

Voorhees Township Public Schools
329 Route 73
Voorhees, NJ 08043

DOCUMENTATION CHECKLIST FOR SUBSTITUTE TEACHING

The following documents are required in order to qualify as a candidate for substitute teaching within the Voorhees Township Public Schools. The documents listed below must be completed and returned in order to be considered for employment as substitute teacher. Documents with an (*) are provided within this packet.

- A completed Voorhees Township Employment Certificated Application *
- IdentoGO Universal Fingerprint Form *(Criminal History Instructions for New Applicants)
- Administrative Fee Payment Request Confirmation
- Original Criminal History Letter from the Department of Education
- A New Jersey Teaching Certificate, if applicable and available, or
- A valid New Jersey Substitute Teaching Certificate
- If a **Substitute Certificate** needs to be obtained, a completed State of NJ Substitute Credential Application is required. This application **MUST** include the following: an official college transcript, a completed and notarized Oath of Allegiance is also required along with a money order in the amount of \$125, made payable to the "Commissioner of Education.
PERSONAL CHECKS CANNOT BE ACCEPTED.
- Results of a TB (Mantoux Test) completed by your physician
- NJ State W-4 Income Tax Form *
- Federal W-4 Income Tax Form *
- Completed Direct Deposit Authorization along with accompanying documents *
- I-9 Form - Complete top portion only *
- Original identification as outlined in I-9 form
- Affirmative Action - Read and submit Sign-Off Sheet *

When all of the above referenced documents are complete, please contact Michelle Santore at (856) 751-8446, extension 6118 to arrange for an appointment to submit and review all required documents.

**VOORHEES TOWNSHIP BOARD OF EDUCATION
ADMINISTRATION BUILDING
329 ROUTE 73
VOORHEES, NJ 08043**

The applicant should exercise the greatest care in preparing this form. Information given herein and/or during an interview becomes a legal part of the contract in case of employment. A misstatement or omission may lead to termination of employment.

CERTIFICATED APPLICATION

Date _____ For Position of _____

Grade or Subject Preference (1) _____ (2) _____

This application will remain active only for the duration of the vacancy in the position for which this application is made. It is the obligation of the applicant to reactivate the application in writing for any new position(s) in which the applicant has an interest.

I. Identifying Data:

A. Name in full _____

B. Permanent Address _____
City/State _____ Zip _____

C. Temporary Address _____
_____ Zip _____

D. Telephone _____ Cell Phone _____
Email _____

II. Certification (Please circle all applicable)

1. In New Jersey	Date
Elementary Education K-5, N-8, P-3	CE CEAS Stand Prov _____
Middle School Literacy, Math, Science, Social Studies	CE CEAS Stand Prov _____
Subject _____	CE CEAS Stand Prov _____
Subject _____	CE CEAS Stand Prov _____
Subject _____	CE CEAS Stand Prov _____
Other/Adm _____	CE CEAS Stand Prov _____
Other/Adm _____	CE CEAS Stand Prov _____
Substitute Certificate _____	County _____

2. Other State _____
Type _____

Affirmative Action/Equal Opportunity Employer

"All persons shall have the opportunity to obtain employment without discrimination because of race, creed, color, national origin, ancestry, age, sex, marital status, nationality, mental or physical handicap or liability for military service subject only to the conditions and limitations applicable alike to all persons."

III. Education

A. High School (Prep) Address Dates Attended

B. College/ University State Dates Attended Major & Credits Minor & Credits Degree & Date Granted

C. Graduate School

Name of College Dates Degree Number of Graduate Credits

D. Praxis Test Information

Name of Test Date Taken Score Passing Yes No

IV. Student Teaching

Name of School/Location Grade Level/Subject Dates Cooperating Teacher

V. Military Experience (If Applicable)

Active Duty Length From: _____ To: _____ Serial Number: _____

Rank at Discharge: _____ Branch: _____

VI. References – Should be persons qualified to give any information to show your fitness for the position.

Name

Address

Telephone

Occupation

VII. Experience

A. Teaching Experience (List last experience first)

Name of School
And Location

Dates

Nature of Work

- a. If grades specify what grades and subjects; if high schools, the subjects taught and any extra curricular work handled;
- b. Indicate if full-time or part-time

