

HOLLAND TOWNSHIP BOARD OF EDUCATION
714 MILFORD WARREN GLEN ROAD
MILFORD, NJ 08848
908-995-2772

Substitute Packet Request 24-25

Date: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Substitute Position/s you are applying for: (Please circle)
Teacher, Para-professional, Custodian, Nurse, Library Clerk,
Cafeteria Aide

Criminal History: Yes or No

Substitute Teaching Certificate: Yes or No

Expiration Date if yes: _____

Are you an active substitute at another school district? Yes or No

If so, what district: _____

Mailed: _____

Picked Up: _____

Received Back: _____

Holland Township Board of Education
714 Milford-Warren Glen Road
Milford, NJ 08848-1652
Telephone (908) 995-2772
Fax (908) 995-2011
dolah@hollandschool.org

Substitute Packet Information

Enclosed as part of your substitute packet you will find the following:

Application for employment (please fill out completely and list three references)

Application/s enclosed:

Substitute teacher _____

Substitute misc. _____

Please fill out only the application/s for the position/s you are interested in applying for.
(Current resume if you have one available)

Fingerprint Information: (NEW) Effective Feb. 17, 2020

New applicants, current employee transferring within districts applying for fingerprinting must submit your request through the on-line process available through the department web site.

<http://www.nj.gov/education/educators/crimhist/>.

Go to Criminal History Record check and proceed from there.

Methods of payment are Visa, Master/Card, American Express or Discover Credit Cards.

The criminal history record check is a three-phase process for new applicants seeking employment with an educational facility.

Step one: submission of the written authorization for the department to conduct the record check and the payment of the administrative fee directly to the Criminal History Review Unit. This is done by accessing the website above. Payment is done on line with this procedure.

Important Information when applying is County Code is 19 District Code is 2220. This is only for the Holland Township School. On box 4 of the Universal Fingerprint form you must use 2F1FB1.

Step Two: Schedule an appointment with IDEMIA to Live Scan your finger print images. This can be done through the link on the Criminal History Review Site. The cost of this is \$66.05 for a new applicant. If you worked in another school district you should be able to archive your criminal history. That cost will be \$29.75

Step Three: Approval by the FBI and New Jersey State Police

You will be able to view and print your approval letter on the educator's site listed above within a few weeks.

Additional requirements:

TB (Mantoux testing screening application) Cost is your responsibility

Form W-4

State of New Jersey Taxation Form

PA Tax Form (if applicable)

State of New Jersey new hire reporting form

Employment Eligibility Verification I-09 (must be returned with a form of identification, see form,) Usual form of Id is your drivers license and social security card, or passport.

Education Employer Verification is only to be filled out if you previously worked in a school district.

Automatic deposit form

If you are applying for substitute teaching certificate this information is also needed:

If you have a New Jersey Teaching Certificate, please provide a copy. If not please follow the instructions

County Substitute teaching application with supporting documents:

- a. **Sealed /certified college transcripts with at least 60 college credits (Directed to the Holland Board of Education Office along with your criminal history approval)**

A copy of your criminal history approval letter must be sent to the county office to process your request for your substitute certificate.

All forms must be turned into the board office for processing. Any information missing will only delay your submission of your substitute packet to Mrs. Wardell. Mrs. Regep will then call to set up an interview. Once this is completed you will then be board approved. Once you are board approved you will receive instructions by email on how to sign on to AESOP.

Should you have any questions or require anything further in this regard, please contact me by phone at (908) 995-2772 or contact me by email at dolah@hollandschool.org.

Thank you

Deborah Olah

**Deborah Olah
Assistant to the SBA**

7/1/2022

Good afternoon,

Please see the following directions in case you have been receiving questions on how educators complete the payment process in NJEdCert:

IMPORTANT NOTICE OF FEE HOLIDAY

When prompted to complete payment information for the purposes of utilizing the Fee Holiday, the payment process requires entering a distinct credit card code, security code, and additional information. There is no charge or transaction applied toward any individual for the purposes of obtaining a certification or credential. Please utilize the code below for the purposes of complying with application procedures.

To complete the transaction, enter your personal identification information and enter the following information on the final payment page:

Credit Card Code: 4242424242424242

Security Code: 724

Expiration Month: 07 - July

Expiration Year: 2024

There will be no personal charges for any transactions...even if they mistakenly use their own credit card.

