

Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.		
PRESENT ADDRESS	CITY	STATE	ZIP CODE	PHONE NO.
PERMANENT ADDRESS	CITY	STATE	ZIP CODE	SECONDARY PHONE NO.
EMAIL ADDRESS	REFERRED BY			

Employment Desired

POSITION		DATE YOU CAN START		
ARE YOU EMPLOYED NOW?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN	

Education History

	NAME & LOCATION OF SCHOOL	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

References (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document upon hire.

DATE

SIGNATURE

Do Not Write Below This Line

DATE

INTERVIEWED BY

Remarks

NEATNESS			CHARACTER	
PERSONALITY			ABILITY	
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED:

EMPLOYMENT MANAGER

DEPARTMENT HEAD

GENERAL MANAGER

This application for employment is sold only for general use throughout the United States. TOPS assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

Required Background Information Pursuant to P.L. 2018, C.5.

Applicant - Have you ever: Answer YES/NO for each of the below statements:

- 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: Yes No

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 this section of the 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 \$500.00, which shall be collected in proceedings in accordance with the "Penalty Enforcement Law of 1999", *P.L. 1999, c.274*

Signature of Applicant: _____

Date: _____

Required Background Information Pursuant to P.L. 2018, C.5

Verification Form

Applicant's Name: _____

Date of Birth: _____

Last 4 Digits of Applicant's Social Security Number: _____

Approximate dates of employment with the entity listed above: _____

Position(s) held: _____

I, _____, hereby authorize the Garfield Public Board of Education to Verify my prior employment history in compliance with P.L. 2018 C.5.

Signature

Date

Name of Current or Former Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Fax: _____ Email: _____

APPLICANT DO NOT WRITE BELOW THIS LINE

The above-named applicant is under consideration for a position with the Garfield Public Schools. As required by the P.L. 2018, C.5 (N.J.S.A. 18A:6.7.6 et seq), the applicant reported current or previous employment with your entity.

We have received consent from the applicant for all current and previous employers to disclose the following:
(Please check Yes or No)

