

**PLAINFIELD BOARD OF EDUCATION**

**1200 Myrtle Avenue**

**Plainfield, NJ 07060**

**SUBSTITUTE SUPPORT STAFF**

**CHECK LIST**

**Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**CAREFULLY READ AND FOLLOW INSTRUCTIONS**

1. Go to the State's Website to pay for the State Administrative fee at <http://www.state.nj.us/education/educators/crimhist/>
2. Using the attached Morpho Trak form, schedule an appointment to be fingerprinted.
3. Once you have been fingerprinted and have paid the State Administrative fee via the Department of Education's Website, you will receive a clearance letter from the NJ Dept of Education in approximately 4 to 6 weeks. **(Criminal background authorization must be complete before employment can begin.**
4. After you have received a clearance letter from the NJ Dept of Education, **Email Mrs. Acosta at [aacosta@plainfield.k12.nj.us](mailto:aacosta@plainfield.k12.nj.us) to make an appt.** (Bring the clearance letter, copy of your completed Mantoux test and your complete packet)

\_\_\_\_\_ MorphoTrak (Proof of Fingerprinting – contact as instructed on form)

\_\_\_\_\_ Criminal History Authorization

\_\_\_\_\_ Employee Application

\_\_\_\_\_ W-4 Form Employee Withholding Form

\_\_\_\_\_ I -9 (**you must bring** 1) Social Security Card, Driver's License or Birth Certificate  
**or 2) Alien Authorization to work in USA)**

\_\_\_\_\_ Pension – Public Employees Retirement System: part-time, hourly and per diem personnel earning more than \$1,500 per annum or personnel who work ten or twelve months consecutively during the school year must enroll.

\_\_\_\_\_ Intradermal Tuberculin Test (TB) – All employees are required to submit evidence that they have taken the Intradermal Tuberculin Test.

\_\_\_\_\_ Availability

\_\_\_\_\_ Disclaimer

**Formerly Sagem Morpho Inc**

(1) Originating Agency Number (ORI #) <b>NJ930100Z</b>		(2) Category <b>EDK</b>		(3) Statute Number <b>N.J.S.A 18A:6-7.2</b>	
(4) Reason for Fingerprinting <b>Public School Employment</b>			(5) Document Type <b>RB1</b>	(6) Payment Information Applicant pays the fee of \$70.25	
(7) Contributor's Case # (Unique Identifier) <b>39/4160</b>			(8) Miscellaneous		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number ( ) -		(13) Social Security Number	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden Name (if married female)		(18) Place of Birth (U.S. State -for US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City		State	Zip
(21) Gender (Select one) Male ( ) Female ( ) Both ( )	(22) Hair Color (Indicate most predominant color, one only)	(23) Eye Color	(24) Race (Select One) A Asian/ Pacific Islander ( includes Asian Indian) B Black                      W White ( Includes Hispanic/ Spanish Origin) U Unknown                I American Indian / Alaska Native		
x(25) Occupation (Applying for)	(26) Employer (Name) Plainfield Board of Education Employer Address 1200 Myrtle Ave City Plainfield State NJ Zip 07063				

**APPLICANT INFORMATION – READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. You MUST present this completed form at your appointment to be FINGERPRINTED. NO EXCEPTIONS ALLOWED. Applicants without forms or with incomplete forms will not be printed.**

**IDENTIFICATION IS REQUIRED- ACCEPTABLE ID REQUIREMENTS –ID MUST include Photo, Name, Address (Home/ Employer) and Date of Birth. Acceptable ID MUST be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid Photo Drivers License or Valid Photo ID issued by any State DMV or NJ MVC, 2) Passport. Acceptable ID MUST meet all of the underlined requirements above and MUST be present on one (1) ID. Combinations of documents are NOT acceptable. If acceptable ID is not presented you will not be fingerprinted.**

For applicants who are required to pay for their own fingerprinting fees, payment is required at the time of scheduling. Payment may be made with a credit card or electronic debit from a checking account. Remember your account will automatically be debited. An \$11 fee is charged to cover the cost of a scheduled appointment for applicants who do not cancel/reschedule by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). All appointments can be canceled/rescheduled via the web without penalty if cancellation requirements are met. The \$11 fee will also apply for applicants who are turned away from the printing sites due to the inability to present proper ID, who fail to present this completed Universal Fingerprint Form provided to you by your requesting agency or employer, or who are turned away because information on this form does not match the information provided during the scheduling process. You will be refunded State and Federal search fees only.

