

LOWER CAPE MAY REGIONAL SCHOOL DISTRICT

687 ROUTE 9, CAPE MAY, NJ 08204-4697



TEL: (609) 884-3475

FAX: (609) 884-7067

SUBSTITUTE TEACHER APPLICATION

PLEASE RETURN ALL DOCUMENTS TO MS. JOYCE IN
ADMINISTRATION. THANK YOU.

Instructions for Substitute Certificate Application

THE DEPARTMENT OF EDUCATION INSTRUCTIONS USE HYPER LINKS.
Please click on the links provided on separate document to access the sites

For issuance of a substitute certificate, the following items must be returned to the attention of Terri Joyce in Administration, Lower Cape May Regional School District.

- 1) **Criminal History Approval:** *see DOE attached instructions with hyper links* on how to submit the fee and schedule your new fingerprint appointment using the information below:

CHOOSE "File Authorization and make Electronic Payment"

CHOOSE "New Administration Fee Request"

Follow instructions using our district (2820) and county (09) codes and choose "Substitute Teacher" as job description.

14 days after you have been fingerprinted, log back in to the "Verify Criminal History Status" link and choose "Applicant Approval History" to print out your fingerprint approval. Prints are updated every Friday.

Note: If you were previously printed (after 2/21/2003) you may be eligible for an Archive Submission. Follow attached instructions for fingerprinting but choose option #2 Archive.

Note: If you are currently serving as a substitute in one district and wish to be employed in another, you must submit a Transfer Request to the CHRU. Follow instructions for fingerprinting but choose option #3 Transfer Request.

****please note: fingerprints must be dated within 5 months from time your application is submitted to district.**

- 2) **County Application:** See DOE *attached instructions with hyper links* to pay the \$125 fee and apply through the Teacher Certification Information System (TCIS). (do not use a cell phone, tablet or ipad) Once you receive a tracking number, you must also complete the attached paper application and return with the tracking number.

- 3) **Official Transcript(s):** Showing a minimum of 60 credit hours from an accredited college or university.

Once you have returned your fingerprint approval, paper county application and tracking number along with official transcripts to our office, all documentation will be submitted to the County Department of Education. Within 1-2 weeks you can log back into the TCIS using your login and password at the link on the attached page and go to "Current Credentials" to print out your Substitute Certificate.

- 4) **Upon issuance of your Substitute Certificate you will be placed on the next upcoming Board of Education agenda for approval in your position.**

For School Nurse Substitute:

Holder of a valid New Jersey Registered Nurse (RN) License may be issued a county substitute certificate to serve as a substitute for a school nurse/non-instructional. In addition, if the applicant chooses to substitute for grades P-12 and School Nurse they may also submit official transcripts showing a minimum of 60 credit hours in addition to the RN license.

Please complete the application packet as instructed using the active links but choose Substitute School Nurse for fingerprint and certificate applications. Submit a copy of your valid NJ Registered Nurse License.

Please Note: The Substitute Certificate is good for 5 years and can be used to substitute in any New Jersey School District. Please be aware of when your Certificate is up for renewal and contact your school district for renewal instructions at least 30 days prior to expiration.

Additional items below must be submitted for issuance of a Substitute Certificate. Please print and complete:

1. Lower Cape May Regional application.
2. I-9 form plus copies of identification (see back of I-9 form).
3. W-4 form
4. Mantoux test (TB)
5. Reporting of Charges requirement
6. Staff Training – Follow attached instructions for log-in information.
7. Sexual Misconduct/Child Abuse Disclosure Form

Questions- Call Ms. Joyce at 884-3475 ext. 205.

