  - a. **NEW APPLICANTS** or printed *before* March 2003:
    - i. schedule an appointment and pay fingerprinting fees
      1. \$11 administrative fee; and
      2. \$66.05 fingerprinting appointment fee
    - ii. Attend the scheduled appointment time and get fingerprinted. Make sure to bring the following to your scheduled appointment:
      1. Picture Identification (ID) Note: Foreign passports will no longer be accepted as proof of identification; and
      2. IdentoGO New Jersey Universal Fingerprint Form
  - b. **RETURNING (ARCHIVE) APPLICANTS** who have had a break in service (not continuously employed with district your previous clearance was processed through)
    - i. Process Archive Request and pay fees
      1. \$29.75 if previously printed through the NJDOE subsequent to March 2003
  - c. **CREDENTIAL RENEWAL APPLICANTS** who have NOT had a break in service
    - i. You DO NOT need to archive/update your fingerprints if you have been continuously employed
    - ii. Please request your employing district send a Letter of Continuous Employment to AtlanticCoSubstitutes@doe.nj.gov
2. Verify Fingerprinting/Criminal History Record Check through Applicant Approval Employment History and save as PDF (instructions here) being mindful of the timelines below:
  - a. **NEW APPLICANTS** – clearance *typically* takes 10 business days after appointment
  - b. **ARCHIVE APPLICANTS** – clearance *typically* takes up to 4 weeks after request

### Apply for Substitute Credential Online

1. Create an account in New Jersey Educator Certification (NJEdCert) System
2. Apply for Substitute Credential:
  - a. Instructional Substitute (60-credit); or
  - b. Instructional Substitute (30-credit) if at least 30 credits but less than 60 completed, currently enrolled in coursework, and at least 20 years or older; or
  - c. Substitute School Nurse
3. Upload PDF copy of Applicant Approval Employment History to your document collection items (instructions here)

- a. Upload additional documents if applicable such as:*
      - i. RN License for Substitute School Nurse credential; or*
      - ii. ID for age verification for 30 credit credential; and*
      - iii. letter stating currently enrolled in coursework if courses-in-progress not shown on transcript for 30 credit credential*
  4. Request electronic transcript from your college/university/issuing clearinghouse directly to [AtlanticCoSubstitutes@doe.nj.gov](mailto:AtlanticCoSubstitutes@doe.nj.gov)
    - a. You may need to select the recipient as “other” which will allow you to manually enter the email address of [AtlanticCoSubstitutes@doe.nj.gov](mailto:AtlanticCoSubstitutes@doe.nj.gov)
    - b. If your college/university does not issue electronic transcripts, please have a hard copy mailed to the address below:
      - i. Atlantic County Office of Education, 6260 Old Harding Hwy, Mays Landing, NJ 08330

Please reach out if you have any additional questions about the process to apply for Substitute Credential.

Thank you,

Anastasia





# Employment Eligibility Verification

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

USCIS  
Form I-9

OMB No.1615-0047  
Expires 05/31/2027

**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                       |
| 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.):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States (See Instructions.)
- 3. A lawful permanent resident (Enter USCIS or A-Number.)
- 4. An alien 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) |  | <b>Additional Information</b> |        |     |        |
| Issuing Authority         |  |                               |        |     |        |
| Document Number (if any)  |  |                               |        |     |        |
| Expiration Date (if any)  |  |                               |        |     |        |
| Document Title 3 (if any) |  |                               |        |     |        |
| Issuing Authority         |  |                               |        |     |        |
| Document Number (if any)  |  |                               |        |     |        |
| Expiration Date (if any)  |  |                               |        |     |        |

Check here if you used an alternative procedure authorized by DHS to examine documents.

|   |  |  |
|---|--|--|
| <b>Certification:</b> 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.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

| LIST A<br>Documents that Establish Both Identity and Employment Authorization   | OR | LIST B<br>Documents that Establish Identity   | AND | LIST C<br>Documents that Establish Employment Authorization  |
|---|----|---|-----|--|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol> | OR | <ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | AND | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <b>Section 7</b> and <b>Section 13</b> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol> |
| <p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>  |    |   |     |  |
| <ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>  | OR | <p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>   | AND | <p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>  |

\*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

**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.**

Name of Current or Former Employer: \_\_\_\_\_  No Applicable employment

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

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

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

\_\_\_\_\_ is under consideration for a position with the **NORTHFIELD SCHOOL DISTRICT**. 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: \_\_\_\_\_

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 \_\_\_\_\_

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**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

---

Date

---

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:    NORTHFIELD BOARD OF EDUCATION

Address:            2000 NEW ROAD, NORTHFIELD, NJ 08225

Phone:             609-407-4001

Email:              [tguetzlaff@ncs-nj.org](mailto:tguetzlaff@ncs-nj.org)    Fax: 609-646-0608

# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

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.