The directions above are noted on the right side of the page once an educator signs into their NJEdCert account.

A Guide for Applicants: How to Apply for a Substitute Credential or CTE Substitute Credential

Updated August 1, 2022

Step One: Seek and Obtain a Sponsor School District or Organization for Criminal History Record Clearance.

The sponsoring organization should be the candidate's teacher preparation program, school district, or vendor organization that the candidate will serve (such as Source4Teachers or Insight Educational Workforce Solutions). If the candidate plans to substitute in multiple school districts, he or she must select at least one for application purposes.

Step Two: Complete Criminal History Record Check Process

1. Pay administrative fee(s) for the criminal history background clearance and print out the Identogo New Jersey Universal Fingerprint Form from the New Jersey Department of Education (NJDOE) Office of Student Protection webpage (\$11);
2. Go to the Identogo Website to schedule an appointment and pay fingerprinting fees (\$66.05 for those who have never been fingerprinted in New Jersey, or \$29.75 if previously printed through the NJDOE subsequent to March 2003).
3. Attend the scheduled appointment time and get fingerprinted. Make sure to bring the following to your scheduled appointment:
 - o Picture Identification (ID) Note: Foreign passports will no longer be accepted as proof of identification;
 - o Identogo New Jersey Universal Fingerprint Form; and
 - o Verify criminal history status form.

Step Three: Apply for the Substitute Credential Online

Apply online in the New Jersey EdCert (www.nj.gov/education/certification) click on "New Jersey Educator Certification (NJEdCert) The application process is a little lengthy. You want to click on Apply for "Credential" If there are questions that do not pertain to you (Praxis test, Did you take an English equivalency test) click "Continue". If you are doing the application on an iPad or on your phone, make sure to scroll down to the bottom of the page to see the "Continue" button. You want to pay \$125.00 + fee for the substitute credential. If it asks for a different amount, do not process – it will indicate that you applied for the NJ DOE teacher certificate and your money will not be refunded if your application is not for the correct credential.

Upon completion of the online application, Applicants should record their individual Tracking Number generated by NJEdCert. during the application process and notify the Hunterdon County Office of Education Certification Clerk and have your transcripts sent to the Hunterdon County Certification Clerk or your sponsor district HR Department.

The Hunterdon County Office of Education Certification Clerk's e-mail address is: Brenda.apgar@doe.nj.gov . The telephone number for the certification clerk is (908) 788-1462.

Once you get your criminal history clearance, please send a scanned copy to the county office clerk at the above e-mail.



STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION

A Memo from the New Jersey Department of Education

Date: February 6, 2020
 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, Authorized Vendors
 From: Dr. Jamar E. Purnsley, Director
 Office of Fiscal Accountability and Compliance

IDEMIA Service Code for New Applicants

Effective February 17, 2020, all new applicants for a criminal history background check will need a unique service code to schedule their fingerprint appointments with IDEMIA, the vendor that processes criminal history background checks. The six-character Service Code is used for uniquely identifying the Agency (ORI), Reason for Fingerprinting (RFP), Price, and other defining data for the transaction.

The use of the Service Code ensures that new applicants are being printed for the correct purpose and are not accidentally or incorrectly being processed for a service they don't need. IDEMIA's customer service call center representatives will not provide Service Codes to callers. The distribution of the Service Code is dependent on the hiring agency to provide the correct Service Code to the new applicants.

The following are Service Codes that have been provided to the Department of Education, Office of Student Protection:

| Reason for Fingerprinting (Box 4 on the NJ Universal Fingerprint form) | Service Code |
|---|--------------|
| Public School Employment | 2F1FB1 |
| Nonpublic School Employment | 2F19ZQ |
| School Bus Driver Employment | 2F1GSH |
| School Board Member/Trustee | 2FIGN4 |
| DOE Volunteer | 2F151N |
| DOE Volunteer Nonpublic | 2F14XX |

For additional information or clarification, please visit the New Jersey Department of Education's Office of Student Protection webpage and select the "Instructions" tab, or call the office at (609) 376-3999.

- c: Members, State Board of Education
- Lamont O. Repollet, Ed.D., Commissioner
- NJDOE Staff
- Statewide Parent Advocacy Network
- Garden State Coalition of Schools
- NJ LEE Group

APPLICATION FOR SUBSTITUTE EMPLOYMENT

HOLLANDTOWNSHIP SCHOOL

710 Milford-Warren Glen Road
Milford, NJ 08848
908-995-2401

Note to Applicant: It is important that you fill out this form completely and accurately. If you are selected for a position, this information will become part of your permanent record. Any false information given may lead to sufficient cause for: (1) rejection of candidacy; (2) withdrawing any offer of employment.