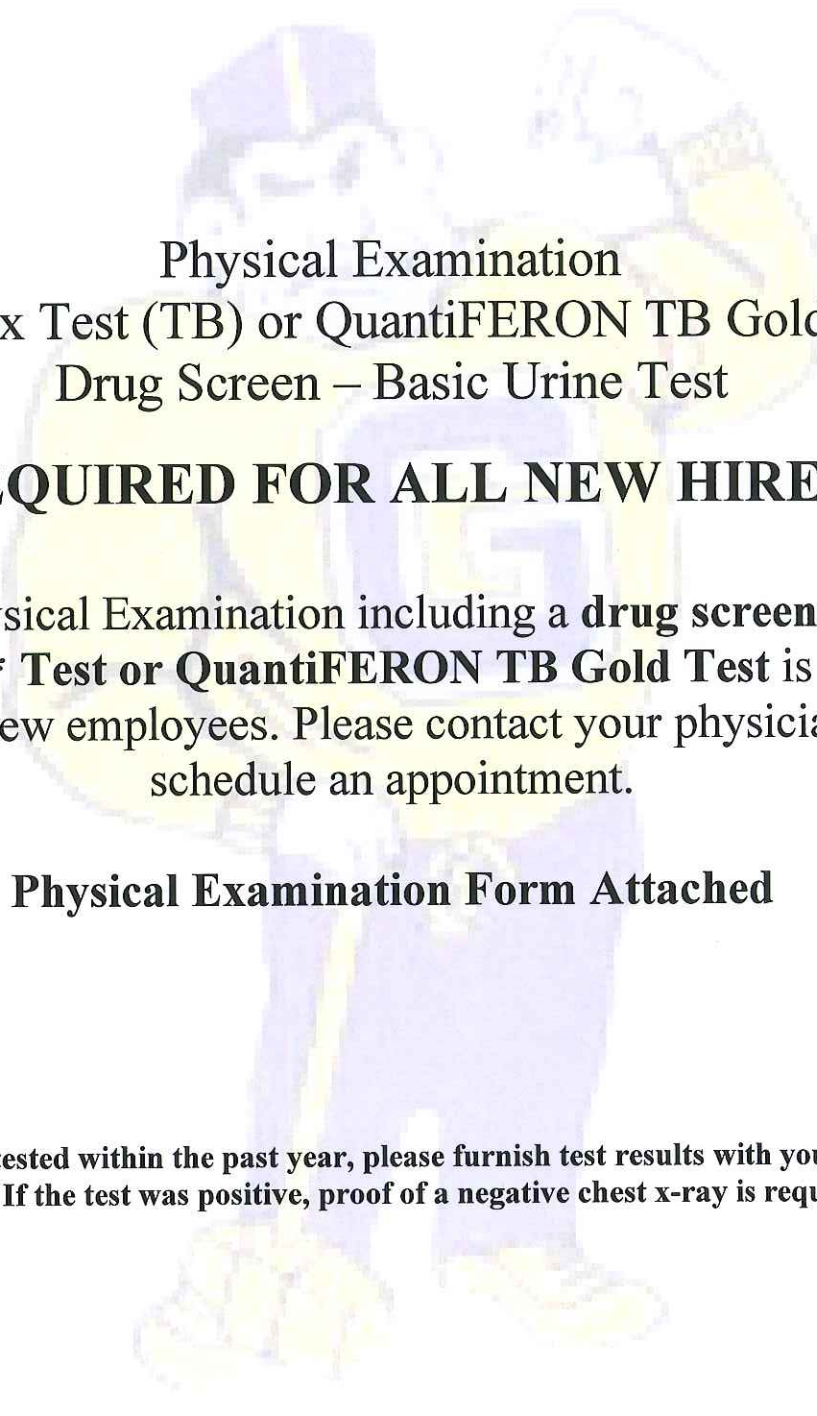
1. Has this candidate ever been the subject of any child abuse or sexual misconduct investigation by your entity, state licensing agency, law enforcement agency, and/or Department of Children and Families?
____ Yes ____ No
2. If yes, did the investigation result in a finding that the allegations were true or the alleged incident of child abuse or sexual misconduct was substantiated? ____ Yes ____ No ____ NA
3. Has the candidate ever been disciplined, discharged, non-renewed, asked to resign from employment, resigned from 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
4. Has this candidate ever had a license, professional license, or certificate suspended, surrendered, or revoked while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct?
____ Yes ____ No

As required by law, please sign and return this completed form within twenty (20) days of receipt, certifying all information is true and accurate to the best of your knowledge by Fax 973-340-4620 or email rznutas@gboe.org or jfocarino@gboe.org

Printed Name/Title

Signature

Date



Physical Examination
Mantoux Test (TB) or QuantiFERON TB Gold Test,
Drug Screen – Basic Urine Test

REQUIRED FOR ALL NEW HIRES

A Physical Examination including a **drug screen** and **Mantoux* Test or QuantiFERON TB Gold Test** is required for all new employees. Please contact your physician and schedule an appointment.

Physical Examination Form Attached

***If previously tested within the past year, please furnish test results with your completed packet. If the test was positive, proof of a negative chest x-ray is required.**

GARFIELD PUBLIC SCHOOLS

34 OUTWATER LANE, GARFIELD, NEW JERSEY 07026-2693

973-340-5000 Ext. 2300
FAX 973-340-4620
www.gboe

Physical Examination

Name _____ Date _____
DOB _____ Respiratory _____
Height _____ Weight _____ B/P _____ Pulse _____

Vision: Without Glasses With Glasses
 OD _____ OS _____ OU _____ OD _____ OS _____ OU _____

Medical Information

Appearance	_____	Extremities	_____
Skin	_____	Neurological	_____
Head	_____	Sensory	_____
Ears	_____	Motor	_____
Eyes	_____	Reflexes	_____
Nose/Throat	_____	Allergies	_____
Mouth/Teeth	_____	Asthma	_____
Chest/Lungs	_____	Abdomen	_____
Heart Rate	_____	Other	_____
Heart Rhythm	_____		

Immunization History

Mantoux* _____ Results _____ Referred _____

Date Given _____ Date Read _____

*If the test was positive, proof of a negative chest x-ray is required.

