

**NORTHFIELD BOARD OF EDUCATION**  
**2000 New Road**  
**Northfield, New Jersey 08225**

**GUIDELINES TO COMPLETE APPLICATION**  
Substitute Aide/Custodian/Secretary

- \_\_\_\_\_ Complete all pages of application. Circle position you are applying for.
- \_\_\_\_\_ List three (3) references - **friends & relatives cannot be references**. Please only submit local area codes or email addresses.
- \_\_\_\_\_ Schedule fingerprinting appointment online:  
[www.nj.gov/education/educators/crimhist](http://www.nj.gov/education/educators/crimhist)
- \_\_\_\_\_ Have oath notarized. If you do not have a notary, please do not sign it. Signature must be witnessed.
- \_\_\_\_\_ Provide a current mantoux test. Results must be within the last three (3) years.
- \_\_\_\_\_ Bring 2 forms of identification along with a completed I-9 form. List of acceptable documents included.
- \_\_\_\_\_ Child Abuse Disclosure Release – complete page 1 and the top of page 2. Return with application. Please complete one for every workplace for the last twenty (20) year that has involved children.
- \_\_\_\_\_ Complete W-4. (Federal and state)
- \_\_\_\_\_ Complete Direct Deposit form with a void check. All substitutes are required to have direct deposit.
- \_\_\_\_\_ Return completed substitute packet to main entrance receptionist.

If you have any questions concerning the completion of the substitute application, please call: Mrs. Guetzlaff at 609-407-4001.

**NORTHFIELD BOARD OF EDUCATION  
BOARD OF EDUCATION  
2000 NEW ROAD  
NORTHFIELD, NJ 08225**

**CIRCLE POSITION YOU ARE APPLYING FOR:  
Substitute Aide/Substitute Secretary/Substitute Custodian**

**I PERSONAL DATA:**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

**II EDUCATION:**

HIGH SCHOOL NAME \_\_\_\_\_

LOCATION: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DIPLOMA \_\_\_\_\_

**III MILITARY SERVICE: (Attach copy of your DD-214)**

Branch: \_\_\_\_\_

Have you had full time military experience? \_\_\_\_\_

**IV HEALTH DATA:**

Do you have any physical disability that will prevent satisfactory job performance? \_\_\_\_ No \_\_\_\_ Yes

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**V: OTHER EMPLOYMENT:**

NAME OF EMPLOYER	DATE OF EMPLOYMENT	DUTIES

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**I certify that the 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 may result in discharge.**

**I understand that I am required to abide by all rules and regulations of the Northfield School District.**

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**Signature**

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**Date**

**EQUAL OPPORTUNITY EMPLOYER/AFFIRMATIVE ACTION**

**Northfield Community School  
2000 New Road  
Northfield, NJ 08225**

**REFERENCES**

**PLEASE PROVIDE US WITH AT LEAST THREE (3) PROFESSIONAL REFERENCES.**

*Please do not list friends or relatives.*

If your references are teachers/professors, you must supply an email address.

NAME & POSITION/OCCUPATION	HOW DO YOU KNOW REFERENCE?	TELEPHONE NUMBER AND EMAIL ADDRESS
		<i>(LOCAL CALLS PLEASE)</i>
1.		
2		
3		
4		

New Jersey State Department of Education  
Office of Certification and Induction

**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.*

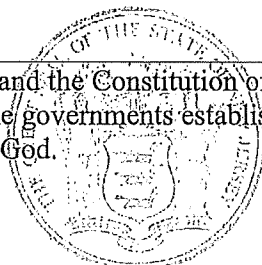
Code

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

5. Have you ever resigned, retired or been dismissed or suspended from an education-related position in New Jersey or any other state or jurisdiction following allegations of misconduct? \* Yes No

6. Are you the subject of any civil, criminal or administrative investigation in New Jersey or any other state or jurisdiction? \* Yes No

\* If any answer to Questions 2 through 6 is "yes," complete and submit an Additional Information For the Oath of Allegiance Form.

**D. Verification of Accuracy**

I certify that all statements and information provided herein are true and accurate.