(Please type or print)

PERSONAL INFORMATION

Name: _____

Present Address: _____

Permanent Address: _____

Telephone: _____

SUBSTITUTE POSITION PREFERENCE

Position (s) Desired:

_____ Teacher/Aide
_____ Aide/Library Clerk

_____ Nurse

_____ Cafeteria Aide
_____ Custodian

BACKGROUND INFORMATION

Please answer yes or no

Have you retired from a NJ state pension system? _____

If yes, what was the retirement date? _____

Are you currently receiving any NJ state/county/local pension payments? _____

Have you ever been convicted of a criminal offense? _____

Are you currently under charges for a criminal offense? _____

Would you approve of a criminal background history check? _____

Would you approve of a child abuse history check? _____

Are you a United States citizen? _____

During the last five years, have you ever been fired from any job for any reason? _____

CERTIFICATION FOR TEACHER APPLICANTS

For a candidate to be appointed to a professional position, he or she must be completely certified under the requirements of the New Jersey State Department of Education. Do you currently hold a valid New Jersey certification for the professional position for which you are applying? Yes _____ No _____ N/A _____ Do you hold a county substitute certificate if applying to be a substitute teacher? Yes _____ No _____ N/A _____

Please list all professional certifications that you currently hold.

| <u>Subject-Grades-Positions</u> | <u>Type of Certification and Level</u> | <u>Date Issued</u> | <u>State</u> |
|---------------------------------|--|--------------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

TEACHING EXPERIENCE

Name of School & Address Date Started Date Finished Years Taught Grade & Subject

OTHER EXPERIENCE

Name of Institution Date Started Date Finished Position

EDUCATION

Name of School & Location Dates attended Major Diploma/Degree Date Granted GPA

1. High School
2. College
3. Graduate School
4. Other

Awards, Honors _____

List any student activities, mini-courses, sports or educational programs that you would be qualified to sponsor or direct.

REFERENCES

Write down a person of reference that you have worked with. (Include at least three people.)

Name and Title Address Telephone Your Position

Signature _____ Date _____

EOE/AA

Interviewed by:

Administrator

Date

Reference Checks:

Administrator

Date

Certification Validation:

Administrator

Date

Criminal History Validation:

Board Office

Date

Criminal History Emergent Hire:

Board Office

Date

Mantoux Testing:

Board Office

Date

Tax, I-9, N.J. Hire:

Board Office

Date

Holland Township Board of Education
714 Milford-Warren Glen Road
Milford, NJ 08848-1652
(908) 995-2772 Board Office
Fax (908) 995-2011

Instructions for Completion of (TB) Mantoux Testing
Substitute Positions

The Holland Township Board of Education has ruled that all employees including substitutes shall be tuberculin tested in accordance with New Jersey Department of Education rules: NJSA 18A: 16-2 & 40-16. An intradermal tuberculin test is the sole basis for the initial screening for evidence of tuberculin infection in employees. Prior to being approved by the Holland Township Board of Education as a substitute you are requested to present to the board office:

A documented Mantoux test administered within the previous six- (6) months. An employee transferring between school districts within New Jersey would not have to be tuberculin tested if there is documented record of a Mantoux Tuberculin Skin Test being administered upon his or her initial employment in a New Jersey public school. If a test is required the following applies:

1. Complete the top portion of the attached sheet The bottom portion should be completed by the person administering and reading the test
2. Testing can be administered either by your own physician or by calling Delaware Valley Health Center (995-2251). **Payment for this test is your responsibility.**
3. Testing can be administered on Monday, Tuesday or Wednesday, providing the test is read in 48-72 hours. If needed, the school nurse can also read your test, but she needs to be notified a day in advance.
4. The original reading must be presented to the board office and the nurse will then be given a copy.
5. Please retain a copy of the results, which can be used to complete requirements of testing in any other district in which you might want to register.

HOLLAND TOWNSHIP SCHOOL

Name _____ Date of Birth _____

Address _____

_____ Social Security # _____

Allergies _____

The above named person is scheduled for a (TB) mantoux test on

Day _____ Date _____ Time _____

Patient: I have not had a previous positive (Red/Swollen) reaction- or -
within the past month had a vaccination or booster shot.