Drug Screen Results (**Please include a copy**) _____

Comments _____

Physician's Signature

Address

Phone No.

New Jersey New Hire Reporting Form

Federal and state legislation (N.J.S.A. 2A: 17-56.61) requires all New Jersey employers, both public and private, to report to the State of New Jersey all newly hired, contracted, rehired, or returning to work employees. Information about new hire reporting and online reporting is available on our website: www.nj-newhire.com

Substitutes Return
to the District

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A B C 1 2 3

EMPLOYER INFORMATION

Federal Employer ID Number (FEIN): *(Please enter the same FEIN used to report the employee's quarterly wages)*

2 2 - 6 0 0 1 8 2 9

Employer Name:

G A R F I E L D B O A R D E D U C A T I O N

Employer Address:

3 4 O U T W A T E R L A N E

Employer City:

G A R F I E L D

State:

N J

Zip Code:

0 7 0 2 6

Employer Phone (optional):

9 7 3 3 4 0 5 0 0 0

Extension:

2 3 0 4

Employer Fax (optional):

9 7 3 3 4 0 9 5 1 2

Email Address:

EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

Is this employee an Independent Contractor?

Yes

No

Employee First Name:

Middle Initial

Employee Last Name:

Employee Address:

Employee City:

State:

Zip Code:

Date of Hire (MMDDYY):*

Date of Birth (MMDDYY):

*Date of Hire is defined as the date an employee first performed services for pay.

Reports must be submitted within 20 days of hire or rehire date. Failure to report could result in a fine.

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Questions? Call us at (609) 631-0330 or toll-free at (877) NJ-HIRES

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.

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 surviving spouse <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, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

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.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

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 Dependent and Other Credits	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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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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Application for Direct Deposit

Please complete and return with a void check to the Business Office Payroll Department.

Workplace Banking

Authorization Agreement for ACH Service

<i>First Name</i>	<i>Last Name</i>
<i>Company</i> GARFIELD BOARD OF EDUCATION	<i>Company Address</i> GARFIELD BOARD OF EDUCATION 34 OUTWATER LANE GARFIELD, NJ 07026

I, hereby authorize my employer, Garfield Board of Education, hereinafter called "COMPANY" to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit error to my account(s) indicated below and the depository institution named below, hereinafter called "DEPOSITORY," to credit and/or debit the same to such account:

PRIMARY ACCOUNT

<i>Depository Name (Bank)</i>	<i>Account Type</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings <i>Account Number</i> _____
<i>Transit/ABA Number (9 digits)</i> _____	<i>Amount to Deposit</i> <input type="checkbox"/> Net pay <input type="checkbox"/> \$ _____ <i>(fixed amount)</i>

OPTIONAL SECONDARY ACCOUNT

<i>Depository Name (Bank)</i>	<i>Account Type</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings <i>Account Number</i> _____
<i>Transit/ABA Number (9 digits)</i> _____	<i>Amount to Deposit</i> <input type="checkbox"/> Net pay <input type="checkbox"/> \$ _____ <i>(fixed amount)</i>

This authority is to remain in full force and effect until "COMPANY" has received written notification from me of its termination in such time and in such manner as to afford "COMPANY and DEPOSITORY" a reasonable opportunity to act on it.

<i>Date:</i> _____	<i>Signature:</i> _____
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TO: 10-MONTH SALARY EMPLOYEES
FROM: DENISE FISHER - PAYROLL MANAGER
RE: SUMMER PAY OPTION
DATE: MAY 1, 2022

For 10 month salary employee who wishes to change their pay option, please complete the form below and email/interoffice to:
Denise Fisher - Garfield Board Office/dfisher@gboe.org
If you have any questions, please call 973-340-5000 ext 2304.

Name: _____ Date _____

School _____

Please check payroll option:

_____ I am currently paid over **10 months** and wish to change to the **summer pay option** for 2022/2023 school year, effective with 9/15/22 payroll.

