

## Instructions for Substitute Custodian

WASHINGTON TOWNSHIP SCHOOLS  
53 West Mill Road, Long Valley, NJ 07853

**Requirements:** Approval for employment by the Washington Township Board of Education shall not be final until the applicant obtains a Tuberculin Test by a licensed physician. The prospective employee will be responsible for the cost of the TB Test. All substitutes are required to submit to a fingerprinting check, as outlined in N.J.S.A. 18A:6-7.2 et.seq. This includes the required payments. Must be medically cleared and able to perform the essential job function through Post Medical Exam by our facility.\*

**After you have completed all paperwork** in this packet, **please call Nancy Harte, Personnel Specialist at (908) 876-4172 between 9:00AM and 3:00PM with any questions or to schedule an appointment for an interview.** You must submit all completed paperwork **BEFORE** your name is presented to the Board of Education for approval to substitute in the district. Any forms that need to be notarized can be done at the time of your appointment.

1. Complete Application
2. Bring in two reference letters
3. Original Social Security Card - If you need a social security card, visit or call the social security office at 1-800-772-1213
4. Schedule a Test for Tuberculosis. If you have proof of a test within the last six months, please bring a copy of your results
5. Washington Township Schools pays all Substitutes via Direct Deposit. Please complete attached form.
6. Complete the Department Of Education electronic filing for criminal history. See below for instructions:

- A. **If you are currently substituting in another district**, please bring your original approval letter and MorphoTrak receipt. You will not need additional fingerprinting. I will, however, need to verify with the school district that you are currently on their substitute list and have completed your fingerprinting. Instructions will be given to you at your interview for the required transfer request. There is a \$5.00 fee and an additional \$1.00 convenience fee charge. **OR**
- B. **If you are not currently working or substituting in another school district, but have been fingerprinted and processed through the Department of Education after February 21, 2003**, your fingerprints may be archived. Go to the department Website, <http://www.nj.gov/education/crimhist/>. Follow the link for "epayment Criminal History Record Check", Click on "Archive Application Request" and put in your SS#. Complete the form. All fields with a red asterisk must be completed before proceeding to the next page. \*\*Occupation: It is critical to complete this accurately with special emphasis on choosing the correct job category. Please select "Substitute Custodian". The cost to archive your prints is \$27.50. Methods of payment are Visa, MasterCard, American Express or Discover credit cards. Click the "submit" button only one time to complete the transaction. Print a copy of your confirmation by clicking the print button in the upper right corner of the page. Codes necessary to complete this on-line filing are as follows: County Code is 27, District Code is 5520 for Washington Township Schools. You will need to bring a copy of your print-out to your interview. **OR**

C. **If you are a New substitute:**

- (a) Go to the department Website, <http://www.nj.gov/education/crimhist/>. Follow the link for "epayment Criminal History Record Check", Click on "New administration Fee Request (Initial Applicants) Click on #1 "All job positions.....for Public Schools..." Complete the form. All fields with a red asterisk must be completed before proceeding to the next page. \*\*Occupation: It is critical to complete this accurately with special emphasis on choosing the correct job category. Please select "Substitute Custodian". The cost of the administrative fee is \$10.00, with an additional \$1.00 convenience fee. Methods of payment are Visa, MasterCard, American Express or Discover credit cards. Click the "submit" button only one time to complete the transaction. Print a copy by clicking the print button in the upper right corner of the page. Codes necessary to complete this on-line filing are as follows: County Code is 27; District Code is 5520 for Washington Township Schools.
- (b) From this page you may go directly to schedule your appointment. Click on [www.bioapplicant.com](http://www.bioapplicant.com). You will need to complete the IdentGo MORpho Trust Fingerprinting form which is on the online filing. To help you complete the form, some of the information you will need includes the following:

ORI - NJ930100ZN for Department of Education

Category: EDK

Statute: 18A:6-7.2 for Public School Employment

Document Type: RB1 for both Federal and State Cards

Contributor's Case #: 275520

Continue to add in your personal information

\*\*Occupation: It is critical to complete this accurately with special emphasis on choosing the correct job category. Please select "Substitute Custodian".