[illegible]

B. Other Employment (List last experience first)

Name and Location

Dates

Nature of Work

Indicate if full-time or part-time

[illegible]

Why are you leaving your current position? _____

When could you begin work here? _____ Could you come for an interview? _____
Present Salary \$_____ Expected Salary \$_____

By submission of this application, I authorize you to contact the references named above and waive my right to receive a copy thereof. I hereby certify that the information supplied herein is true, complete, and accurate to the best of my knowledge. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future, except as provided for by the law. I also understand that only the majority of the full board may make and carry out an offer of employment. I understand also that, if I am employed I am required to abide by all rules and regulations of the Voorhees Township Board of Education and the State of New Jersey.

Social Security Number	Signature	Date
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RETURN TO:

Voorhees Township Public Schools
Administrative Building
329 Route 73
Voorhees, NJ 08043

**VOORHEES TOWNSHIP BOARD OF EDUCATION
VOORHEES TOWNSHIP, NEW JERSEY**

1. Have you ever been convicted of or pled guilty to any type of crime or crimes, including any offenses involving the operation of a motor vehicle under the influence of drugs and alcohol (but excluding other motor vehicle violations)?
2. If the answer is yes, provide the following information:
 - (a) Date of conviction or guilty plea:
 - (b) The crime or offense involved:
 - (c) The place of conviction or guilty plea:
 - (d) The name of the Court involved:
 - (e) Sentence of the Court:
 - (f) If you were placed on probation, the conditions of the probation, and date of termination of the probation:
 - (g) Give the details of any rehabilitative work, procedures or programs in which you may have been or are involved:

A conviction will not necessarily be a bar to employment, but such factors as age, time of the offense, seriousness, and nature of the violation and any rehabilitation activity will be taken into account.

Each applicant shall be required to authorize a security check and release of any Criminal History Record Information to the Board of Education of the township of Voorhees. In addition, the applicant's fingerprints are required to complete the security check. Details of the reports shall be considered confidential and utilized only by appropriate officials and members of the Voorhees Township Board of Education in reviewing this application for employment.

AUTHORIZATION:

Signature of Applicant

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: <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 the next screen.

1. All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Children with Disabilities and Charter Schools.
2. All School Bus Drivers and Bus Aides for Public Schools, Private Schools for Children 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 county/district/school which are available as drop down menu choices) 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 and 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, the individual will be presented with three (3) choices:
- View and/or print your New Administrative Fee Payment Request Confirmation
 - Complete and/or print your IdentoGO Universal Fingerprint Form
 - Click here to schedule to your fingerprinting appointment

Select the first option "**View and/or print your New Administrative Fee Payment Request Confirmation Page**" to complete the IdentoGO NJ Universal Fingerprint Form. After the form is complete, you must click the "**Submit**" button at the top 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**" to schedule a fingerprinting appointment and submit to LiveScan Fingerprinting.

(REV. 5/10)
STATE OF NEW JERSEY – DEPARTMENT OF EDUCATION
DIVISION OF FIELD SERVICES AND OFFICE OF LICENSURE AND CREDENTIALS
SUBSTITUTE CREDENTIAL APPLICATION

COUNTY: _____

This credential will be issued for a five-year period, but the holder may serve for no more than 20 total instructional days in the same position in one school district during the school year unless approved by the executive county superintendent for an additional 20 instructional days pursuant to N.J.A.C. 6A: 9-6.5(b). Such credentials, which are issued by the executive county superintendent of schools under the authority of the State Board of Examiners, are designed only for emergency purposes when the supply of properly certificated substitutes is inadequate to staff a school. They are intended only for persons temporarily performing the duties of a fully certificated and regularly employed teacher.