Appointment scheduling is available via the web at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj), 24 hours per day, 7 days per week. For applicants who do not have web access, appointments can be made by contacting us toll free at **(877) 503-5981** on a first call, first served basis Monday through Friday, 8:00 AM to 5:00 PM EST and Saturday, 8:00 AM to 12 noon EST. English and Spanish speaking operators are available. Hearing impaired scheduling is available at (800) 673-0353. ONLY applicants who schedule through the call center can make payment by money order at the fingerprint site. No other form of payment is accepted at the fingerprint site.

Your APPLICANT ID, Site, Date, Time of your appointment, and payment authorization will be confirmed by the call center agent or web confirmation when scheduling is complete. You must record this information in the appropriate blocks below while speaking with the operator. If you appear for fingerprinting at a site where you are not scheduled or on a different date and time, you will be turned away and not fingerprinted. If applicable, you may incur the \$11 appointment fee.

Your PCN number will be recorded when your fingerprinting has been completed. You MUST retain a copy of the form and a copy of the receipt provided to you by the Fingerprint Technician for your records. **NO RECEIPTS WILL BE PROVIDED AFTER THE DATE OF PRINTING.**

Applicant ID No.	Scheduled Site/ Date/ Time	PYMT Authorization	PCN
Agency Information #1		Agency Information #2	

**APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM**

# Application

The Plainfield Public Schools  
1200 Myrtle Avenue, Plainfield, NJ 07063  
www.plainfieldnj12.org

Position applying for:  Support Staff Person  Substitute Position  Instructional Position  Administrative Position

Title of Position: \_\_\_\_\_

Name \_\_\_\_\_ S.S.# \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_ Have you ever been employed by Plainfield Public Schools? Yes  No

If yes, \_\_\_\_\_  
Position Held Employment Date Name Employed Under

Do you have any relatives employed by Plainfield Public Schools? Yes  No

If yes, name(s) of relative(s), relationship and departments/location where employed:

Do you hold a valid teacher's certificate? Yes  No  Certificate of Eligibility? Yes  No

List New Jersey Certification(s) \_\_\_\_\_

If not, have you made application for one? Yes  No  Date of application \_\_\_\_\_

List other states in which you hold valid teaching certificates \_\_\_\_\_

Date available for employment \_\_\_\_\_

If now employed, why do you desire to change? \_\_\_\_\_

Have you ever been dismissed, asked to resign or have any contract of employment not renewed?

Yes  No  If yes, please explain \_\_\_\_\_

Do you have any pending administrative, criminal, or disciplinary proceedings against you? Yes  No  If yes, please explain.

Have you ever had your certificate suspended or revoked in this or any other state? Yes  No  If yes, please explain

Trade or professional licenses you hold \_\_\_\_\_

List all Office Equipment you are able to operate

Do you speak or read fluently a language other than English? Yes  No  If yes, list language(s):

List ALL schools, beginning with high school, that you have attended/graduated

Date Graduated	GPA	Dates from MO/YR	Dates from MO/YR	Degree Earned	Semester Hours	Major

Have you ever served in the U.S. Armed Forces? Yes  No  If yes, (an original DD 214 must be presented).

Branch of Service	Enlistment Date(s)	Discharge Date(s)	Type of Discharge

# Employment History

A complete employment history, since graduating high school, must be provided. List ALL employment, chronologically with PRESENT employment FIRST. Include any periods of unemployment or leaves of absence. If necessary, attach extra sheets, with your name at the top.

DATE (FROM/TO)	EMPLOYER INFORMATION – must be completed, include zip code	
	Employer	Job Title
	Address	Duties
	Phone	
	Supervisor/Administrator	Reason for Leaving
	Employer	Job Title
	Address	Duties
	Phone	
	Supervisor/Administrator	Reason for Leaving

## REFERENCES

List three persons, NOT related to you, who know you professionally through school, or business association, etc.