_____ I currently have the **summer pay option** and wish to change back to **10 months** for the 2022/2023 school year effective with 9/15/22 payroll.

Signature _____

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 <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 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 Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **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>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

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 08/31/2019

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		<div style="border: 1px solid black; padding: 5px;">Additional Information</div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>		
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)
----------------	-----------------	---------------------------------------

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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State of New Jersey
 DEPARTMENT OF EDUCATION
 PO Box 500
 TRENTON, NJ 08625-0500

CHRIS CHRISTIE
 Governor

KIM GUADAGNO
 Lt. Governor

DAVID C. HESPE
 Commissioner

January 28, 2015

Formerly Sagem Morpho Inc

(1) Originating Agency Number (ORI #) NJ930100Z	(2) Category EDK	(3) Statute Number 18A:6-7.2
(4) Reason for Fingerprinting For Public School Employee	(5) Document Type RB1	(6) Payment Information APPLICANT PAYS
(7) Contributor's Case # (Unique Identifier) 031700	(8) Miscellaneous	

IMPORTANT UPDATE INFORMATION CONCERNING CRIMINAL HISTORY FINGERPRINTING PROCEDURES - PLEASE INFORM STAFF PERSONNEL RESPONSIBLE FOR PROCESSING THE BACKGROUND CHECKS OF THE UPDATED CHANGES TO THE PROCEDURES.

The Criminal History Review Unit has been notified via New Jersey State Police that the Federal Bureau of Investigation will reduce the fee for electronically submitted fingerprint search requests effective February 1, 2015. The new fee structure applies to the following categories:

NEW APPLICANTS FOR EMPLOYMENT

New applicants requiring the state and federal criminal history record check will be charged a reduced fee of \$65.45 payable to MorphoTrust at time of scheduling. The Applicant Authorization/Certification and the \$10.00 administrative fee payable to the Department of Education must be submitted electronically prior to scheduling an appointment to be LiveScan fingerprinted by MorphoTrust. There is also a \$1.00 fee charged by NICUSA, the private vendor responsible for the electronic transmission of payments. Our website address is: <http://www.state.nj.us/education/educators/crimhist/>.

ARCHIVE SUBMISSION PROCESS

Applicant LiveScan Fingerprinting for paid employees who are eligible for the "Archive Submission Process" will pay a reduced fee of \$30.25, (Includes the \$10.00 administrative fee). There is also a \$1.00 fee charged by NICUSA, the private vendor responsible for the electronic transmission of payments.



STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION

Date: January 2, 2019
To: Chief School Administrators, Charter School and Renaissance School Project Leads, Administrators of Private Schools for Students with Disabilities, Administrators of Nonpublic Schools
Route To: Personnel Responsible for Processing Background Checks; School Transportation Directors and School Bus Contractors
From: Christine Soto, Executive Legal Affairs Office and Acting OFAC Director
Effective Date: January 2, 2019

Notice of Fee Increase for Criminal History Background Checks

The Criminal History Review Unit has been notified via Idemia (formerly known as MorphoTrust) that the Federal Bureau of Investigation will increase the fee for electronically submitted fingerprint search requests effective January 1, 2019. The fee will increase by \$1.25 for new applicants, \$1.25 for archive submission applicants and 50 cents for volunteers.

Below is detailed information for each category:

New Applicants for Employment

New applicants requiring the state and federal criminal history record check will be charged at the time of scheduling a fee of \$63.91 payable to Idemia. The Applicant Authorization/Certification and the \$10 administrative fee payable to the New Jersey Department of Education must be submitted electronically prior to scheduling an appointment to be LiveScan fingerprinted by Idemia. There is also a \$1 fee charged by NICUSA, the private vendor responsible for the electronic transmission of payments. For more information, go to the New Jersey Department of Education's (NJDOE) [Criminal History Review](#) webpage.

Archive Submission Process

Applicant LiveScan fingerprinting for paid employees who are eligible for the "Archive Submission Process" will pay a fee of \$29.75, which includes the \$10 administrative fee and the \$1 fee charged by NICUSA.