**2026**

|   |   |           |   |
|---|---|-----------|---|
| <b>Step 1:</b><br><b>Enter Personal Information</b> | (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 <a href="http://www.ssa.gov">www.ssa.gov</a> . |
|   | City or town, state, and ZIP code   |           |   |
|   | (c) <input type="checkbox"/> Single or Married filing separately<br><input type="checkbox"/> Married filing jointly or Qualifying surviving spouse<br><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.) |           |   |
|   | <b>Caution:</b> To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.  |           |   |

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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](http://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](http://www.irs.gov/W4App) for the 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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(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.)

|  |   |   |             |    |
|--|---|---|-------------|----|
| <b>Step 3:</b>                           | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):               |   |             |    |
| <b>Claim Dependent and Other Credits</b> | (a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . .                            | <b>3(a)</b> \$  |             |    |
|  | (b) Multiply the number of other dependents by \$500 . . . . .  | <b>3(b)</b> \$  |             |    |
|  | Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . |   | <b>3</b>    | \$ |
| <b>Step 4:</b>                           | <b>Other Adjustments</b>  | (a) <b>Other income (not from jobs).</b> 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 . . . . .                         | <b>4(a)</b> | \$ |
|  |   | (b) <b>Deductions.</b> Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . . . | <b>4(b)</b> | \$ |
|  |   | (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .  | <b>4(c)</b> | \$ |

|                         |   |
|-------------------------|---|
| Exempt from withholding | I claim exemption from withholding for 2026, and I certify that I meet <b>both</b> of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 . <input type="checkbox"/> |
|-------------------------|---|

|                  |  |  |      |
|------------------|--|--|------|
| <b>Step 5:</b>   | Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. |  |      |
| <b>Sign Here</b> | Employee's signature (This form is not valid unless you sign it.)  |  | Date |
|                  |  |  |      |

|                       |                             |                          |                                      |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|
| <b>Employers Only</b> | Employer's name and address | First date of employment | Employer identification number (EIN) |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|

**State of New Jersey - Division of Taxation  
Employee's Withholding Allowance Certificate**

|   |  |  |  |                                |  |
|---|--|--|--|--------------------------------|--|
| 1. SS#  |  |  | 2. Filing Status: (Check only one box)                       |                                |  |
| Name  |  |  | 1. <input type="checkbox"/> Single                           |                                |  |
| Address   |  |  | 2. <input type="checkbox"/> Married/Civil Union Couple Joint |                                |  |
| City  |  |  | State  | Zip                            | 3. <input type="checkbox"/> Married/Civil Union Partner Separate               |
|   |  |  |  |                                | 4. <input type="checkbox"/> Head of Household                                  |
|   |  |  |  |                                | 5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner |
| 3. If you have chosen to use the chart from instruction A, enter the appropriate letter here .....  |  |  |  |                                | 3.   |
| 4. Total number of allowances you are claiming (see instructions) .....   |  |  |  |                                | 4.   |
| 5. Additional amount you want deducted from each pay .....  |  |  |  |                                | 5. \$  |
| 6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here ... |  |  |  |                                | 6.   |
| 7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.                                 |  |  |  |                                |  |
| Employee's Signature  |  |  |  | Date                           |  |
| Employer's Name and Address   |  |  |  | Employer Identification Number |  |

**BASIC INSTRUCTIONS**

Line 1 Enter your name, address and social security number in the spaces provided.  
 Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Partner Separate) you will be withheld at Rate A.

*Note:* If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)/Surviving Civil Union Partner) and either your spouse/civil union partner works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.

Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.  
 Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.  
 Line 5 Enter the amount of additional withholdings you want deducted from each pay.  
 Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:

- Your filing status is **SINGLE or MARRIED/CIVIL UNION PARTNER SEPARATE** and your wages plus your taxable nonwage income will be \$10,000 or less for the current year.
- Your filing status is **MARRIED/CIVIL UNION COUPLE JOINT**, and your wages combined with your spouse's/civil union partner's wages plus your taxable non wage income will be \$20,000 or less for the current year.
- Your filing status is **HEAD OF HOUSEHOLD or QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable nonwage income will be \$20,000 or less for the current year.