Name	Address (includes Zip Code)	Phone	Occupation

## DRIVING INFORMATION (This section must be completed by Bus Driver applicants)

Driver's License type:  Driver's  Commercial Driver's (CDL) Class \_\_\_\_ State \_\_\_\_ Lic# \_\_\_\_\_ Exp. Date \_\_\_\_

Have you ever had a driver's license suspended or revoked? Yes  No  If yes, give details: \_\_\_\_\_

Have you received a summons or had any traffic violations in the past seven years? Yes  No  If yes, give details below: \_\_\_\_\_

NOTE: Bus Drivers MUST have a good driving record with NO traffic violations within the past three years.

Location	Date(s)	Nature of Violation	Disposition(s)

## LEGAL INFORMATION

Have you ever been convicted of a crime in this or any other state? Yes  No  If yes, provide dates and location \_\_\_\_\_

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

If no, have you filed an Affidavit for Intent to become a Citizen? Yes  No  \_\_\_\_\_

If yes, enter Alien Registration number \_\_\_\_\_

## APPLICANT'S STATEMENT AND RELEASE OF INFORMATION AUTHORIZATION **Read carefully before signing.**

I hereby represent that each answer to all the questions herein and all otherwise furnished is true and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the questions or subjects to which the answers or information relates. I understand that any incorrect, incomplete, or false statement or information furnished by me may subject me to discharge at any time. In the event that I am employed by the Plainfield Public Schools, Plainfield, New Jersey, I agree to comply with all of its policies and procedures. I hereby authorize my past and present employers and schools to release any information regarding my employment and education records, and in addition, to furnish any other information they may have concerning me.

I fully understand that this application and any information obtained through the employment process may be subject to public inspection in accordance with the New Jersey Public Records Act.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

# Form W-4 (2012)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on [www.irs.gov](http://www.irs.gov) for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>      </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>      </u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>      </u>
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>      </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to seven eligible children or <b>less</b> "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	<u>      </u>
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>      </u>
	For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>		

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2012</span>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 <u>      </u> 6 \$ <u>      </u>
7 I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7 <u>      </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2012 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,800 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1	<b>10</b>	_____

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

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

**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

**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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
Plainfield Public Schools, 1200 Myrtle Ave, Plainfield, NJ 07063		

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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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	Date (month/day/year)
--	-----------------------

New Jersey Division of Pensions and Benefits
ENROLLMENT APPLICATION

DO NOT WRITE IN THIS BOX LOCATION NO. MEMBERSHIP NO.

APPLICANT INFORMATION: (Please Print or Type and follow the instructions on page 2 of this form)

Select Pension Fund: (Check one) [ ] Teachers' Pension and Annuity Fund [ ] Public Employees' Retirement System

1. Name: Last First (no nicknames) Middle Maiden Surname and Surname Used During Previous Membership

2. Address: Street City State Zip Code

3. Social Security #: 4. Gender: [ ] Male [ ] Female

5. Date of Birth: / / 6. Daytime Phone: ( ) -

7. Is the applicant receiving a benefit from a New Jersey State-administered or local New Jersey retirement system at this time? [ ] Yes [ ] No (If "Yes", please provide retirement system name)

EMPLOYER INFORMATION (Please Print or Type):

8. Employer Name:

9. County: 10. Location #: Bureau #: Payroll #: If Applicable State Loc Only

11. Title/Position of Applicant:

12. Is the applicant currently employed by more than one public employer? [ ] Yes [ ] No (If "Yes", please provide name of employer(s))

TO BE COMPLETED FOR TPAF APPLICATIONS ONLY

13 (a.) Date Employment Began: / / (Do not include temporary or substitute service)

13 (b.) Does position require a New Jersey State Certificate issued by the State Board of Examiners within the NJ Department of Education? [ ] Yes [ ] No

13 (c.) Does the applicant hold a certification issued by the State Board of Examiners within the NJ Department of Education? [ ] Yes [ ] No

13 (d.) For NJ Department of Education Only: Is the position Unclassified Professional? [ ] Yes [ ] No

TO BE COMPLETED FOR PERS APPLICATIONS ONLY

14 (a.) Date Employment Began: / / 14 (b.) Date of Regular or Permanent Appointment: / /

14 (c.) Is applicant considered temporary or provisional? [ ] Yes [ ] No 15. Is applicant an elected official? [ ] Yes [ ] No

16. Is the applicant appointed by Special Resolution or Ordinance or by the Governor with Senate confirmation? [ ] Yes [ ] No