Applicant's Signature (in ink)

Date

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Seal

Notary Signature

Once completed, mail the form to:

New Jersey State Department of Education  
Office of Certification and Induction  
P.O. Box 500  
Trenton, New Jersey 08625-0500

Attention: Oath of Allegiance/Verification of Accuracy

## Mantoux Tuberculin Skin Test Record Form

### Patient Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home Work

### Skin Test Information

Administrator Name: \_\_\_\_\_

Date/time Administered: \_\_\_\_\_

Arm on which Administered: \_\_\_\_\_

Manufacturer of PPD Solution: \_\_\_\_\_

Expiration Date of PPD Solution: \_\_\_\_\_

Lot #: \_\_\_\_\_

### Results

Induration: \_\_\_\_\_ mm Date/time of Reading: \_\_\_\_\_

Comments and Adverse Reaction(s), if any\* : \_\_\_\_\_

\_\_\_\_\_

Name of Reader: \_\_\_\_\_

Signature: \_\_\_\_\_

\* It is very unlikely that a side effect to the test will occur. If such an event does happen, the most common reaction is pain or redness at the test site. In very rare cases, a person who is hypersensitive to the solution could have a severe allergic reaction near the injection site. Such rare reactions may include blistering or a skin wound.



# 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	
<b>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.</b>		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)		<b>Additional Information</b>							
Issuing Authority									
Document Number (if any)									
Expiration Date (if any)									
Document Title 3 (if any)									
Issuing Authority									
Document Number (if any)									
Expiration Date (if any)									
						<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
<b>Certification:</b> 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
<div>1. U.S. Passport or U.S. Passport Card</div> <div>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</div> <div>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</div> <div>4. Employment Authorization Document that contains a photograph (Form I-766)</div> <div>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:<div>a. Foreign passport; and</div><div>b. Form I-94 or Form I-94A that has the following:<div>(1) The same name as the passport; and</div><div>(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.</div></div></div> <div>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</div>		<div>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</div> <div>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</div> <div>3. School ID card with a photograph</div> <div>4. Voter's registration card</div> <div>5. U.S. Military card or draft record</div> <div>6. Military dependent's ID card</div> <div>7. U.S. Coast Guard Merchant Mariner Card</div> <div>8. Native American tribal document</div> <div>9. Driver's license issued by a Canadian government authority</div> <div>For persons under age 18 who are unable to present a document listed above:</div> <div>10. School record or report card</div> <div>11. Clinic, doctor, or hospital record</div> <div>12. Day-care or nursery school record</div>		<div>1. A Social Security Account Number card, unless the card includes one of the following restrictions:<div>(1) NOT VALID FOR EMPLOYMENT</div><div>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</div><div>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</div></div> <div>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</div> <div>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</div> <div>4. Native American tribal document</div> <div>5. U.S. Citizen ID Card (Form I-197)</div> <div>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</div> <div>7. Employment authorization document issued by the Department of Homeland Security</div> <div>For examples, see <b>Section 7</b> and <b>Section 13</b> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</div> <div>The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</div>
<div>Acceptable Receipts</div> <div>May be presented in lieu of a document listed above for a temporary period.</div> <div>For receipt validity dates, see the M-274.</div>				
<div>• Receipt for a replacement of a lost, stolen, or damaged List A document.</div> <div>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</div> <div>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</div>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.		Receipt for a replacement of a lost, stolen, or damaged List C document.

\*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

**State of New Jersey**  
**Sexual Misconduct/Child Abuse Disclosure Release**  
**P.L. 2018, c. 5**  
**Effective June 1, 2018**

P.L. 2018, c. 5 concerns school employees and supplements chapter 6 of Title 18A of the New Jersey Statutes. This law prohibits a school district, charter school, nonpublic school, or contracted service provider holding a contract with a school district, charter school, or nonpublic school (collectively referred to as "hiring entity") from employing a person serving in a position which involves regular contact with students unless the hiring entity conducts a review of the employment history of the applicant by contacting former and current employers and requesting information regarding child abuse and sexual misconduct.

**The applicant must submit this form for (1) all current employers and (2) to former employers within the last 20 years that were school entities or where the applicant was employed in a position that involved direct contact with children. The applicant will submit completed copies of this form to the hiring entity. The hiring entity will then submit this form to each of the current or former employers for completion of Section 2.**

**Applicant, please complete the information immediately below and Section 1 of this form and return it to the hiring entity. Please complete additional forms as necessary for each of your current and former employers for the last 20 years that were school entities or where you were employed in a position that involved direct contact with children.**

Name of Current or Former Employer: \_\_\_\_\_ ☐ No Applicable employment

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_ is under consideration for a position with the **NORTHFIELD SCHOOL DISTRICT**. The Individual whose name appears herein has reported previous employment with your entity. As required by P.L. 2018, c.5, please provide the information requested in Section 2 of this form within **20 days** of receipt.