Signature

.....
Name _____

Mantoux test given: Day _____ Date _____ R _____ L _____

Due for reading _____

Mantoux read: Day _____ Date _____ Result _____

Signature

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.**

2024

| | | | |
|---|--|-----------------|---|
| 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, and when to use the estimator at www.irs.gov/W4App.

**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) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(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

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) _____ |
|---------------------------|-----------------------------------|--------------------------------|--|

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 and you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. 1 \$
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$
c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld). 4 \$

Step 4(b)—Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. 1 \$
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$

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 with no other entries on the form; 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 territories 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.

Married Filing Jointly or Qualifying Surviving Spouse

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$0 | \$780 | \$850 | \$940 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,370 |
| \$10,000 - 19,999 | 0 | 780 | 1,780 | 1,940 | 2,140 | 2,220 | 2,220 | 2,220 | 2,220 | 2,220 | 2,570 | 3,570 |
| \$20,000 - 29,999 | 780 | 1,780 | 2,870 | 3,140 | 3,340 | 3,420 | 3,420 | 3,420 | 3,420 | 3,770 | 4,770 | 5,770 |
| \$30,000 - 39,999 | 850 | 1,940 | 3,140 | 3,410 | 3,610 | 3,690 | 3,690 | 3,690 | 4,040 | 5,040 | 6,040 | 7,040 |
| \$40,000 - 49,999 | 940 | 2,140 | 3,340 | 3,610 | 3,810 | 3,890 | 3,890 | 4,240 | 5,240 | 6,240 | 7,240 | 8,240 |
| \$50,000 - 59,999 | 1,020 | 2,220 | 3,420 | 3,690 | 3,890 | 3,970 | 4,320 | 5,320 | 6,320 | 7,320 | 8,320 | 9,320 |
| \$60,000 - 69,999 | 1,020 | 2,220 | 3,420 | 3,690 | 3,890 | 4,320 | 5,320 | 6,320 | 7,320 | 8,320 | 9,320 | 10,320 |
| \$70,000 - 79,999 | 1,020 | 2,220 | 3,420 | 3,690 | 4,240 | 5,320 | 6,320 | 7,320 | 8,320 | 9,320 | 10,320 | 11,320 |
| \$80,000 - 99,999 | 1,020 | 2,220 | 3,620 | 4,890 | 6,090 | 7,170 | 8,170 | 9,170 | 10,170 | 11,170 | 12,170 | 13,170 |
| \$100,000 - 149,999 | 1,870 | 4,070 | 6,270 | 7,540 | 8,740 | 9,820 | 10,820 | 11,820 | 12,830 | 14,030 | 15,230 | 16,430 |
| \$150,000 - 239,999 | 1,960 | 4,360 | 6,760 | 8,230 | 9,630 | 10,910 | 12,110 | 13,310 | 14,510 | 15,710 | 16,910 | 18,110 |
| \$240,000 - 259,999 | 2,040 | 4,440 | 6,840 | 8,310 | 9,710 | 10,990 | 12,190 | 13,390 | 14,590 | 15,790 | 16,990 | 18,190 |
| \$260,000 - 279,999 | 2,040 | 4,440 | 6,840 | 8,310 | 9,710 | 10,990 | 12,190 | 13,390 | 14,590 | 15,790 | 16,990 | 18,190 |
| \$280,000 - 299,999 | 2,040 | 4,440 | 6,840 | 8,310 | 9,710 | 10,990 | 12,190 | 13,390 | 14,590 | 15,790 | 16,990 | 18,380 |
| \$300,000 - 319,999 | 2,040 | 4,440 | 6,840 | 8,310 | 9,710 | 10,990 | 12,190 | 13,390 | 14,590 | 15,980 | 17,980 | 19,980 |
| \$320,000 - 364,999 | 2,040 | 4,440 | 6,840 | 8,310 | 9,710 | 11,280 | 13,280 | 15,280 | 17,280 | 19,280 | 21,280 | 23,280 |
| \$365,000 - 524,999 | 2,720 | 6,010 | 9,510 | 12,080 | 14,580 | 16,950 | 19,250 | 21,550 | 23,850 | 26,150 | 28,450 | 30,750 |
| \$525,000 and over | 3,140 | 6,840 | 10,540 | 13,310 | 16,010 | 18,590 | 21,090 | 23,590 | 26,090 | 28,590 | 31,090 | 33,590 |