Unpaid Volunteers

Unpaid volunteers will be processed by state and federal authorities at a cost of \$21.91 payable to Idemia at the time of scheduling. The Authorization/Certification and administrative fee of \$10 must also be submitted to the Department by accessing the NJDOE's [Criminal History Review](#) webpage. There is also a \$1 fee charged by NICUSA. The unpaid volunteer, by statute, must be reimbursed for the cost of the processing including any administrative fees.

Idemia Information

Idemia will apply a grace period with its applicant paid fees. The company has announced, "Idemia will continue to accept cardscan submissions accompanied by checks dated 1/1/2019 and later without the new FBI fee included for an additional 30 days; through January 31, 2019. Any submissions received after 1/31/2019 in our Franklin Office that are accompanied by checks that do not reflect the new rate will be returned."

c: Members, State Board of Education
Lamont O. Repollet, Ed.D, Commissioner of Education
NJDOE Staff

Garden State Coalition of Schools
NJ LEE Group
Administrators of Nonpublic Schools

CRIMINAL HISTORY INSTRUCTIONS FOR NEW APPLICANTS

1. Access the Criminal History Review Unit's direct web address to begin the process. The web address is: <https://www.nj.gov/education/crimhist/> . Click on "File Authorization and Make Electronic Payment for Criminal History Record Check." Enter your Social Security number and click "Continue."
2. Select the first option: "New Administration Fee Request (New Applicants Only)" and enter your Social Security number to ascertain if you are eligible for the process. The 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 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 letter. 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, you 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
6. 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.
7. Next select the second option "View and/or print your IdentoGO NJ Universal Fingerprint Form." You must print the IdentoGO NJ Fingerprint Form and fill in the boxes for Height, Weight, Maiden Name (if applicable), Place of Birth, Country of Citizenship, Hair Color, and Eye Color and present it to MorphoTrust at the time of LiveScan fingerprinting.
8. Access the MorphoTrust web page by selecting the third option "Click here to schedule your fingerprinting appointment with MorphoTrust" or call 1-877-503-5981 to schedule a fingerprinting appointment.
9. In about two weeks, you will be able to view and print your "Applicant Approval Employment History" by accessing the Criminal History Review Unit website. Please give a copy to your employer.

Originating Agency Number
NJ930100Z

Category
EDK

Statute Number
18A:6-7.2

Reason for Fingerprinting
Public School Employment

Document Type
RB1 or VB1

Payment Information
Applicant Pays

Contributor's Case No. (Unique Identifier)
031700

Service Code
2F1FB1

Archive Application Request Instructions

1. Access the Criminal History Review Unit's direct web address to begin the process. The web address is: <https://www.nj.gov/education/crimhist>.
2. Click on **"File Authorization and Make Electronic Payment for Criminal History Record Check."**
3. Select the second option: **"Archive Application Request (Applicants Previously Fingerprinted for the Department of Education and Approved Subsequent to February 2003)."**
4. Please enter your Social Security number to ascertain if you are eligible for the process. Click **"Continue."**
5. Select the appropriate Applicant Authorization and Certification form that is suitable to your job position and employer.
6. Complete the requested applicant information to include the county, district, school or contractor 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 Applicant Authorization and Certification form by checking the box. Click **"Next"**
7. Submit your credit card payment. Total payment is \$29.75 (\$28.75 plus a \$1.00 convenience fee charged by the private vendor). Click **"Continue"** and then click **"Make Payment"** at the bottom of the next page.
8. The Payment Confirmation page will state **"Your ePayment transaction has been processed successfully."** You should print a copy of this receipt.
9. In about two weeks, you will be able to view and print your **"Applicant Approval Employment History"** by accessing it on the Criminal History Review Unit website. Please give a copy to your employer.