17. Has the applicant been awarded a professional services contract? [ ] Yes [ ] No

18. Current Annual Base Salary \$ 19. (Check one) [ ] 10-Month Position [ ] 12-Month Position

20. Are the work hours fixed at 32 hours (Local) or 35 hours (State) or more per week pursuant to Ch.1, P.L. 2010? [ ] Yes [ ] No

EMPLOYER CERTIFICATION

21. Name of Employer Representative Completing Application:

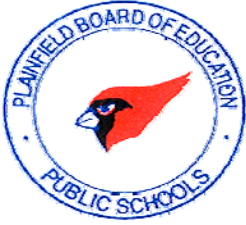
22. Phone Number: ( ) - Ext.:

I certify that this employee and position meets the eligibility criteria for the retirement system as provided by law. I acknowledge that I am subject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system in an attempt to defraud the system pursuant to N.J.S.A. 43:3C-15 (Two Signatures Required)

23. Signature of Certifying Officer DATE: / /

24. Signature of Certifying Officer's Supervisor DATE: / /

NOTE: IF THIS APPLICATION IS NOT SUBMITTED ON A TIMELY BASIS, A LATE EMPLOYER LIABILITY MAY BE ASSESSED.



# Public Schools of Plainfield

**DEPARTMENT OF HUMAN RESOURCES**

1200 Myrtle Avenue  
Plainfield, NJ 07060  
908-731-4328

TO: Substitute Teacher/Support Staff

FROM: Department of Human Resources

RE: Mantoux Test

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

Applicant's Name: \_\_\_\_\_  
(Last Name) (First) (Middle)

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

All employees are required to submit evidence that they have taken the Intradermal Tuberculin Test. Once your healthcare provider has completed the test please supply the results to the Department of Human Resources.

Date of Test: \_\_\_\_\_

Results: \_\_\_\_\_

Healthcare Provider's Signature: \_\_\_\_\_

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

**INSTRUCTIONS FOR COMPLETING THE DIRECT DEPOSIT AUTHORIZATION FORM**

**PLEASE TAKE THIS FORM TO YOUR BANK AND HAVE THEM COMPLETE THE TOP PORTION OF THIS FORM. IT MUST BE SIGNED BY AN AUTHORIZED BANK EMPLOYEE.**

**EMPLOYEE MUST COMPLETE BOTTOM SECTION, DATE & SIGN.**

**A VOIDED CHECK MUST BE ATTACHED TO THIS APPLICATION.**

**PLAINFIELD PUBLIC SCHOOLS  
EMPLOYEE DIRECT DEPOSIT AUTHORIZATION**

I hereby authorize the Plainfield Board of Education to initiate through PNC Bank credit entries or corrective debit entries to my account(s) indicated below with the depository named below, and hereby authorize the depository to credit or debit, as the case may be, such entries to my account.

**THIS SECTION IS TO BE COMPLETED BY EMPLOYEE'S BANK AND SIGNED BY A BANK REPRESENTATIVE:**

**BANK NAME** \_\_\_\_\_ **CITY & STATE** \_\_\_\_\_

\_\_\_\_\_  
**BANK TRANSIT ABA NUMBER**

\_\_\_\_\_  
**CHECKING ACCOUNT NUMBER**

\_\_\_\_\_  
**SIGNATURE OF BANK EMPLOYEE**

This authority is to remain in full force and effect until the Plainfield Board of Education has received written notification from me of its termination in such time and manner as to afford the Plainfield Board of Education a reasonable opportunity to act upon it, or until otherwise terminated by the Plainfield Board of Education or PNC Bank.

**ATTENTION:** A VOIDED CHECK MUST BE ATTACHED TO THIS AUTHORIZATION!

**THIS SECTION IS TO BE COMPLETED BY EMPLOYEE AND SIGNED BY EMPLOYEE:**

**NAME** \_\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**DATE** \_\_\_\_\_

**SIGNED** \_\_\_\_\_

Per Diem Employee Disclaimer

If you are offered and accept employment with the Plainfield Public School District, your employment will be "at-will", which means you may terminate your employment with the employer-employee relationship at any time, for any reason or for no reason at all. It also means that the Plainfield Public School District may terminate your employment at any time, with or without notice, for any non-discriminatory reason or no reason at all.

\_\_\_\_\_  
Signature Per Diem Employee

\_\_\_\_\_  
Date