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**Section 1: Applicant Certification and Release**  
**(to be completed by the applicant even if the applicant has no current or prior employment to disclose)**

Applicant Name (First, Middle, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Former names by which the applicant has been identified: \_\_\_\_\_

Last 4 digits of Applicant's Social Security Number: \_\_\_\_\_

Approximate dates of employment with the entity listed above: \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Have you (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 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, non-renewed, asked to resign from employment, resigned from or otherwise separated from any employment (1) while allegations of child abuse or sexual misconduct were pending or under investigation, or (2) due to an adjudication or finding of child abuse or sexual misconduct?
- ☐ Yes ☐ No    Had a license, professional license, or certificate suspended, surrendered, or revoked (1) while allegations of child abuse or sexual misconduct were pending or under investigation, or (2) due to an adjudication or finding of child abuse or sexual misconduct?

By signing this form, I (the applicant) certify under penalty of law that the statements made in this form are true, correct, and complete. I understand that willfully providing false information or willfully failing to disclose information required in Section 1 of this form, as required by N.J.S.A. 18A:6-7.7, may subject me to discipline up to, and including, termination or denial of employment; may be a violation of N.J.S.A. 2C:28-3; and may subject me 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. 274.

By signing this form, I also hereby authorize the above-named employer to disclose the information requested in Section 2 and release related records pertaining to the disclosures identified in SECTION 2. I understand that pursuant to N.J.S.A. 18A:6-7.7, the above named employer is released from liability that may arise of the disclosure or release of records.

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

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## Section 2: Current/Former Employer Verification

***(to be completed by the applicant's current employer(s) and all former employers that were school entities or former employers in which the applicant had direct contact with children). Please complete the information below and return this form to the hiring entity.***

N.J.S.A. 18A:6-7.7(b) provides that a hiring entity shall not employ for pay or contract for the paid services of any person in a position that involved regular contact with students unless the hiring entity conducts a review of the employment history of applicant by contacting those employers listed by the applicant under the provisions of N.J.S.A. 18A:6-7.7(a) and collecting the information requested below.

Employing Entity receipt date: \_\_\_\_\_ Received by: \_\_\_\_\_

Applicant's dates of employment: \_\_\_\_\_ Contact phone #: \_\_\_\_\_

To the best of 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 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, non-renewed, 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 suspended, 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?

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Current/former Employer Representative

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Date

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Current/Former Employer Representative Title

If a current or former employer responds to any Section 2 disclosure in the affirmative, the hiring entity may request additional information regarding the disclosure by requesting that the current or former employer complete the Sexual Misconduct/Child Abuse Disclosure Information Request form within 20 days and attach additional information, including the initial complaint and final report, if any, regarding the incident of child abuse or sexual misconduct. Pursuant to N.J.S.A. 18A:6-7.11, a current or former employer 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.

The failure of a current or former employer to provide the information requested in Section 2 within the 20-day timeframe required by N.J.S.A. 18A:6-7.9 may be grounds for the automatic disqualification of an applicant from employment with the hiring entity. The hiring entity shall not be liable for any claims brought by an applicant who is not offered employment or whose employment is terminated: (1) because of any information received by the hiring entity from an employer pursuant to N.J.S.A. 18A:6-7.7; or (2) due to the inability of the hiring entity to conduct a full review of the applicant's employment history pursuant to N.J.S.A. 18A:6-7.7.

Return all completed information to:

Hiring Entity:    NORTHFIELD BOARD OF EDUCATION

Address:          2000 NEW ROAD, NORTHFIELD, NJ 08225

Phone:            609-407-4001

Email:            [tguetzlaff@ncs-nj.org](mailto:tguetzlaff@ncs-nj.org)    Fax: 609-646-0608

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Certificate</b>		OMB No. 1545-0074
	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.		<b>2024</b>
<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial		Last name
	Address		<b>(b) Social security number</b>  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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	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 <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> .		
<b>Step 2:</b> <b>Multiple Jobs or Spouse Works</b>	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 <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> 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 . . . . . <input type="checkbox"/>		
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.)			
<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	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 . . . . .		<b>3</b> \$ _____
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .		<b>4(a)</b> \$ _____
	(b) <b>Deductions.</b> 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 . . . . .		<b>4(b)</b> \$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .		<b>4(c)</b> \$ _____
<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.  _____ <b>Employee's signature</b> (This form is not valid unless you sign it.)  _____ <b>Date</b>		
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