Originating Agency Number
NJ930100Z

Category
EDK

Statute Number
18A:6-7.2

Reason for Fingerprinting
Public School Employment

Document Type
RB1 or VB1

Payment Information
Applicant Pays

Contributor's Case No. (Unique Identifier)
031700

Service Code
2F1FB1

Transfer Request Instructions

1. Access the Criminal History Review Unit's direct web address to begin the process. The web address is: <https://www.nj.gov/education/crimhist>.
2. Click on **"File Authorization and Make Electronic Payment for Criminal History Record Check."**
3. Select the third option: **"Transfer Request (Only Substitutes & Bus Drivers are eligible)."**
4. Please enter the Social Security number to ascertain if the applicant is eligible for the process. Click **"Continue."**
5. The screen will display two options:
 1. For All Bus Drivers Only
 2. For All Other Job Categories
6. Select the option for the position for which you are requesting the transfer. Complete the requested applicant information including the county/district/school/contractor-vendor code names furnished to you by your employer and click on the **"Next"** button.
7. Review your information and submit your credit card payment. Total payment is \$6.00 (\$5.00 plus a \$1.00 convenience fee charged by the private vendor). Click **"Continue"** and then click **"Make Payment"** at the bottom of the next page.
8. The Payment Confirmation page will state **"Your ePayment transaction has been processed successfully."** You may print a copy of this receipt.

Originating Agency Number

NJ930100Z

Category

EDK

Statute Number

18A:6-7.2

Reason for Fingerprinting

Public School Employment

Document Type

RB1 or VB1

Payment Information

Applicant Pays

Contributor's Case No. (Unique Identifier)

031700

Service Code

2F1FB1

ATTENTION: IMMEDIATE ACTION REQUIRED

Dear Garfield Public School Employee/Substitute,

The Garfield School District has been continually working on making sure we are in accordance with New Jersey’s Anti-Bullying Bill of Rights Act. There are multiple requirements on all levels, especially on the proper training for all personnel whether you are a staff member or even a volunteer must be trained on this law. We are requiring you to go to this link and read through the slides and take the survey.

Requirements:

Step 1: Type in your URL:http://www.gboe.org/anti_bullying

Step 2: Click Training Link

Follow the steps pertaining to your job position

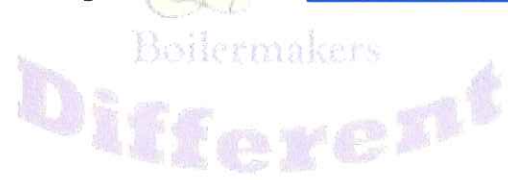
Step 3: Click New Staff Folder	Step 3: Click Substitutes Folder
Step 4: Click New Staff Members: Anti-Bullying Bill of Rights Act & complete the training	Step 4: Click ABR Required Training for Subs & complete the training
Step 5: Take survey at the end of the training, there is a link	Step 5: Take survey at the end of the training, there is a link
Step 6: At the end of the survey, you provided your email and should receive your certificate automatically to that email you inserted. Please keep for your records.	Step 6: At the end of the survey there is an option for you to print responses. You may do so for your records. Your name will appear on a spreadsheet of date and time that you completed the training.

As directed by the Superintendent, this is a requirement and must be completed within 4 weeks from when you were hired. Thank you for your cooperation with assisting Garfield Public Schools in staying in accordance with New Jersey’s Anti-Bullying Bill of Rights Act. Contact Jribaudo@gboe.org, if you have any questions or concerns.

Sincerely,



Jessica Piskuloski
 District Anti-Bullying Coordinator



GCN Training Login Procedures

New Staff: To have your account created, please email JRibaudo@gboe.org with the following information, position title, school and district email address and your account will be set up in the system. The GCN System will send you an email with instructions on how to login once it has been created (which are below as well)

1. Go to <http://site.gcntraining.com/>
 - a. If you have never logged into GCN Training before, please login as a New User-I do not have a Personal ID.
 - i. Click on the Orange Button on the bottom that states, I was not given a User ID, or I've forgotten it
 - ii. Search your name and create your User ID
 - iii. If your name can't be found, please email JRibaudo@gboe.org with your name, position and school so an account can be created for you.
 - b. If you have logged in before please sign in as Existing User, it will prompt you for your User ID

Organization ID: boilermakers

*The system now asks you to input an email address, this is if you forgot your User ID, you can click I've forgotten it button and an email will be sent to you.

*Can't remember User ID: click on orange button that states, I was not given a User ID, or I've forgotten it. An email will be sent to you with your User ID.

