## WALDWICK PUBLIC SCHOOL DISTRICT

155 SUMMIT AVENUE WALDWICK, NEW JERSEY 07463

Paul D. Casarico, Ed. D. Superintendent of Schools

Phone 201-445-3131 Fax 201-445-0584 casaricop@waldwickschools.org

### Dear Substitute Applicant:

Enclosed you will find a substitute application form for the Waldwick Public Schools. Kindly fill out the application and return it to my attention along with a copy of your New Jersey certification and your letter of authorization concerning your criminal history review.

In addition, the State Department of Education requires that all public school employees have proof of Tuberculin testing before substituting for the first time. A new employee with a documented Mantoux test administered within the previous six months does not have to be tested again. An employee transferring between schools within New Jersey does not have to be tested if they provide proof of testing. You may elect to have your private physician perform this test on your own or go to the Board of Health in the town in which you reside to administer the test.

If you have any questions please do not hesitate to call.

Sincerely,

Lisa D'Amato

Secretary to the Superintendent

Lisa D'Amata

	WALDWICK PUBLIC SO	WALDWICK PUBLIC SCHOOLS - SUBSTITUTE APPLICATION
(Print Clearly)		
Name:		Check all that apply to you:
Address:		Sub Teacher Sub Secretary Sub Aide
City:	State: Zip:	Sub. Teacher Certificate
Home Phone:	Cell Phone:	NJ Certificate (Subject Area)
Email Address:		Substitute Nurse (include copy of current license)
SCHOOL HOURS:	,,,	
		Substitutes may work a maximum of four days
High School	8:00 am - 3:00 pm	per week unless authorized by the Superintendent
Middle School	8:00 am - 3:00 pm	of Schools.
Elementary	8:15 am - 2:45 pm	
Teaching Experience (	Teaching Experience (list dates and subjects):	Degrees earned in what fields?
GRADES IN WHIC	GRADES IN WHICH YOU WISH TO SUBSTITUTE:	
Special Education	PreK-5Middle School	High School
REFERENCES: (P.	REFERENCES: (Principals that you have worked with, College Professors or other Professionals)	Professors or other Professionals)
		11V4VAVAA1VAA1VAA1VAAVAAVAAVAAVAAVAAVAAVAAVA

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155 Summit Ave., Waldwick, NJ 07463

# NEW HIRE QUESTIONNAIRE AND AUTHORIZATION TO EXCHANGE INFORMATION

Name:	<del>-</del>
Part 1	
Former Employers	
Have you worked for a school district in the past 20 years?:	YES / NO
Have you worked in a position that involved direct contact with children in the past 20 years?:	YES / NO
If you answered YES to either question, fill in the bottom identic employer(s). Attach additional sheets if necessary.	fying all applicable former
Employer 1	
Employer Name:	
Address:	
Dates of Employment:	
Employer 2	
Employer Name:	
Address:	<del></del>
Dates of Employment:	
Employer 3	
Employer Name:	
Address:	
Dates of Employment:	

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### PART II – EMPLOYEE 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 has 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?  If your answer to any of the foregoing is Yes, you must attach an explanation to this	YES / NO
questionnaire.	

Pursuant to applicable law, you are required 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. 20:28-3; 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.).

The undersigned hereby consents to and authorizes the District to disclose all information contained herein to any previous employer. The undersigned further consents and authorizes the District to seek records 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 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.

Signature	Date