TRACKING # _____ STATE OF NEW JERSEY – DEPARTMENT OF EDUCATION
DIVISION OF FIELD SERVICES AND OFFICE OF CERTIFICATION AND INDUCTION
SUBSTITUTE CREDENTIAL APPLICATION COUNTY: _____

NOTE: THIS APPLICATION MUST BE TRANSMITTED TO THE COUNTY OFFICE IN WHICH THE SPONSORING DISTRICT IS LOCATED

This credential will be issued for a five-year period, but the holder may serve for no more than 20 total instructional days in the same position in one school district during the school year unless approved by the Executive County Superintendent for an additional 20 instructional days pursuant to N.J.A.C. 6A: 9B-6.5(b). Such credentials, which are issued by the Executive County Superintendent of Schools under the authority of the State Board of Examiners, are designed only for emergency purposes when the supply of properly certificated substitutes is inadequate to staff a school. They are intended only for persons temporarily performing the duties of a fully certificated and regularly employed teacher.

TO BE COMPLETED BY APPLICANT – Please Type or Print Clearly

Name _____ Social Security # _____
(First) (Middle/Maiden) (Last)

Address _____
(Street) (City) (State) (Zip)

Date of Birth _____ E-Mail Address _____ Telephone _____

Are you a citizen of the United States? Yes No
If no, have you filed an Affidavit of Intent to Become a Citizen? Yes No If yes, Alien Registration # _____
NOTE: The Affidavit of Intent to Become a Citizen is **not** a requirement for the substitute credential.
Have you ever been convicted of a crime in this or any other state? Yes No
If yes, give the name of the municipality and attach statement giving details.
Have you ever had an educator's certificate revoked or suspended in this or any other state? Yes No
If yes, attach statement giving details.
Have you taken the Oath of Allegiance? Yes No

EDUCATION				
Regionally-Accredited College Name	Location	Degree / Degree Date	Major	# Credits

WORK EXPERIENCE (teaching)

I certify that the above statements and data are correct: _____
(Signature of Applicant) (Date)

FOR DISTRICT OR DISTRICT DESIGNEE* USE: AFFIRMING TRANSMITTAL OF APPLICATION	
Print Name of District Representative or District Designee Representative _____	Signature of District Representative or District Designee Representative _____
Name of District for Which Application is Transmitted _____	Date _____
Name Vendor / Firm if Transmitted by Designee _____	*District designee is defined as a vendor / firm that contracts with the district for this purpose.

FOR COUNTY USE: REGULAR SUBSTITUTE APPLICATION	VOCATIONAL / SCHOOL NURSE APPLICATION
<input type="checkbox"/> Application <input type="checkbox"/> Oath <input type="checkbox"/> Transcripts <input type="checkbox"/> Fee	<input type="checkbox"/> For vocational applicants/notarized statement of previous employment or valid occupational license.
Date of Criminal History Approval if applicable _____ or	<input type="checkbox"/> RN License # _____ Exp. Date _____
Date of Emergent Hire Approval if applicable _____	
CERTIFICATE # _____	
DATE OF ISSUE _____	

LOWER CAPE MAY REGIONAL SCHOOL DISTRICT
687 US Route 9 Cape May, New Jersey 08204

Application for Employment

Please Answer ALL Questions
If Not Applicable - Enter n/a.

PERSONAL INFORMATION

DATE: _____

Name: _____

Last

First

Middle

Address: _____

E mail (Voluntary, for contact purposes only): _____

Telephone: (____) _____ (____) _____ Date of Birth: _____

Home

Cell

SS #: _____ Referred by: _____

Ex/ Individual's Name, Advertisement, Walk-in etc.

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Employed Now? Y/N: _____

If so, may we inquire of your present employer? Y/N: _____ Name: _____

Address: _____ Telephone: (____) _____

Have you ever applied to this School District before?: Y/N: _____ When?: _____

EDUCATION

Name and Address of School(s)	Years Attended (From - To)	Subjects Studied/Degree
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Grammar

High School

College

Specific Training

MISCELLANEOUS

U. S Military Service: Y/N: _____ From: _____ To: _____

Do you possess a valid N.J. Drivers License: Y/N: _____ Exp. Date: _____ Number: _____

Do you possess a N.J. Black Seal (or higher) Boiler License: Y/N: _____ Exp. Date: _____

FORMER EMPLOYERS: List below Last FOUR (4) Employers, beginning with current or most recent.