If you have any questions or concerns please contact Jessica Piskuloski at JRibaudo@gboe.org or 973.272.7020 ext. 3297

Thank you,



Jessica Piskuloski, District Anti-Bullying Coordinator

Garfield Board of Education

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Search District Policies

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District Policy

3216- DRESS AND GROOMING

Section: Teaching Staff Members
Date Created: May 2006
Date Edited: September 2016

3216- Garfield School District Professional Dress Code

The Garfield School District identifies professionals as all members of the educational community that directly interact with any and all of the educational stakeholders in the Garfield School District.

The Garfield School District recognizes the necessity of creating a Professional Dress Code for all professional staff based on three overarching principles:

1. The District realizes the overall health, safety and welfare of the faculty and students needs to be constantly maintained. The District's Dress Code needs to address these issues in order to assure a smooth and healthy continuity of the educational practice within all of our facilities.
2. The District recognizes the appearance of its professional staff influences all of the educational stakeholders, not only as the physical representation of the District, but also as primary role models to the students they serve. To this end the professional staff understands its actions and appearance directly influence the students we serve not only through our direct actions but also through the indirect and sometime even unintentional effect of our overall presence in their lives.
3. The District understands the dress code choices it provides to its professional staff strongly influence the overall school environment. If professional staff are comfortable and feel respected within their individual educational settings the positive school climate will increase. Positive school climates are proven to increase the level of instructional practice and thereby increase the level of student achievement.

General Guidelines

These general guidelines are designed to provide an overall model of how the District believes its professional staff should come to school in order to provide all educational stakeholders of the Garfield community with a positive impression. All District Professional Staff will, while on duty, adhere to the following dress code provisions:

1. Be physically clean, neat and well groomed
2. Faded, patched, torn, frayed or distressed clothing, either by wear or design, is not permitted.
3. Dress in a manner reflecting the responsibilities of their individual assignment (See Addendums).
4. Dress in a manner that does not cause physical harm or damage to District property.

5. Present an overall physical appearance that in no way could jeopardize the health, safety and welfare of staff and students alike.
6. Individual exceptions can be made at the discretion of the Superintendent, if such cases would enable the staff member to better be able to carry out their contractual duties.

Professional Staff Dress Code Guidelines

Footwear – All footwear worn by professional staff, with the exception of physical education teachers and coaches during practice (See Addendum A), will reflect the primary purpose and design of/for walking. Footwear is to be stable and adequate for various terrains. Any footwear primarily designed for athletic activities other than walking are strictly forbidden. All Footwear must have a hard sole constructed for walking on a *variety of surfaces*. Slippers without a hard sole are forbidden. All footwear must have a strap that is worn around the back of the ankle to hold the footwear on the foot. All footwear is limited to a maximum heel or wedge height of three (3) inches.

Hosiery, stockings, tights, and leggings – Leg coverings that fit under these terms are defined as accessories to professional dress and as such cannot serve the purpose of primary pieces of a professional staff member's daily dress. All articles defined above as accessories to professional dress must be covered by a complementing article of clothing such as pants, a skirt, or a dress that extend at their shortest hem to a maximum of two (2) inches above the knee. Fish net or patterned stockings that reveal the wearers uncovered skin are prohibited.

Skirts and Dresses – Skirts and dresses are to be loose fitting with a hem that extends at its shortest length to a maximum of two (2) inches above the knee.

Pants – Pant are to be loose fitting. Denim pants of any color are not permitted (except under Addendum B).

Shirts (Men) – Loose fitting dress shirts, polo shirts (collared shirts with three (3) or more buttons), turtlenecks, collared jackets and sweaters are permitted. Dress shirts with a tie are encouraged but not required. Hooded shirts/sweaters/jackets of any kind are not permitted during the school day (See Addendum A).

Shirts (Women) – Loose fitting dresses, shirts and blouses of all types can be worn by female staff members with the exception of sheer or see through clothing, any type of clothing opened below the midpoint of the chest, strapless, halter tops or any clothing that exposes more than fifty (50) percent of a professional staff member's shoulder without a jacket.