Single or Married Filing Separately

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$240 | \$870 | \$1,020 | \$1,020 | \$1,020 | \$1,540 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$1,910 | \$2,040 |
| \$10,000 - 19,999 | 870 | 1,680 | 1,830 | 1,830 | 2,350 | 3,350 | 3,680 | 3,680 | 3,680 | 3,720 | 3,920 | 4,050 |
| \$20,000 - 29,999 | 1,020 | 1,830 | 1,980 | 2,510 | 3,510 | 4,510 | 4,830 | 4,830 | 4,870 | 5,070 | 5,270 | 5,400 |
| \$30,000 - 39,999 | 1,020 | 1,830 | 2,510 | 3,510 | 4,510 | 5,510 | 5,830 | 5,870 | 6,070 | 6,270 | 6,470 | 6,600 |
| \$40,000 - 59,999 | 1,390 | 3,200 | 4,360 | 5,360 | 6,360 | 7,370 | 7,890 | 8,090 | 8,290 | 8,490 | 8,690 | 8,820 |
| \$60,000 - 79,999 | 1,870 | 3,680 | 4,830 | 5,840 | 7,040 | 8,240 | 8,770 | 8,970 | 9,170 | 9,370 | 9,570 | 9,700 |
| \$80,000 - 99,999 | 1,870 | 3,690 | 5,040 | 6,240 | 7,440 | 8,640 | 9,170 | 9,370 | 9,570 | 9,770 | 9,970 | 10,810 |
| \$100,000 - 124,999 | 2,040 | 4,050 | 5,400 | 6,600 | 7,800 | 9,000 | 9,530 | 9,730 | 10,180 | 11,180 | 12,180 | 13,120 |
| \$125,000 - 149,999 | 2,040 | 4,050 | 5,400 | 6,600 | 7,800 | 9,000 | 10,180 | 11,180 | 12,180 | 13,180 | 14,180 | 15,310 |
| \$150,000 - 174,999 | 2,040 | 4,050 | 5,400 | 6,860 | 8,860 | 10,860 | 12,180 | 13,180 | 14,230 | 15,530 | 16,830 | 18,060 |
| \$175,000 - 199,999 | 2,040 | 4,710 | 6,860 | 8,860 | 10,860 | 12,860 | 14,380 | 15,680 | 16,980 | 18,280 | 19,580 | 20,810 |
| \$200,000 - 249,999 | 2,720 | 5,610 | 8,060 | 10,360 | 12,660 | 14,960 | 16,590 | 17,890 | 19,190 | 20,490 | 21,790 | 23,020 |
| \$250,000 - 399,999 | 2,970 | 6,080 | 8,540 | 10,840 | 13,140 | 15,440 | 17,060 | 18,360 | 19,660 | 20,960 | 22,260 | 23,500 |
| \$400,000 - 449,999 | 2,970 | 6,080 | 8,540 | 10,840 | 13,140 | 15,440 | 17,060 | 18,360 | 19,660 | 20,960 | 22,260 | 23,500 |
| \$450,000 and over | 3,140 | 6,450 | 9,110 | 11,610 | 14,110 | 16,610 | 18,430 | 19,930 | 21,430 | 22,930 | 24,430 | 25,870 |

