

# 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

## Substitute Registered Nurse

Date: \_\_\_\_\_

Candidate Name - Last: \_\_\_\_\_ First: \_\_\_\_\_ Maiden (other) \_\_\_\_\_

Thank you for your interest in applying for a Substitute Nurse 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 Registered Nurse and hold a NJ Substitute School Nurse Certificate please include a copy of your college transcripts.
  - b) If you do not hold a NJ Substitute School Nurse 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 NJ Registered Nurse? No \_\_\_ Yes \_\_\_ (if yes, please include a copy)
- \*Do you hold a NJ Substitute Nurse 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? (*within the past 6 months*) 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*

<i>Substitute Pay Rate</i>			
\$160.00 Per Day			
<i>Substitute School Hours</i>			
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.

# Employment Application

## Mendham Township Board of Education

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

## Mendham Township Board of Education

### List Awards and Honors

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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.

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### 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*