

Mendham Township Board of Education

18 West Main Street, P. O. Box 510, Brookside, NJ 07926

Karyn Monaghan
Substitute Coordinator
Phone (973) 543-7107 x230

kmonaghan@mendhamtp.org
Fax(973) 543-5537

Date: _____ **Check** - Substitute Teacher Substitute RN Nurse Substitute Secretary

Candidate Name - Last: _____ First: _____ Maiden (other) _____

Thank you for your interest in applying for a Substitute position with Mendham Township Public Schools, a K-8 District in Morris County located in Brookside, Mendham Township.

Please submit the following documents for our review and consideration:

1. Complete Employment Application including your resume, and three letters of recommendation.
2. College Transcripts
 - a) If you are a NJ Certified Teacher or hold a NJ Substitute Certificate please include a copy of your college transcripts.
 - b) If you do not hold a NJ Certified Teaching Certificate or a NJ Substitute Certificate please submit original college transcripts in a sealed envelope reflecting a minimum of 60 college credits.

Please check no or yes to the following questions.

- | | | | |
|--|--------|---------|---|
| *Are you a fully Credentialed NJ Certificated Teacher? | No ___ | Yes ___ | (if yes, please include a copy) |
| *Do you hold a NJ Substitute Teacher Certificate? | No ___ | Yes ___ | (if yes, please include a copy) |
| *Are you on a NJ Public School District's Active Substitute Roll? | No ___ | Yes ___ | (if yes, name of School District _____) |
| *Have you had NJ Public School fingerprints taken after 2/21/03? | No ___ | Yes ___ | (if yes, please include a copy) |
| *Have you had a Mantoux – Tuberculosis test taken? (<i>within the past 6 months</i>) | No ___ | Yes ___ | (if yes, when _____) |

Mail your completed application including your resume, three letters of recommendation and this cover letter to: Karyn Monaghan, Mendham Township Board of Education, Post Office Box 510, Brookside, NJ 07926.

Once your application has been reviewed, an interview date/time will be set up with one of our district administrators.

Thank you and if you have any questions please let me know.

Sincerely,

Karyn Monaghan

Substitute Pay Rates				
Days Worked	New Jersey Certified Teacher	County Certification	NJ Certified School Nurse	School Secretary
1-20 days	\$87 per day	\$82 per day	\$125 per day	\$13.00 per hour
21-40 days	\$92 per day	\$87 per day	\$125 per day	\$13.00 per hour
Substitute School Hours				
Elementary School	8:40 am – 3:45 pm	18 West Main Street, P.O. Box 510		Brookside, NJ 07926
Middle School	8:05 am – 3:05 pm	16 Washington Valley Road, P.O. Box 510		Brookside, NJ 07926

Employment Application

Mendham Township Board of Education

18 West Main Street, P.O. Box 510
Brookside, NJ 07926

Phone (973) 543-7107 x230

Fax (973) 543-5537

Date Application Completed _____ / _____ / _____

Name _____
Last First Middle Maiden or Other Name

Address _____
Street & P.O. Box City State Zip Code

Home Tele. () _____ Cell No. () _____

E-Mail Address _____

I am Applying for a position as a Substitute Teacher _____ Substitute Nurse _____ Substitute Secretary _____

Do you hold a New Jersey Public School Teacher Certification? No _____ Yes _____

Do you hold a NJ Board of Nursing Certificate? No _____ Yes _____

Do you hold a current Substitute Certification? No _____ Yes _____ Date _____ / _____ / 20____

Are you currently working in a New Jersey Public School? No _____ Yes _____ District _____

NJ Certification _____
Type of Certificate Date Issued

NJ Certification _____
Type of Certificate Date Issued

Have you had a Tuberculin Test (Mantoux)? No _____ Yes _____ If Yes Date taken _____

Have you had fingerprints taken for a NJ Public School after 2/21/2003? No _____ Yes _____ Date _____ / _____ / 20____

*All public school employees are required to complete a **Criminal History** check.*

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes _____ No _____

Proof of citizenship or immigration status will be required before employment in order to comply with the Immigration Reform and Control Act of 1986.

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Education

Name of Graduate School	Location	Degree	Date Graduated	Major/Minor
Name of Under Graduate School	Location	Degree	Date Graduated	Major/Minor
Name of High School or Other	Location	Degree	Date Graduated	Major/Minor

Work Experience (list more recent first)

Employer/Business Name	Street Address City & State	Telephone Number	Dates of Employment From / To	Position(s) Held

Employment Application

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List Awards and Honors

List activities that you participated in or are able to direct that would benefit our district and/or strengthen your candidacy for a position in our schools.

References with full address & telephone number

Name & Title	Street Address, City & State	How long have you known them?	Relationship	Phone
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Applicant's Statement – please read below statements before signing

1. I understand that if selected for employment, I will be hired provisionally and that my continued employment will be subject to approval by the New Jersey State Department of Education based upon the results of the Federal and State criminal history background check. I hereby certify, under penalties of perjury, that I have not been convicted of any crime or disorderly person's offense involving sexual offenses, child molestation, or endangering the welfare of children or incompetents.
2. I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. 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 that I am required to abide by all rules and regulations of the Mendham Township School District.
3. All certificate holders **shall report their arrest or indictment for any crime or offense** to their Superintendent **within fourteen calendar days**. The report shall include the date of the arrest or indictment and charge(s) lodged against the certificate holder. Such certificate holder shall also report to their Superintendent the disposition of any charges within seven calendar days of the disposition. Failure to comply with these reporting requirements may be deemed "just Cause" pursuant to N.J.A.C. 6A:9-17.5. School districts shall make these requirements known to all new employees and to all employees on an annual basis.

Signature of Applicant

_____/_____/_____
Date