Your exemption is good for **ONE** year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at 609-292-6400.

**Instruction A - Wage Chart**

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. It is **not intended to provide withholding for other income or wages**. If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households or qualifying widow(er)/surviving civil union partner. **Single individuals or married/civil union partners filing separate returns do not need to use this chart**. If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount).

**HOW TO USE THE CHART**

- 1) Find the amount of your wages in the left-hand column.
- 2) Find the amount of the total for all other wages (including your spouse's/civil union partner's wages) along the top row.
- 3) Follow along the row that contains your wages until you come to the column that contains the other wages.
- 4) This meeting point indicates the Withholding Table that best reflects your income situation.
- 5) If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

**NOTE:** If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

**THIS FORM MAY BE REPRODUCED**

**WAGE CHART**

|   |                  | Total of All Other Wages | 0<br>10,000 | 10,001<br>20,000 | 20,001<br>30,000 | 30,001<br>40,000 | 40,001<br>50,000 | 50,001<br>60,000 | 60,001<br>70,000 | 70,001<br>80,000 | 80,001<br>90,000 | OVER<br>90,000 |
|---|------------------|--------------------------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------|
| <b>Y<br/>O<br/>U<br/>R<br/><br/>W<br/>A<br/>G<br/>E<br/>S</b> | 0<br>10,000      |                          | B           | B                | B                | B                | B                | B                | B                | B                | B                | B              |
|   | 10,001<br>20,000 |                          | B           | B                | B                | B                | C                | C                | C                | C                | C                | C              |
|   | 20,001<br>30,000 |                          | B           | B                | B                | A                | A                | D                | D                | D                | D                | D              |
|   | 30,001<br>40,000 |                          | B           | B                | A                | A                | A                | A                | A                | E                | E                | E              |
|   | 40,001<br>50,000 |                          | B           | C                | A                | A                | A                | A                | A                | E                | E                | E              |
|   | 50,001<br>60,000 |                          | B           | C                | D                | A                | A                | A                | E                | E                | E                | E              |
|   | 60,001<br>70,000 |                          | B           | C                | D                | A                | A                | E                | E                | E                | E                | E              |
|   | 70,001<br>80,000 |                          | B           | C                | D                | E                | E                | E                | E                | E                | E                | E              |
|   | 80,001<br>90,000 |                          | B           | C                | D                | E                | E                | E                | E                | E                | E                | E              |
|   | over<br>90,000   |                          | B           | C                | D                | E                | E                | E                | E                | E                | E                | E              |

**NORTHFIELD BOARD OF EDUCATION**

2000 NEW ROAD  
NORTHFIELD, NJ 08225

*Authorization for Direct Deposit of Payroll*

Initial Direct Deposit Enrollment       Change my Existing Direct Deposit

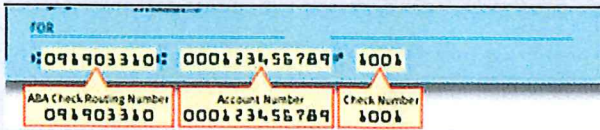
Printed Name: \_\_\_\_\_ ID# or SSN: \_\_\_\_\_

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

The following information is REQUIRED in order to complete your request:

1. Indicate whether your pay will be deposited in your checking or savings account

2. Attach a voided check or printout from your bank



3. Sign the form

Due to Electronic Verification, activation of direct deposit may take up to two (2) payroll cycles.

**Account Information**

Direct Deposit #1  Add     Change     Cancel

Bank Name: \_\_\_\_\_ Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_ Account Type:  Checking     Savings

Deposit Rule:  Entire Net Amount       Dollar Amount each pay period \$ \_\_\_\_\_

Direct Deposit #2  Add     Change     Cancel

Bank Name: \_\_\_\_\_ Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_ Account Type:  Checking     Savings

Deposit Rule:  Entire Net Amount       Dollar Amount each pay period \$ \_\_\_\_\_

Direct Deposit #3  Add     Change     Cancel

Bank Name: \_\_\_\_\_ Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_ Account Type:  Checking     Savings

Deposit Rule:  Entire Net Amount       Dollar Amount each pay period \$ \_\_\_\_\_

**Employee Authorization**

I hereby authorize Northfield Board of Education to direct deposit funds to my account in the financial institution(s) listed above and understand the charges can be initiated to those account(s) to reverse errors made. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing the account, funds payable to you will be returned to Northfield Board of Education for distribution. This will delay your check.

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