Head of Household

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$510 | \$850 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,220 | \$1,870 | \$1,870 | \$1,870 | \$1,960 |
| \$10,000 - 19,999 | 510 | 1,510 | 2,020 | 2,220 | 2,220 | 2,220 | 2,420 | 3,420 | 4,070 | 4,070 | 4,160 | 4,360 |
| \$20,000 - 29,999 | 850 | 2,020 | 2,560 | 2,760 | 2,760 | 2,960 | 3,960 | 4,960 | 5,610 | 5,700 | 5,900 | 6,100 |
| \$30,000 - 39,999 | 1,020 | 2,220 | 2,760 | 2,960 | 3,160 | 4,160 | 5,160 | 6,160 | 6,900 | 7,100 | 7,300 | 7,500 |
| \$40,000 - 59,999 | 1,020 | 2,220 | 2,810 | 4,010 | 5,010 | 6,010 | 7,070 | 8,270 | 9,120 | 9,320 | 9,520 | 9,720 |
| \$60,000 - 79,999 | 1,070 | 3,270 | 4,810 | 6,010 | 7,070 | 8,270 | 9,470 | 10,670 | 11,520 | 11,720 | 11,920 | 12,120 |
| \$80,000 - 99,999 | 1,870 | 4,070 | 5,670 | 7,070 | 8,270 | 9,470 | 10,670 | 11,870 | 12,720 | 12,920 | 13,120 | 13,450 |
| \$100,000 - 124,999 | 2,020 | 4,420 | 6,160 | 7,560 | 8,760 | 9,960 | 11,160 | 12,360 | 13,210 | 13,880 | 14,880 | 15,880 |
| \$125,000 - 149,999 | 2,040 | 4,440 | 6,180 | 7,580 | 8,780 | 9,980 | 11,250 | 13,250 | 14,900 | 15,900 | 16,900 | 17,900 |
| \$150,000 - 174,999 | 2,040 | 4,440 | 6,180 | 7,580 | 9,250 | 11,250 | 13,250 | 15,250 | 16,900 | 18,030 | 19,330 | 20,630 |
| \$175,000 - 199,999 | 2,040 | 4,510 | 7,050 | 9,250 | 11,250 | 13,250 | 15,250 | 17,530 | 19,480 | 20,780 | 22,080 | 23,380 |
| \$200,000 - 249,999 | 2,720 | 5,920 | 8,620 | 11,120 | 13,420 | 15,720 | 18,020 | 20,320 | 22,270 | 23,570 | 24,870 | 26,170 |
| \$250,000 - 449,999 | 2,970 | 6,470 | 9,310 | 11,810 | 14,110 | 16,410 | 18,710 | 21,010 | 22,960 | 24,260 | 25,560 | 26,860 |
| \$450,000 and over | 3,140 | 6,840 | 9,880 | 12,580 | 15,080 | 17,580 | 20,080 | 22,580 | 24,730 | 26,230 | 27,730 | 29,230 |

State of New Jersey – Division of Taxation
Employee's Withholding Allowance Certificate

| | | | | | |
|--|--|-----|--|--|-------|
| 1. SS# | | | 2. Filing Status: (Check only one box) | | |
| Name | | | 1. <input type="checkbox"/> Single | | |
| Address | | | 2. <input type="checkbox"/> Married/Civil Union Couple Joint | | |
| City | | | 3. <input type="checkbox"/> Married/Civil Union Partner Separate | | |
| State | | Zip | 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 nonwage 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 |
|-------------------|------------------|--------------------------|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------|
| YOUR WAGES | 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 | E | 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 |



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any) | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | | Apt. Number (if any) | City or Town | | State ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | | Employee's Email Address | | Employee's Telephone Number | |
| <p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p> | | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): | | | | |
| | | <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 (Enter USCIS or A-Number.) | | | | |
| | | <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) | | | | |
| | | If you check Item Number 4., enter one of these: | | | | |
| | | USCIS A-Number | OR | Form I-94 Admission Number | OR | Foreign Passport Number and Country of Issuance |
| Signature of Employee | | | | Today's Date (mm/dd/yyyy) | | |

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the **Preparer and/or Translator Certification** on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| | List A | OR | List B | AND | List C |
|---|--|----|--|-----|---------------------------------------|
| Document Title 1 | | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Document Title 2 (if any) | Additional Information | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Document Title 3 (if any) | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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. | | | | | First Day of Employment (mm/dd/yyyy): |
| Last Name, First Name and Title of Employer or Authorized Representative | | | Signature of Employer or Authorized Representative | | Today's Date (mm/dd/yyyy) |
| Employer's Business or Organization Name | | | Employer's Business or Organization Address, City or Town, State, ZIP Code | | |

For reverification or rehire, complete **Supplement B, Reverification and Rehire** on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

| 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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: <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 individual's status or parole 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 <li style="text-align: center;">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 | 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 <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p> |
| <p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p> | | | | |
| <ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. | OR | <p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p> | AND | <p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p> |

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,
Preparer and/or Translator Certification for Section 1**

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

**USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026**

| | | |
|--|--|---|
| Last Name (<i>Family Name</i>) from Section 1. | First Name (<i>Given Name</i>) from Section 1. | Middle initial (if any) from Section 1. |
|--|--|---|

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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 | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |

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 | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |

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 | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |

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 | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |



Supplement B, Reverification and Rehire (formerly Section 3)

