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. This form is to be completed only by those individuals who are U.S. citizens.*

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

Have you ever had a certificate revoked or suspended in this or any state?
If yes, enclose a statement indicating the action taken and provide the pertinent details. Yes No

Circle whichever applies

Have you ever been convicted of a criminal offense in this or any other state or any jurisdiction outside of the United States? If yes, enclose a statement indicating the municipality where this occurred and provide the pertinent details. Yes No

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

Rev 05.20.14

CONTACT SHEET

Please print neatly.

Name:_____

Address:_____

_____

Telephone #: Home: _____ Cell: _____

Email:_____

Social Security #: _____ DOB: _____

VOLUNTEERING: Please indicate what you are volunteering for: (i.e., Drama Club, Marching Band, Soft Ball, Robotics, etc.)

_____

_____

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SUBSTITUTE / COACHES / PARAPROFESSIONALS / STUDENT PLACEMENT:

(Please complete the below section also):

College or University Attended: _____

Dates Attended: _____

Degree or Credits:

Degree_____

Certification Holding – Include Expiration Date (if applicable)

County Substitute Certificate: _____

_____

OR

N.J. Permanent License: _____

_____

SOMERVILLE BOARD OF EDUCATION

Administrative Headquarters

51 W. Cliff Street ♦Somerville, NJ 08876
Tel: (908) 218-4102 ♦ Fax: (908) 526-9668

Driver Abstract Consent Release

Print Name: _____
(First) (Middle) (Last)

Current Address: _____
(Number & Street) (City) (State)

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____

Driver's License Number: _____ State: _____

I hereby authorize Somerville Public School District and its designated agents and representatives to conduct an annual review of my driver abstract through the New Jersey Motor Vehicle Commission on behalf of Somerville Board of Education for the duration of my employment or volunteerism. I understand that the scope of the motor vehicle report may include, but is not limited to, the following areas: verification of driving privilege status, medical certification, restrictions, moving violations, accident reporting, addition or removal of points, summons issued, defensive driver completion and out of state driving history. This authorization shall remain on file with the Somerville Board of Education for the duration of my employment or volunteerism and will serve as ongoing authorization for the Somerville Board of Education to procure my state driving record at any time during my employment or volunteerism period.

I further authorize the Somerville Board of Education to divulge any and all information, verbal or written, pertaining to my driver abstract to its agents and/or county officials as necessary.

_____ _____
Signature **Date**

The Somerville Public School District reserves the right to reject a prospective employee and/or prospective volunteer based on driving history/violations regardless of having a valid driver's license.

FOR SOMERVILLE BOARD OF EDUCATION USE ONLY:

Approved to operate a SBOE vehicle: YES/NO Effective Date: _____

Revised 11.18.2024

FINGERPRINTS PROCEDURE

Please see the directions below. **Please complete this as soon as possible as you cannot start until your fingerprints have been approved.**

NEW InformationPer the NJ Department of Education- If applicants volunteer often they should get fingerprinted as a full-timer (i.e.: 05 Teacher Aide). You may also select **Other** if the volunteer does not volunteer often or if unsure. * This ensures the volunteer stays in the system***

To Archive Your Fingerprints

Website: https://nj.gov/education/crimhist/index.html

On Left Hand Side: Click on File Authorization and make Electronic Payment

- Click the SECOND link > Archive Application Request (Applicants Previously Fingerprinted for the Department of Education and Approved Subsequent to February, 2003). Note: You must have been previously printed through the Department of Education and the state print image retained by the State Bureau of Identification to be eligible for the Archive process. If you were fingerprinted as a College Student or as a Volunteer and paid a reduced fingerprinting fee, you are not eligible for the archive process.
- Enter your SS# to proceed to 2nd page
- On 2nd page > Please select an AA&C Form: select #1:
    1. All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Students with Disabilities and Charter Schools
- Complete the application – for Public School Selection use:
    - County = Somerset (35)
    - Somerville Borough (4820)
    - School: Leave Blank

Not Previously Fingerprinted (new applicant)

Website: https://nj.gov/education/crimhist/index.html

On Left Hand Side: Click on File Authorization and make Electronic Payment

- Click the FIRST link > New Administration Fee Request (New Applicants Only): File Authorization, make electronic payment and print IdentoGO NJ Universal Fingerprint form.
- Enter your SS# to proceed to 2nd page
- On 2nd page > Please select an AA&C Form: select #1:
    1. All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Students with Disabilities and Charter Schools
- Complete the application – for Public School Selection use:
    - County = Somerset (35)
    - Somerville Borough (4820)
    - School: Leave Blank
- Once you have completed the online filing, review and verify the information, then click the "NEXT" button to go to the payment section.
- Once you have made your payment – the screen to schedule your appointment will come up.

Be sure to pay the processing fee or your background check will not go through

Any questions/problems should be directed to:
Tanya Dias tdias@somervilleschools.org
Telephone: 908 218-4118

Volunteer Procedure – Following items need to be completed before being Board approved:

□ Contact Sheet General Information Form

□ Fingerprints instructions enclosed: website: http://www.nj.gov/education/educators/crimhist

□ Oath of Allegiance **(must be notarized – can be notarized when forms are returned to District Headquarters)**

□ Complete Training Sessions (Virtual)

□ Mantoux Test/Tuberculin results: Any volunteer who works **ten (10) or more hours per week** are required to obtain a Mantoux tuberculin test - (acceptable if done within the past year)

Tanya Dias
Somerville Board of Ed
51 West Cliff Street
Somerville, New Jersey 08876
Telephone: (908) 218-4118
Email: tdias@somervilleschools.org