TO BE COMPLETED BY APPLICANT -- Please Type or Print Clearly

Name _____ Social Security # _____
(First) (Middle/Maiden) (Last)

Address _____
(street) (city) (state) (zip)

Date of Birth _____ E-Mail Address _____ Telephone _____

Are you a citizen of the United States? Yes ☐ No ☐

If no, have you filed an Affidavit of Intent to Become a Citizen? Yes ☐ No ☐

If yes, Alien Registration # _____

NOTE: The Affidavit of Intent to Become a Citizen is **not** a requirement for the substitute credential.

Have you ever been convicted of a crime in this or any other state? Yes ☐ No ☐

If yes, give the name of the municipality and attach statement giving details.

Have you ever had an educator's certificate revoked or suspended in this or any other state? Yes ☐ No ☐

If yes, attach statement giving details.

Have you taken the Oath of Allegiance? Yes ☐ No ☐

EDUCATION

Regionally-Accredited College Name	Location	Degree / Degree Date	Major	# Credits
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WORK EXPERIENCE (teaching)

I certify that the above statements and data are correct: _____
(Signature of Applicant) (Date)

FOR DISTRICT USE

DESIGNATED DISTRICT REPRESENTATIVE'S SIGNATURE AFFIRMING TRANSMITTAL OF APPLICATION

Print Name _____

Signature _____

District _____

Date _____

FOR COUNTY USE: REGULAR SUBSTITUTE APPLICATION

☐ Application ☐ Oath ☐ Transcripts ☐ Fee

Date of Criminal History Approval if applicable _____ or

Date of Emergent Hire Approval if applicable _____

CERTIFICATE # _____

DATE OF ISSUE _____

VOCATIONAL / SCHOOL NURSE APPLICATION

☐ For vocational applicants/notarized statement of previous employment or valid occupational license.

☐ RN License # _____ Exp.Date _____

OATH OF ALLEGIANCE / VERIFICATION OF ACCURACY

IMPORTANT: This form is to be completed by only those individuals who are U.S. citizens. See Section B below.

A. Basic Information Please print your name as it appears on any documentation that you are required to submit

Last Name First Name Middle Name or Initial

Street Address

City

State

Zip

Social Security Number

Date of Birth: Month

Day

Year

Tracking Number

Email Address

Phone Number Including Area Code

Are you applying for the New Charter School Certificates? Circle whichever applies YES NO

Are you a military veteran? Circle whichever applies YES NO

Endorsement Information. Please enter below the code and print the name of each endorsement for which you are applying.

Code

Name of Endorsement

B. Oath of Allegiance Choose one of the following.

Option I

I, _____ do solemnly swear, (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey, and that I will bear true faith and allegiance to the same and to the governments established in the United States and in this State, under the authority of the people, so help me God.

Option II

I, _____ do solemnly swear, (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey, and that I will bear true faith and allegiance to the same and to the governments established in the United States and in this State, under the authority of the people.

C. Certification Failure to complete these items will result in rejection of the candidate's application for certification.

Circle whichever applies

1. Have you ever been convicted of, pled guilty, no contest or *nolo contendere* to, or had adjudication withheld to a crime or offense, including DUI, in New Jersey or any other state or jurisdiction? If yes, complete and submit a Criminal/Offense Information Form. Yes No

2. Have you ever had an education or other professional certificate, license or credential revoked, suspended, invalidated or denied for cause in New Jersey or any other state or jurisdiction? * Yes No

3. Have you ever surrendered or relinquished an education or other professional certificate, license or credential in New Jersey or any other state or jurisdiction? * Yes No

4. Are you the subject of any pending action or proceedings against your education or other professional certificate(s), license(s) or credential(s) in New Jersey or any other state or jurisdiction? * Yes No

State of New Jersey - Division of Taxation

Employee's Withholding Allowance Certificate

1. SS# Name Address City State Zip			2. Filing Status: (Check only one box) 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married/Civil Union Couple Joint 3. <input type="checkbox"/> Married/Civil Union Partner Separate 4. <input type="checkbox"/> Head of Household 5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner	
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here			3.	
4. Total number of allowances you are claiming (see instructions)			4.	
5. Additional amount you want deducted from each pay			5. \$	
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here ...			6.	
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.				
Employee's Signature			Date	
Employer's Name and Address			Employer Identification Number	

BASIC INSTRUCTIONS

Line 1 Enter your name, address and social security number in the spaces provided.

Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Partner Separate) you will be withheld at Rate A.

Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)/Surviving Civil Union Partner) and either your spouse/civil union partner works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.

Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.

Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.

Line 5 Enter the amount of additional withholdings you want deducted from each pay.

Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:

- Your filing status is **SINGLE or MARRIED/CIVIL UNION PARTNER SEPARATE** and your wages plus your taxable nonwage income will be \$10,000 or less for the current year.
- Your filing status is **MARRIED/CIVIL UNION COUPLE JOINT**, and your wages combined with your spouse's/civil union partner's wages plus your taxable non wage income will be \$20,000 or less for the current year.
- Your filing status is **HEAD OF HOUSEHOLD or QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable nonwage income will be \$20,000 or less for the current year.

Your exemption is good for **ONE** year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at 609-292-6400.

Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. **It is not intended to provide withholding for other income or wages.** If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households or qualifying widow(er)/surviving civil union partner. **Single individuals or married/civil union partners filing separate returns do not need to use this chart.** If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount).

HOW TO USE THE CHART

- 1) Find the amount of your wages in the left-hand column.
- 2) Find the amount of the total for all other wages (including your spouse's/civil union partner's wages) along the top row.
- 3) Follow along the row that contains your wages until you come to the column that contains the other wages.
- 4) This meeting point indicates the Withholding Table that best reflects your income situation.
- 5) If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

NOTE: If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

THIS FORM MAY BE REPRODUCED

WAGE CHART

Total of All Other Wages		0 10,000	10,001 20,000	20,001 30,000	30,001 40,000	40,001 50,000	50,001 60,000	60,001 70,000	70,001 80,000	80,001 90,000	OVER 90,000
Y O U R W A G E S	0 10,000	B	B	B	B	B	B	B	B	B	B
	10,001 20,000	B	B	B	B	C	C	C	C	C	C
	20,001 30,000	B	B	B	A	A	D	D	D	D	D
	30,001 40,000	B	B	A	A	A	A	A	E	E	E
	40,001 50,000	B	C	A	A	A	A	A	E	E	E
	50,001 60,000	B	C	D	A	A	A	E	E	E	E
	60,001 70,000	B	C	D	A	A	E	E	E	E	E
	70,001 80,000	B	C	D	E	E	E	E	E	E	E
	80,001 90,000	B	C	D	E	E	E	E	E	E	E
	over 90,000	B	C	D	E	E	E	E	E	E	E

RATE TABLES FOR WAGE CHART

The rate tables listed below correspond to the letters in the Wage Chart on the front page. Use these to estimate the amount of withholding that will occur if you choose to use the wage chart. Compare this to your estimated income tax liability for your New Jersey Income Tax return to see if this is the correct amount of withholding that you should have.