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

**USCIS
Form I-9
Supplement B**
OMB No. 1615-0047
Expires 07/31/2026

| | | |
|--|--|---|
| Last Name (<i>Family Name</i>) from Section 1. | First Name (<i>Given Name</i>) from Section 1. | Middle initial (if any) from Section 1. |
|--|--|---|

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

| | | | |
|--|--|--|--|
| <i>Date of Rehire (if applicable)</i> | <i>New Name (if applicable)</i> | | |
| Date (<i>mm/dd/yyyy</i>) | Last Name (Family Name) | First Name (Given Name) | Middle Initial |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below. | | | |
| Document Title | Document Number (if any) | Expiration Date (if any) (<i>mm/dd/yyyy</i>) | |
| 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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it. | | | |
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (<i>mm/dd/yyyy</i>) | |
| Additional Information (Initial and date each notation.) | | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

| | | | |
|--|--|--|--|
| <i>Date of Rehire (if applicable)</i> | <i>New Name (if applicable)</i> | | |
| Date (<i>mm/dd/yyyy</i>) | Last Name (Family Name) | First Name (Given Name) | Middle Initial |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below. | | | |
| Document Title | Document Number (if any) | Expiration Date (if any) (<i>mm/dd/yyyy</i>) | |
| 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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it. | | | |
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (<i>mm/dd/yyyy</i>) | |
| Additional Information (Initial and date each notation.) | | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

| | | | |
|--|--|--|--|
| <i>Date of Rehire (if applicable)</i> | <i>New Name (if applicable)</i> | | |
| Date (<i>mm/dd/yyyy</i>) | Last Name (Family Name) | First Name (Given Name) | Middle Initial |
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| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (<i>mm/dd/yyyy</i>) | |
| Additional Information (Initial and date each notation.) | | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

Educational Employer Verification
(in accordance with N.J.S.A. § 18A:6-7.7)

Directions for the Applicant: Fill out as many separate forms as required to include ALL current and former employers within the last 20 years if such employment was with a school district, charter school, nonpublic school or with a contracted service provider holding a contract with one of those entities, or if the employment caused you to have contact with children. Return those forms to the prospective employer listed in Section 2.

Directions for School District/Entity Considering Applicant for Employment: Each school district, charter school, nonpublic school, or contracted service provider holding a contract with a school district, charter school, or nonpublic school is required to obtain the information listed on this form from ALL current or former employer(s) of the applicant within the last 20 years if such employer was a school district, charter school, nonpublic school, or contracted service provider holding a contract with a school district, or if the employment caused the applicant to have contact with children. Applicants are required under the law to provide a prospective employer with the name, address, telephone number, and other relevant contact information of all current or former employers that meet the above criteria. Information may be collected through written, electronic, or telephonic communications. If the review of employment history is conducted by telephone, the results of the review shall be documented in writing by the prospective employer.

Directions for Current/Previous Employer: The applicant listed below is under consideration for a position with the school/district listed below in Section 2. The individual identified below has reported current/previous employment with your organization or contractual services with your organization in a position in which he/she has had contact with children. As required by N.J.S.A. §18A:6-7.7, please provide the information requested in Section 4. In accordance with the provisions of the statute, you are required to respond within 20 business days of receiving the request.

Section 1: To Be Completed by the Applicant

| | |
|-------------------------------|-------|
| Name of applicant | |
| Former name(s), if applicable | |
| Street address | |
| City, State, Zip Code | |
| Telephone number | () - |
| Primary Email Address | |

Section 2: Prospective Employer

| | |
|-----------------------------------|---|
| Name of prospective employer | Holland Township Board of Education |
| Street address | 714 Milford Warren Glen Road |
| City, State, Zip Code | Milford, New Jersey 08848-1652 |
| Superintendent | |
| Telephone number | (908) 995-2772 FAX (908) 995-2011 |
| Primary Contact and email address | Deborah Olah dolah@hollandschool.org |

Educational Employer Verification
(in accordance with N.J.S.A. § 18A:6-7.7)

Section 3: Current/Former Employer

| | |
|---|---------------|
| Name of employer | |
| Address of employer | |
| Dates of employment of above applicant | |
| Contact person | |
| Telephone number | () - |
| Email address | |
| Position held with current or former employer | |

Section 4: To Be Completed by Current or Former Employer

Date of receipt of this notice: _____

Applicant's dates of employment: _____

Current/Former Employer Representative Signature: _____

Current/Former Employer Representative Title: _____

To your knowledge, has the Applicant ever:

Yes **No** Been the subject of any child abuse or sexual misconduct investigation by any employer, State licensing agency, law enforcement agency, or the Division of Child Protection and Permanency in 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, nonrenewed, asked to resign from employment, resigned from or 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** Had a license, professional license or certificate 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?