Hats – Forbidden

ID Badges – All District Employees are required to wear their ID badges

Addendum A – Healthcare Professionals, Physical Education Professionals and Coaching Staff

All professional staff with specific tasks unrelated to traditional classroom instruction should wear appropriate clothing for their instructional assignments and classroom settings.

Nurses/Non-Certified Healthcare Professionals – Full length or three quarter white lab coats with a name tag clearly identifying them as healthcare professionals. Appropriately fitting scrubs are also permitted. Footwear appropriate to the healthcare professional's ability to respond in an emergency situation must be worn during school hours.

Physical Education Professionals – Physical Education Professionals will wear Garfield Board of Education designated uniforms for all Health and Physical Education staff as follows:

1. Shirts – Only department issued shirts. No sport shirts.
2. Shorts – Tan, black or khaki (no mesh shorts). Shorts can be worn prior to October 15th and after May 1st.
3. Pants – Tan, black or khaki.
4. Non-Hooded Sweatshirts – Department issued.
5. Jackets – Department issued.

Coaches – Coaches will dress in clothing appropriate to the sport they coach.

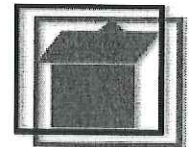
Addendum B – Special Exceptions for the Purpose of Community

The District recognizes the strong need for the professional staff's appearance and demeanor to represent the high standards the Garfield School District holds for its staff and students on a daily basis. Additionally, it also recognizes the necessity to occasionally utilize modifying the District's Dress Code for the specific purpose of building community with its various stake holders. These special exception days will include all District professional staff.

1. Spirit Days – One or more times a month the Superintendent will designate, through his staff, specific types of clothing to be worn within the District in order to increase our collective sense of unity.
2. On extreme weather days, special events or trips, the school administration will have the prerogative to modify the dress code dependent on Superintendent's prior approval. (This can include school appropriate shorts as per physical education dress code).
3. Denim Days – The District will identify one Friday per month to be designated as a Denim Day. Professional staff will be given the option of making a donation to a charitable organization identified by the District in order to wear denim pants that fit all the above criteria for professional attire.

Adopted: 23 May 2006

Revised: 26 September 2016



Garfield Public Schools 2023-2024 Schools Calendar

July 2023

S	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August 2023

S	M	Tu	W	Th	F	S
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12	13	14	15	16	17	18
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26	27	28	29	30	31	

September 2023

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October 2023

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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November 2023

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December 2023

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31						

January 2024

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28	29	30	31			

February 2024

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March 2024

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24	25	26	27	28	29	30
31						

April 2024

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14	15	16	17	18	19	20
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28	29	30				

May 2024

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12	13	14	15	16	17	18
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26	27	28	29	30	31	

June 2024

S	M	Tu	W	Th	F	S
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23	24	25	26	27	28	29
30						

- July 2023**
3-4 Schools Closed
- August 2023**
22-24 New Teacher Orientation
- September 2023**
4 Labor Day No School
5 Professional Development Day No Students
6 First Day Students
6-8 One Session Days
- October 2023**
6 One Session Day Students Only
9 Columbus Day No Students/Staff PD
- November 2023**
7 Election Day No Students / Staff PD
9-10 Schools Closed
22 One Session Day
23-24 Schools Closed
- December 2023**
22 One Session Day
25-29 Schools Closed
- January 2024**
1 New Years Day Schools Closed
15 Martin Luther King Day Schools Closed
- February 2024**
19-23 Heritage Week Schools Closed
- March 2024**
15 One Session Day Students Only
28 One Session Day
29 Good Friday Schools Closed
- April 2024**
15-19 Spring Break Schools Closed
- May 2024**
27 Memorial Day Schools Closed
- June 2024**
17-21 One Session Days
Students Only
21 Last Day for
Staff and Students

No School
 One Session Day

183 Student Days 186 Staff Days
 3 Emergency Closing Days are added to the end of the school year.
 Unused Emergency closing days will be adjusted from the June Closing Date.
 Adopted 08/14/2023 - Resolution#28.4