Month & Year	Name & Address of Employer	Ph. #	Salary Received	Position Held	Reason for Leaving
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					

REFERENCES: List below THREE (3) persons (Not Related), whom you have known at least 1 year.

Name:	Address	Phone #	Occupation	Years Acquainted
1.				
2.				
3.				

PHYSICAL RECORD: List any limitations that would prevent you from satisfactorily performing the job you are applying for.

In case of Emergency notify: _____ Phone# _____

I authorize the investigation of all statements contained in this application. I understand that any misrepresentation or omission of facts called for is cause for exclusion from the employment process or dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at the pleasure of the Board of Education.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Name: _____ Date: _____

Remarks:

Recommendation: Favorable: _____ Unfavorable: _____

Date Hired: _____ Position: _____ Start Date: _____

Starting Salary: _____ Step: _____



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status 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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

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.**

2021

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 widow(er)			
<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, when to use the estimator at www.irs.gov/W4App, and privacy.

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); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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.)

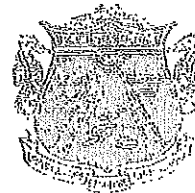
Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____	
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: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ 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) _____
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LOWER CAPE MAY REGIONAL SCHOOL DISTRICT

687 ROUTE 9, CAPE MAY, NJ 08204-4697



Joseph A. Castellucci
Superintendent

TEL: (609) 884-3475

FAX: (609) 884-7067

EMAIL: castellucci@lcmrschools.com

TO: New Employees
RE: Mantoux Testing

Before you begin employment for the Lower Cape May Regional School District, you are required under law N.J.S.A. 18A:16-2 and 40-16 to have a Mantoux intradermal tuberculin test for tuberculosis.

Please contact your health care professional to obtain this test at your earliest convenience.

In lieu of testing, you may submit written proof and results that you have had a Mantoux test within the previous six months.

Sincerely,

A handwritten signature in cursive script that reads "Joseph A. Castellucci".

Joseph A. Castellucci
Superintendent

JAC/tj

Rev. 08-19-19

LOWER CAPE MAY REGIONAL SCHOOL DISTRICT

687 ROUTE 9, CAPE MAY, NJ 08204-4697



JOSEPH A. CASTELLUCCI

Superintendent

TEL: (609) 884-3475

FAX: (609) 884-7067

EMAIL: castelluccij@lcmrschools.com

TO: All New Employees
FROM: Joseph A. Castellucci
RE: Reporting of Charges Requirement
DATE 08-19-19

Please review the following N.J. Department of Education Administrative code requirement for the reporting of charges by a certificate holder.

▪ N.J.A.C. 6A: 9 – 17.1 (c)

All certificate holders shall report their arrest or indictment for any crime or offense to their superintendent within 14 calendar days. The report shall include the date of arrest or indictment and charge(s) lodged against the certificate holder. Such certificate holders shall also report to their superintendents the disposition of any charges within seven calendar days of disposition. Failure to comply with these reporting requirements may be deemed "just cause" pursuant to N.J.A.C. 6A:9-17.5. School districts shall make these requirements known to all new employees and to all employees on an annual basis.

By signing this document you are agreeing to adhere to the reporting requirement. Failure to report may be deemed "just cause" which could lead to revocation of your certificate.

Signature denotes acceptance

Date

JAC/tj

– NATIONALLY RECOGNIZED FOR EXCELLENCE –

Code revision 01/05/2009

LOWER CAPE MAY REGIONAL SCHOOL HIGH SCHOOL

687 ROUTE 9, CAPE MAY, NJ 08204-4697



Peter Daly
Assistant Principal/Affirmative Action Officer

TEL: (609) 884-3475
FAX: (609) 884-0546

To: All Employees

RE: Safety Training

The Lower Cape May Regional School District is fully committed to the health and safety of all faculty, staff, students and visitors. The district believes that occupant safety and a healthy environment are important factors in the functioning of the total educational program, making the district schools a better place to learn and work, creating positive relationships with the district customers and stakeholders, and preparing students to be responsible citizens and to work safely in the community.