Educational Employer Verification
(in accordance with N.J.S.A. § 18A:6-7.7)

The Authorization for the release of the above records and information is attached to this Request. Pursuant to Chapter 6 of Title 18A of the New Jersey Statutes the current or former employer has no more than 20 days from the receipt of this request to provide the above requested records and information.

APPLICANT AUTHORIZATION AND RELEASE: I expressly authorize my Previous Employer identified in **Section 3** to release the employment records or information in response to the questions listed above in **Section 3** to the Prospective employer identified in **Section 2**.

I further understand that the Previous Employer, upon release of the records, will be released from liability that may arise from the disclosure or release of those records.

I understand that the information received by an employer under this act shall be kept confidential and shall not be deemed a public record under P.L.1963, c.73 (C.47:1A-1 et seq.) or the common law concerning access to public records.

I certify that the answers to each of the questions presented in **Section 4** is NO. If any of the answers to the questions in **Section 4** is other than no, I have provided a written statement to the prospective employer regarding same.

I, _____ acknowledge that if I willfully provide false
(Print Full Name)
information or willfully fail to disclose information requested in **Section 4** above, I

- (1) shall be subject to discipline up to, and including, termination or denial of employment;
- (2) may be deemed in violation of subsection a. of N.J.S.A. 2C:28-3; and
- (3) may be subject to a civil penalty of not more than \$500 which shall be collected in proceedings in accordance with the "Penalty Enforcement Law of 1999" (P.L. 1999, C.2A58-10 et seq.).

Signature of Applicant

Date

Return completed form to the Prospective Employer listed in Section 2 of this form.

Viewed/Approved by Superintendent

Date

Educational Employer Verification
(in accordance with N.J.S.A. § 18A:6-7.7)

NOTES:

The Previous Employer, upon release of the records, will be released from any criminal or civil liability that may arise from the disclosure or release of those records, unless the information or records provided were knowingly false. This immunity shall be in addition to and not in limitation of any other immunity provided by law. The information received by an Prospective Employer shall be kept confidential and shall not be deemed a public record under P.L.1963, c.73 (C.47:1A-1 et seq.) or the common law concerning access to public records.

Information received by an employer under this act shall not be deemed a public record under P.L.1963, c.73 (C.47:1A-1 et seq.) or the common law concerning access to public records. An employer, school district, charter school, nonpublic school, school administrator, or contracted service provider that provides information or records about a current or former employee or applicant shall be immune from criminal and civil liability for the disclosure of the information, unless the information or records provided were knowingly false. The immunity shall be in addition to and not in limitation of any other immunity provided by law. New Jersey Public Law 2018, C. 5.

The terms provided below are currently defined in state law as follows. Please note that statutes may be amended from time to time.

“Child abuse,” means “any conduct that falls under the purview and reporting requirements of P.L.1971, c.437 (C.9:6-8.8 et seq.) and is directed toward or against a child or student, regardless of the age of the child or student.” New Jersey Public Law 2018, C. 5.

“Sexual misconduct,” means “any verbal, nonverbal, written, or electronic communication, or any other act directed toward or with a student that is designed to establish a sexual relationship with the student, including a sexual invitation, dating or soliciting a date, engaging in sexual dialogue, making sexually suggestive comments, self-disclosure or physical exposure of a sexual or erotic nature, and any other sexual, indecent or erotic contact with a student.” New Jersey Public Law 2018, C. 5.

HOLLAND TOWNSHIP BOARD OF EDUCATION

AUTHORIZATION FOR AUTOMATIC DEPOSIT

I hereby authorize Holland Township Board of Education hereinafter called the Company to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to _____Checking and/or _____Savings account indicated below, hereinafter called the Depository, to credit and/or debit the same to such account.

DEPOSITORY/BANK NAME: _____

BRANCH (LOCATION): _____

CITY: _____ STATE: _____ ZIP: _____

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

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.

NAME: _____ EMPLOYEE ID #: _____

SIGNED: _____ DATE: _____

Attach VOID check here