RATE 'A'									
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over		Of Excess Over		Over	But Not Over		Of Excess Over	
\$ 0	\$ 384			1.5%	\$ 0	\$ 20,000			1.5%
\$ 384	\$ 673	\$ 5.76 +	\$ 384	2.0%	\$ 20,000	\$ 35,000	\$ 300.00 +	\$ 20,000	2.0%
\$ 673	\$ 769	\$ 11.54 +	\$ 673	3.9%	\$ 35,000	\$ 40,000	\$ 600.00 +	\$ 35,000	3.9%
\$ 769	\$ 1,442	\$ 15.28 +	\$ 769	6.1%	\$ 40,000	\$ 75,000	\$ 795.00 +	\$ 40,000	6.1%
\$ 1,442		\$ 56.34 +	\$ 1,442	7.0%	\$ 75,000		\$ 2,930.00 +	\$ 75,000	7.0%
\$ 9,615		\$ 628.45 +	\$ 9,615	9.9%	\$ 500,000		\$ 32,680.00 +	\$ 500,000	9.9%
RATE 'B'									
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over		Of Excess Over		Over	But Not Over		Of Excess Over	
\$ 0	\$ 384			1.5%	\$ 0	\$ 20,000			1.5%
\$ 384	\$ 961	\$ 5.76 +	\$ 384	2.0%	\$ 20,000	\$ 50,000	\$ 300.00 +	\$ 20,000	2.0%
\$ 961	\$ 1,346	\$ 17.30 +	\$ 961	2.7%	\$ 50,000	\$ 70,000	\$ 900.00 +	\$ 50,000	2.7%
\$ 1,346	\$ 1,538	\$ 27.70 +	\$ 1,346	3.9%	\$ 70,000	\$ 80,000	\$ 1,440.00 +	\$ 70,000	3.9%
\$ 1,538	2,884	\$ 35.18 +	\$ 1,538	6.1%	\$ 80,000	\$ 150,000	\$ 1,830.00 +	\$ 80,000	6.1%
\$ 2,884		\$ 117.29 +	\$ 2,884	7.0%	\$ 150,000		\$ 6,100.00 +	\$ 150,000	7.0%
\$ 9,615		\$ 588.46 +	\$ 9,615	9.9%	\$ 500,000		\$ 30,600.00 +	\$ 500,000	9.9%
RATE 'C'									
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over		Of Excess Over		Over	But Not Over		Of Excess Over	
\$ 0	\$ 384			1.5%	\$ 0	\$ 20,000			1.5%
\$ 384	\$ 769	\$ 5.76 +	\$ 384	2.3%	\$ 20,000	\$ 40,000	\$ 300.00 +	\$ 20,000	2.3%
\$ 769	\$ 961	\$ 14.62 +	\$ 769	2.8%	\$ 40,000	\$ 50,000	\$ 760.00 +	\$ 40,000	2.8%
\$ 961	\$ 1,153	\$ 19.99 +	\$ 961	3.5%	\$ 50,000	\$ 60,000	\$ 1,040.00 +	\$ 50,000	3.5%
\$ 1,153	\$ 2,884	\$ 26.71 +	\$ 1,153	5.6%	\$ 60,000	\$ 150,000	\$ 1,390.00 +	\$ 60,000	5.6%
\$ 2,884		\$ 123.65 +	\$ 2,884	6.6%	\$ 150,000		\$ 6,430.00 +	\$ 150,000	6.6%
\$ 9,615		\$ 567.90 +	\$ 9,615	9.9%	\$ 500,000		\$ 29,530.00 +	\$ 500,000	9.9%
RATE 'D'									
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over		Of Excess Over		Over	But Not Over		Of Excess Over	
\$ 0	\$ 384			1.5%	\$ 0	\$ 20,000			1.5%
\$ 384	\$ 769	\$ 5.76 +	\$ 384	2.7%	\$ 20,000	\$ 40,000	\$ 300.00 +	\$ 20,000	2.7%
\$ 769	\$ 961	\$ 16.16 +	\$ 769	3.4%	\$ 40,000	\$ 50,000	\$ 840.00 +	\$ 40,000	3.4%
\$ 961	\$ 1,153	\$ 22.68 +	\$ 961	4.3%	\$ 50,000	\$ 60,000	\$ 1,180.00 +	\$ 50,000	4.3%
\$ 1,153	\$ 2,884	\$ 30.94 +	\$ 1,153	5.6%	\$ 60,000	\$ 150,000	\$ 1,610.00 +	\$ 60,000	5.6%
\$ 2,884		\$ 127.88 +	\$ 2,884	6.5%	\$ 150,000		\$ 6,650.00 +	\$ 150,000	6.5%
\$ 9,615		\$ 565.40 +	\$ 9,615	9.9%	\$ 500,000		\$ 29,400.00 +	\$ 500,000	9.9%
RATE 'E'									
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over		Of Excess Over		Over	But Not Over		Of Excess Over	
\$ 0	\$ 384			1.5%	\$ 0	\$ 20,000			1.5%
\$ 384	\$ 673	\$ 5.76 +	\$ 384	2.0%	\$ 20,000	\$ 35,000	\$ 300.00 +	\$ 20,000	2.0%
\$ 673	\$ 1,923	\$ 11.54 +	\$ 673	5.8%	\$ 35,000	\$ 100,000	\$ 600.00 +	\$ 35,000	5.8%
\$ 1,923		\$ 84.04 +	\$ 1,923	6.5%	\$ 100,000		\$ 4,370.00 +	\$ 100,000	6.5%
\$ 9,615		\$ 584.20 +	\$ 9,615	9.9%	\$ 500,000		\$ 30,370.00 +	\$ 500,000	9.9%