As part of the district's ongoing program to meet this safety commitment, comply with regulatory requirements, and contain health care costs, all employees must complete certain safety training, when they first start working for the district and periodically thereafter. The courses are available through the new PublicSchoolWORKS online training system and can be completed at the convenience of the employees.

The PublicSchoolWORKS system will track employee training and automatically notify those who haven't completed the courses. Also, the school principals will be sent a report that will show those employees who have not completed the training.

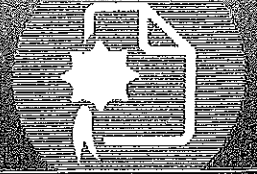
ONLINE TRAINING PROCEDURES -ONCE YOU HAVE BEEN BOARD APPROVED PLEASE:

1. Go to our district website (lcmrschooldistrict.com).
2. Click on "Resources".
3. Choose "Faculty" from the drop down menu.
4. Scroll down to "Staff Training".
5. Choose Safety Training Online.
6. Follow the attached instructions to self register.
7. Once logged in, you will be brought to a screen titled: "Your Course List." This screen shows you all the courses in which you have been enrolled. If there are no courses shown, then you are not currently required to complete any training. For further information about this screen, click on the "Help" button.
8. For each course shown, click on "Enter Class."

After you successfully complete each course (and test where applicable), the course will be removed from your course list. If you fail a test, you can retake the test until you obtain a passing grade. **Your failures will not be shown on your transcript.**

How to Self-Register in PSW

Lower Cape May Regional School District

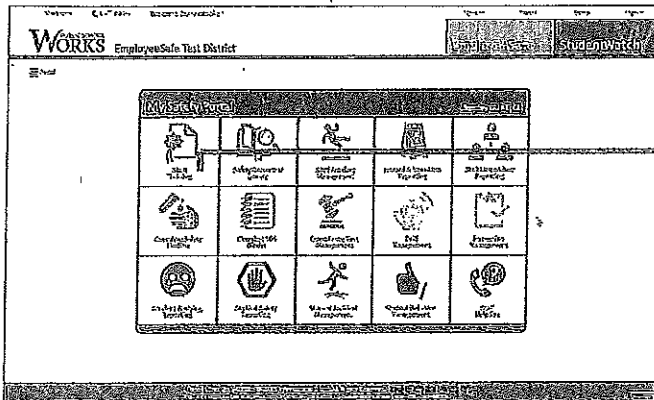


Smarter Solutions. Safer Schools.

INTRODUCTION

Employees can self-register for an account within PublicSchoolWORKS.

STEPS TO SELF-REGISTER



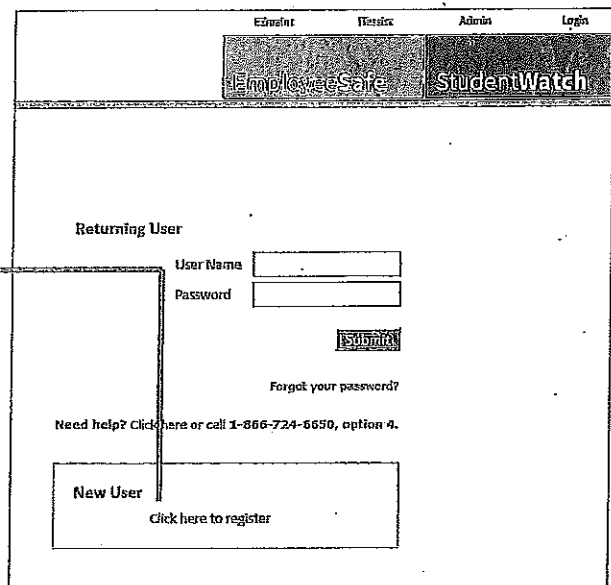
To begin, go to your PSW My Safety Portal from your district's website or enter the following address in a browser:

www.publicschoolworks.com/Pages/frameaset.asp?di=442&dia=o9kbr

Then, click on Staff Training ,

Next, you will be brought to the login screen.

