

For Recess/Cafeteria Substitute please provide:

- _____ Completed application
- _____ Copy of Criminal Clearance Letter (if you have not yet been fingerprinted please see below)

For Substitute Teacher please provide:

- _____ Completed application
- _____ Copy of Criminal Clearance Letter (if you have not yet been fingerprinted please see below)
- _____ Teacher or Substitute Certification (if you do have proper certification please call 609-561-8666 ext. 111 for more information.)

How does a new applicant apply for a Criminal History Record Check?

1. Access the Criminal History Review Unit's direct web address to begin the process. The web address is: <http://www.nj.gov/education/educators/crimhist>. Click on "File Authorization and Make Electronic Payment for Criminal History Record Check."
2. Select Option #1: "**New Administration Fee Request (New Applicants Only)**" - This screen displays four (4) options as to the job position(s) and employer. Please select the appropriate option and proceed to next screen.
 1. All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Students with Disabilities and Charter Schools
 2. All School Bus Drivers and Bus Aides for Public Schools, Private Schools for Students with Disabilities, Charter Schools and Authorized School Bus Contractors
 3. All Job Positions, except School Bus Drivers and Bus Aides, for Non Public Schools
 4. All School Bus Drivers and Bus Aides for Non Public Schools and Other Agencies

3. Complete the requested applicant information (to include the county/district/ school/contractor/vendor code names furnished to you by your employer) and proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the AA&C by checking the box.
4. Please complete the required payment information. There is a \$10.00 administrative fee for the department to process the request and issue an approval. There will also be an additional \$1.00 convenience fee charged by the private vendor, NicUSA for processing the credit card information. Methods of payment are Visa, MasterCard, American Express or Discover credit cards.

You **MUST** click the "**Make Payment**" button only one time to complete the transaction.

5. After completing the transaction, the individual will be presented with three required steps:
 1. View and/or print your New Administration Fee Payment Request confirmation page
 2. Complete and/or print your IdentoGO NJ Universal Fingerprint Form
 3. Click here to schedule your fingerprinting appointment with MorphoTrust

Select the first option "**View and/or print your New Administration Fee Payment Request confirmation page**" and print a copy of the receipt by clicking the print button in the upper right corner of the page and presenting a copy to the employing entity.

Next select the second option "**Complete and/or print your IdentoGO NJ Universal Fingerprint Form**" to complete the IdentoGO NJ Universal Fingerprint Form. After the form is complete, you must click on the "**Submit**" button at the bottom of the page. When the form has been submitted, you must view and print the IdentoGO NJ Fingerprint Form and present it to MorphoTrust at the time of LiveScan fingerprinting.

Access the MorphoTrust web page by selecting the third option "**Click here to schedule your fingerprinting appointment with MorphoTrust**" to schedule a fingerprinting appointment and submit to LiveScan Fingerprinting.

When the Criminal History Review is completed, the applicant will be able to go to the Criminal History Review Unit's website at <http://www.nj.gov/education/educators/crimhist> to view and print their Applicant Approval Employment History or they will receive an Ineligible or Disqualification letter.

FOLSOM SCHOOL DISTRICT
1357 Mays Landing Road
Folsom, N.J. 08037
Phone: (609) 561-8666 Fax: (609) 567-8751

APPLICATION FOR PARAPROFESSIONAL EMPLOYMENT

Position(s) applied for _____

Name _____ SS# _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ work/message/e-mail _____

EDUCATION AND PROFESSIONAL TRAINING

Name and address of school	Dates Attended	Degree	Major/Minor
High School _____	_____	_____	_____
College _____	_____	_____	_____
Other _____	_____	_____	_____

WORK EXPERIENCE

Name of Company	Position	Address	From	To	Reason for Leaving
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LICENSE(S)

Type (e.g., Elem., Second, Subst.)	Date of Expiration
_____	_____
_____	_____

SKILLS

What special training or experience do you have that would qualify you for this position? .

REFERENCES

Name

Address

Phone

Are you employed now? Yes _____ No _____ May we contact your present employer? Yes _____ No _____

Are you available to work: Full Time _____ Part Time _____

Have you been convicted of any criminal offense within the last 7 years? Yes _____ No _____ If yes, explain"

Are there any criminal charges pending at this time? Yes _____ No _____ If yes, please explain"

An Equal Opportunity Employer

<p>Citizenship: Are you a U.S. citizen or otherwise legally authorized to work in the U.S.? Yes _____ No _____</p> <p>Health: Is your physical/mental health condition such that you can fulfill the essential job functions of the position for which you are applying (Either with or without reasonable accommodations)? Yes _____ No _____</p>
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APPLICATIONS

A personal interview is required before an applicant can be recommended for hire. Interviews are held only when there is an opening. Do not include letters of recommendation you wish returned, but attach copies instead.

I understand that any omissions on this application may prevent my application from being evaluated. I authorize the school district to obtain information about my criminal records. I authorize all governmental agencies to provide information about my criminal records to the school district. I verify that all information on this employment application is true and complete. I understand that any misrepresentation, falsification, or omission on this application or on other documents submitted to the school district will be sufficient cause for this application not to be considered by the school district or for discharge if I have been employed.

AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

I authorize the school district to check my references, to obtain information from my prior employers and educational institutions, and to take other actions to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a position. I authorize my listed references, past employers and educational institutions, and anyone else who has information about my work history, education qualification or fitness, to provide such information to the school district for which I have completed an employment application. I release the school district and all persons providing information to the school district from any liability whatsoever for obtaining and providing that information regardless of the results.

Signature _____ Date _____