Form W-4 (2017)

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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't 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 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none">• You're single and have only one job; or• You're married, have only one job, and your spouse doesn't work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B	_____
C	Enter "1" for your spouse. 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.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G	_____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
▶ 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.		2017			
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. Note: 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)		5			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7			
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.					
Employee's signature (This form is not valid unless you sign it.) ▶					
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.

- 1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

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.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
 - 3 If line 1 is **more than or equal to** 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. **Do not** use the rest of this worksheet 3 _____
- Note:** If line 1 is **less than** 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.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 **Subtract** line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$7,000	0	\$0 - \$8,000	0
7,001 - 14,000	1	8,001 - 16,000	1
14,001 - 22,000	2	16,001 - 26,000	2
22,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 70,000	5
44,001 - 55,000	6	70,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 95,000	10	140,001 and over	10
95,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

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.

VOORHEES TOWNSHIP BOARD OF EDUCATION

Authorization Agreement for Direct Deposit

Employee Name _____

Bank Name _____

Choose One: Checking Account_____ (or) Savings Account _____

ABA Number: _____
(Obtain from your bank - 9 digits)

Account Number: _____

I hereby authorize Voorhees Township Board of Education to initiate by electronic means direct deposit (credit entries) of my net earning to my account at the Financial Institution indicated above. I also authorize Voorhees Board of Education to initiate, if necessary, debit entries and adjustments for any credit entries in error. I authorize the Financial Institution to accept and to credit and/or debit the amount of such entries to my account.

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

Employee's Signature _____

Please submit this form to Payroll Department with proof of routing number and account number. If your direct deposit is for a savings account, attach a deposit slip.

*******Please Note*******

It takes at least two pay periods to establish a direct deposit account due to Federal banking regulations on such transfers, therefore, please allow us sufficient time to respond to your request.



Employment Eligibility Verification

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

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

► **START HERE.** 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 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 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		E-mail Address			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):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (*See instructions*)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

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.

Signature of Preparer or Translator:			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



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

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	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)	First Name (Given Name)	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) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print 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	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		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
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
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				

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Voorhees Public Schools

Important Affirmative Action Information

- I. Candidates for substitute positions are required to read the following policies:

Affirmative Action for Employment	1550
Sexual Harassment: Employee	3362
Sexual Harassment: Student	5751
Equal Employment Opportunities	1530
Harassment, Intimidation and Bullying	5512

- I. [Please click here to access and read the policies.](#)
- II. Please sign and return this page with completed documents.

I have read the Affirmative Action Policies listed above.

Name Printed _____

Name Signed _____

Date _____

Voorhees Public Schools

Important Affirmative Action Information

The Voorhees Public Schools Affirmative Action Officer is Susan Donnelly. The Affirmative Action Office deals with issues of respect and equity among students and staff.

Any questions or concerns regarding these issues should be directed to Mrs. Donnelly. Her office is located in Suite 5 in the Administrative Offices at 329 Route 73, in Voorhees. Her phone number is (856) 751-8446 ext 6117. Her email address is donnelly@voorhees.k12.nj.us. Questions or concerns may also be directed to the building principal, supervisors or superintendent of schools.

[The following policies can be found on the district website.](#) They can also be found in the Voorhees Board of Education Policy Manual, located in the principal's office of each school, the assistant superintendents' office and in the superintendent's office.

Affirmative Action for Employment	1550
Sexual Harassment: Employee	3362
Sexual Harassment: Student	5751
Equal Employment Opportunities	1530
Harassment, Intimidation and Bullying	5512