Click the link: "Click here to register."



Enter your information then click on "Create Account."

To create a new user account, enter your information below.

First Name: e.g. John

Last Name: e.g. Smith

Email Address: (Optional) Enter any active email address that you wish. If you don't have one, leave blank.

User Name:

Password:

Confirm Password: Re-enter the same password.

Site / Location: Choose the location associated with your primary occupation.

Primary Occupation: Choose the category that best fits your primary occupation.

Secondary Occupation: Choose a category if you have a second job with this employer.

Department: Choose the department associated with your primary occupation.

After your account has been created, click on "Click here to go to the login screen"

Log into PublicSchoolWORKS and start your training.

If you have any questions or need help creating an account, please call our 24/7 helpline at 1-866-724-6650 and press option 4. Or email our support team at support@publicschoolworks.com

Sexual Misconduct/Child Abuse Disclosure Release

Please complete the top of page 1 with contact information for EACH current/former employer within the last 20 years that were school entities or where you were employed in a position that involved direct contact with children. In addition, complete and sign Section 1 on each form and return all 3 pages of the packet for each workplace. Please make copies of blank forms as needed.

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

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

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

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

To:

Name of Current or Former Employer: _____ No applicable employment
Street Address: _____
City, State, Zip: _____
Telephone Number: _____

_____ is under consideration for a position with Lower Cape May Reg. SD. 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.

Section 1: Applicant Certification and Release

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

Applicant Name (First, Middle, Last): _____
Date of Birth: _____
Any former names by which the Applicant has been identified: _____
Last 4 digits of Applicant's Social Security Number: _____
Approximate dates of employment with the entity listed above: _____
Position(s) held: _____

Have you (Applicant) ever:

- Yes No Been the subject of any child abuse or sexual misconduct investigation by any employer, State licensing agency, law enforcement agency, or the Department of Children and Families (*unless the investigation resulted in a finding that the allegations were false or the alleged incident of child abuse or sexual misconduct was not substantiated)?
- Yes No Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from any employment (1) while allegations of child abuse or sexual misconduct were pending or under investigation, or (2) due to an adjudication or finding of child abuse or sexual misconduct?
- Yes No Had a license, professional license, or certificate suspended, surrendered, or revoked (1) while allegations of child abuse or sexual misconduct were pending or under investigation, or (2) due to an adjudication or finding of child abuse or sexual misconduct?

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

By signing this form, I also hereby authorize the above-named employer to disclose the information requested in Section 2 and release related records pertaining to the disclosures identified in SECTION 2. I understand that pursuant to *N.J.S.A. 18A:6-7.7*, the above-named employer is released from liability that may arise of the disclosure or release of records.

Signature of Applicant

Date

Section 2: Current/Former Employer Verification

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

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

Employing Entity receipt date: []

Received by: []

Applicant's dates of employment: []

Contact phone #: []

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

- Yes No Been the subject of any child abuse or sexual misconduct investigation by any employer, State licensing agency, law enforcement agency, or the Department of Children and Families (*unless the investigation resulted in a finding that the allegations were false or the alleged incident of child abuse or sexual misconduct was not substantiated)?
- Yes No Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from any employment while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct?
- Yes No Had a license, professional license, or certificate suspended, surrendered, or revoked while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct?

Current/Former Employer Representative Signature

Date

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: Lower Cape May Regional School District

Address: 687 Route 9

Phone #: 609-884-3475 ext. 205

City: Cape May

State: NJ

Zip: 08204

Fax or Email: joycet@lcmrschools.com 609-884-7067