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

<b>1. SS#</b> <hr/> <b>Name</b> <hr/> <b>Address</b> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;"><b>City</b></td> <td style="width: 33%;"><b>State</b></td> <td style="width: 33%;"><b>Zip</b></td> </tr> </table>			<b>City</b>	<b>State</b>	<b>Zip</b>	<b>2. Filing Status: (Check only one box)</b> 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
<b>City</b>	<b>State</b>	<b>Zip</b>				
<b>3.</b> If you have chosen to use the chart from instruction A, enter the appropriate letter here .....			<b>3.</b>			
<b>4.</b> Total number of allowances you are claiming (see instructions) .....			<b>4.</b>			
<b>5.</b> Additional amount you want deducted from each pay .....			<b>5.</b> \$			
<b>6.</b> 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 ...			<b>6.</b>			
<b>7.</b> 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.						
<b>Employee's Signature</b>		<b>Date</b>				
<b>Employer's Name and Address</b>		<b>Employer Identification Number</b>				

### 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	10,001	20,001	30,001	40,001	50,001	60,001	70,001	80,001	OVER
		10,000	20,000	30,000	40,000	50,000	60,000	70,000	80,000	90,000	90,000
<b>YOUR WAGES</b>	0	B	B	B	B	B	B	B	B	B	B
	10,001	B	B	B	B	C	C	C	C	C	C
	20,001	B	B	B	A	A	D	D	D	D	D
	30,001	B	B	A	A	A	A	A	E	E	E
	40,001	B	C	A	A	A	A	A	E	E	E
	50,001	B	C	D	A	A	A	E	E	E	E
	60,001	B	C	D	A	A	E	E	E	E	E
	70,001	B	C	D	E	E	E	E	E	E	E
	80,001	B	C	D	E	E	E	E	E	E	E
	90,001	B	C	D	E	E	E	E	E	E	E
	over 90,000	B	C	D	E	E	E	E	E	E	E

# NORTHFIELD BOARD OF EDUCATION

2000 NEW ROAD  
NORTHFIELD, NJ 08225

## Authorization for Direct Deposit of Payroll

☐ Initial Direct Deposit Enrollment

☐ Change my Existing Direct Deposit

Printed Name: \_\_\_\_\_

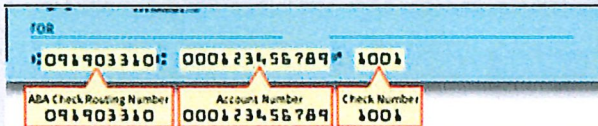
ID# or SSN: \_\_\_\_\_

Address: \_\_\_\_\_

The following information is REQUIRED in order to complete your request:

1. Indicate whether your pay will be deposited in your checking or savings account

2. Attach a voided check or printout from your bank



3. Sign the form

Due to Electronic Verification, activation of direct deposit may take up to two (2) payroll cycles.

### Account Information

Direct Deposit #1

☐ Add

☐ Change

☐ Cancel

Bank Name: \_\_\_\_\_ Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_ Account Type: ☐ Checking ☐ Savings

Deposit Rule: ☐ Entire Net Amount ☐ Dollar Amount each pay period \$ \_\_\_\_\_

Direct Deposit #2

☐ Add

☐ Change

☐ Cancel

Bank Name: \_\_\_\_\_ Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_ Account Type: ☐ Checking ☐ Savings

Deposit Rule: ☐ Entire Net Amount ☐ Dollar Amount each pay period \$ \_\_\_\_\_

Direct Deposit #3

☐ Add

☐ Change

☐ Cancel

Bank Name: \_\_\_\_\_ Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_ Account Type: ☐ Checking ☐ Savings

Deposit Rule: ☐ Entire Net Amount ☐ Dollar Amount each pay period \$ \_\_\_\_\_

### Employee Authorization

I hereby authorize Northfield Board of Education to direct deposit funds to my account in the financial institution(s) listed above and understand the charges can be initiated to those account(s) to reverse errors made. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing the account, funds payable to you will be returned to Northfield Board of Education for distribution. This will delay your check.

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