



MARGATE CITY SCHOOL DISTRICT

Thank you for your interest in the Margate City School District. Listed are the only documents required to start this process. When you receive your Criminal Background clearance letter, call Carol Gitto at 822-2080 ext. 300 to schedule an appointment with Dr. Michelle CarneyRay-Yoder.

\*Paperwork Attached

- Resume
- Three (3) letters of reference
- Employment Application (Instructional)
- Instructions for Criminal History Background
- Instructions for Employment Eligibility Verification USCIS Form I-9, ID required (page 9)
- Teaching Certificate or New Jersey Substitute Certificate  
If a substitute certificate is needed, the process can only be started after Board approval.

# Margate City Public School

## Employment Application (Instructional)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Please Print

Single  Married  Widowed  Divorced  Separated

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Number \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Number \_\_\_\_\_

Emergency Contact/Relationship \_\_\_\_\_ Cell Number \_\_\_\_\_

Date Available to start: \_\_\_\_\_ Have you worked in this district previously? Yes  No

If yes, when? \_\_\_\_\_ What Position? \_\_\_\_\_ Full time  Part time

Have you ever been enrolled in a pension, what district? \_\_\_\_\_

Would you be transferring your pension from another school district, or retired? \_\_\_\_\_

If so which one? \_\_\_\_\_ How many years in the pension? \_\_\_\_\_

Do you or your spouse currently have State Health Benefits? Yes  No  District \_\_\_\_\_

List position for which you are applying: \_\_\_\_\_

If you are not employed, are you interested in being placed on our substitute list? Yes  No

Are you eligible for employment with in the United States? Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

Have you been professionally disciplined in any State? Yes  No

*Professionally disciplined means the annulment, revocation or suspension of your teaching certification or having received a letter of reprimand from an agency, board or commission of state government.*

### Education and Professional Training

	School/University	Course	# of Years Completed	Diploma/Degree
High School				
Trade School				
Undergraduate College				
Graduate Study				
Other (specify)				

### Certificate and Licenses

License or Certificate	Expiration Date	Endorsement	State

### Student Teaching/Internship

School	City/State	Grade Level	Subject(s) Taught	Start/End Dates

**Teaching Experience**

School	City/State	Grade Level	Subject (s) Taught	Start/End Dates

**Substitute/Non-Teaching Professional Experience**

Employer	City/State	Position Held	Start/End Dates	Full/Part Time

**Distinctions, Honors and Activities**

Please describe academic and civic accomplishments:

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**Extracurricular Activities**

Please indicate areas of interest and expertise such as student government, sports, yearbook, honor society, clubs, etc.

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**References**

1. \_\_\_\_\_ ( )  
Name Phone #

\_\_\_\_\_  
Address Association Years Known

2. \_\_\_\_\_ ( )  
Name Phone #

\_\_\_\_\_  
Address Association Years Known

3. \_\_\_\_\_ ( )  
Name Phone #

\_\_\_\_\_  
Address Association Years Known

How did you hear about our facility?

Advertisement: \_\_\_\_\_ Web Posting: \_\_\_\_\_

Friend/Relative: \_\_\_\_\_ Other: \_\_\_\_\_

I certify that answers given are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, I understand, also, that I am required to abide by all rules and regulations of the employer:

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

\_\_\_\_\_  
Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



## Margate City School District

8103 WINCHESTER AVENUE  
MARGATE CITY, NEW JERSEY 08402  
PHONE: (609) 822-1686  
FAX: (609) 822-5399

### **Please follow these instructions for your initial Criminal History Background Check:**

1. Please go to this website: <http://www.state.nj.us/education/educators/crimhist/>
2. Choose File Authorization & Make Electronic Payment for Criminal History Check
3. Choose New Administration Fee Request
4. Select an AA & C Form
5. Follow the instructions on the screen. Please enter the correct job title. The county is Atlantic (01) District is Margate City (3020).
6. Once you have submitted final payment, follow the instructions on the screen to schedule your appointment for fingerprinting. The company is MorpoTrust.
7. Make the earliest possible appointment at the Linwood location.
8. Approval generally takes 2 to 3 weeks from the date of fingerprinting.
9. We are In Atlantic County = 01
10. We are the Margate City School District = 3020
11. When you receive your approval letter, please send a copy to board office.

### **Please follow these instructions for the Archive Process:**

1. The employing entity must authorize the Archive submission.
2. Your most recent Processing Control Number (PCN) is required for this process. Your PCN number can be obtained from your previous Morpho Trust receipt or your most recent approval letter with the blue seal of the State of New Jersey.
3. Access the Criminal History Review Unit's 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" and the click on "Archive Application Request (Applicants Previously Fingerprinted and Approved Subsequent to February 2003 only.)" Enter your social security number and click on "continue". Select the position for which you are applying.
4. Complete the On-Line Applicant Authorization and Certification (AA&C) request. The AA&C request consists on three steps: Input Information and Legal Certification, Payment, and Submit.
5. The Applicant is NOT required to go to a site for Live Scan fingerprinting. The Criminal History Review Unit will request the check from MorphoTrust.

*Please call the Criminal History Review Unit at 609-292-0507 if you have any questions.*



**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 (See instructions)	
<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. (See instructions)	
<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: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one)**  
 I did not use a preparer or translator  A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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

STOP *Employer Completes Next Page* STOP



**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.")*

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

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

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

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

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

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

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

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

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

**All documents must be UNEXPIRED**

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

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

**Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**