Employer: Washington Township Schools, 53 West Mill Rd, Long Valley, NJ 07853

Continue to schedule your appointment to your convenience. The cost of prints will be \$65.45. Be sure to print out your confirmation. Also be sure to bring a photo ID, along with the IdentGo New Jersey Universal Fingerprint Form. **Please be sure to bring in your receipts to the Board Office at your scheduled appointment.**

At your interview, you will be required to complete a W-4 Form, as well as an I-9, Employment Eligibility Verification Form. Please note that you will be required to submit **original** appropriate identification forms. You will also be scheduled for a physical.\*

**WASHINGTON TOWNSHIP SCHOOL DISTRICT**

53 West Mill Road, Long Valley, NJ 07853  
(908) 876-4172 Fax (908) 876-9392

Jeffrey S. Mohre  
Superintendent

Jolene R Battifori  
Assistant Superintendent

Liz George, CPA  
Business Administrator

**SUBSTITUTE APPLICATION**

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

Position(s) Applied For: Teacher Nurse Aide Custodian  
(Circle all that apply)

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

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

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? Yes \_\_\_\_\_ No \_\_\_\_\_

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

If applying for a Substitute Custodian position, do you have a Black Seal License?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Date you can begin employment: \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_



# WASHINGTON TOWNSHIP BOARD OF EDUCATION

53 West Mill Road, Long Valley, N.J. 07853

(908) 876-4172 Fax (908) 876-9392

Jeffrey S Mohre  
Superintendent

Jolene R Battitori  
Assistant Superintendent

Liz George  
Business Administrator

**To: All New Staff  
(Including Substitutes, Student Teachers & Contracting Staff)**

**From: Jeffrey S. Mohre  
Superintendent**

**Re: Test for Tuberculosis**

All new employees, as well as Substitutes, Student Teachers and Contracted Staff, in the Washington Township School District must have a Mantoux TB Skin or an Interferon Gamma Release Assay (IGRA) Blood Test for tuberculosis as required by the NJ Department of Education.

If you have had one of the above mentioned tests within the last six months, please have your doctor's office complete the form below. If not, you are responsible to have your doctor's office perform a test for you.

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### Tuberculosis Test Results

A Mantoux TB Skin for tuberculosis was given to:

\_\_\_\_\_ on \_\_\_\_\_ and the results were:  
(name) (date of test)

Negative \_\_\_\_\_ Positive \_\_\_\_\_ .

Signature of Doctor/Nurse: \_\_\_\_\_

Affiliation: \_\_\_\_\_

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

\_\_\_\_\_

**THIS FORM MUST BE RETURNED TO THE PERSONNEL OFFICE  
PRIOR TO YOUR START DATE**

Washington Township Board of Education  
53 West Mill Road, Long Valley, NJ 07853 - 908-876-3616

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED CREDITS

It is understood that this agreement may be terminated by me at any time by written notification to *company*. Any such notification to *company* shall be effective only with respect to entries initiated by *company* after receipt of such notification and a reasonable opportunity to act on it. It is also understood that *company* cannot be held responsible for errors made by any participating *banks*, but will assist in rectifying these mistakes if appropriate.

Name (please print) \_\_\_\_\_ Social Security # \_\_\_\_\_

E-Mail Address (for those without a wtschools.org email address): \_\_\_\_\_

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

I hereby authorize and request the above named company, to make payment of any amounts owing to me which are processed through payroll by initiating credit entries to my account(s) indicated below on the bank named below, hereinafter called *bank* and I authorize and request *bank* to accept any credit entries initiated by *company* to such account(s) and to credit the same to such *company* authorization and permission to initiate debit entries to my account(s) for the purpose of correcting an erroneous credit entry, provided however, such debits are limited to a maximum of the erroneous credit and the correction must be effected within five business days of the credit entry. The *company* shall provide written notification of such correction and the reason therefore according to automated clearing house rules.

**FOR NEW DIRECT DEPOSIT ACCOUNTS**  
**A VOIDED CHECK or BANK ISSUED DIRECT DEPOSIT FORM**  
**must be submitted with this form.**  
**(a deposit slip may be used if it contains the proper ABA/Routing #)**

**Bank Account No 1:**

Bank Name _____		NO CHANGE _____
Type of Account (Circle one)      CHECKING    or    SAVINGS		CANCEL Direct Deposit _____
Account # _____	Entire Paycheck/Balance _____	Specific Amount \$ _____ (PER PAY)

**Bank Account No 2:**

Bank Name _____		NO CHANGE _____
Type of Account (Circle one)      CHECKING    or    SAVINGS		CANCEL Direct Deposit _____
Account # _____	Entire Paycheck/Balance _____	Specific Amount \$ _____ (PER PAY)

**Bank Account No 3:**

Bank Name _____		NO CHANGE _____
Type of Account (Circle one)      CHECKING    or    SAVINGS		CANCEL Direct Deposit _____
Account # _____	Entire Paycheck/Balance _____	Specific Amount \$ _____ (PER PAY)