

Substitute Position Transfer:

NEW JERSEY STATE DEPARTMENT OF EDUCATION  
CRIMINAL HISTORY REVIEW UNIT  
APPLICANT AUTHORIZATION AND CERTIFICATION

PCN \_\_\_\_\_

\_\_\_\_\_  
(Previous County/District/School)

(Type or print in ink)

\_\_\_\_\_  
(1) Last Name

\_\_\_\_\_  
(2) First Name

\_\_\_\_\_  
(3) Middle Initial

\_\_\_\_\_  
(4) Social Security Number

\_\_\_\_\_  
(5) Date of Birth

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year

(6) Sex (Select One): M F

(7) Race (Select One): W B I A H  
(Over for Instructions)

\_\_\_\_\_  
(8) Street Address

\_\_\_\_\_  
(9) City

\_\_\_\_\_  
(10) State

\_\_\_\_\_  
(11) Zip

(12) Job Category (Check One):

01 Administrator/Supervisor	05 Teacher Aide	09 Food Service
02 Classroom Teacher	06 Custodial/Maintenance	10 Security
03 Educational Support Services (Certificated)	07	11 Other (Specify below)
04 Substitute Teacher	08 Clerical/Secretarial	_____

**DISTRICT USE ONLY**

\_\_\_\_\_  
(13) NAME OF COUNTY LOCATION

\_\_\_\_\_  
(14) COUNTY CODE

\_\_\_\_\_  
(15) NAME OF EMPLOYING DISTRICT

\_\_\_\_\_  
(16) DISTRICT CODE

**PRIVATE HANDICAPPED/NONPUBLIC EDUCATION AGENCY USE ONLY**

\_\_\_\_\_  
(17) NAME OF COUNTY LOCATION

\_\_\_\_\_  
(18) COUNTY CODE

\_\_\_\_\_  
(19) NAME OF PRIVATE SCHOOL

\_\_\_\_\_  
(20) AGENCY CODE

\_\_\_\_\_  
(21) SCHOOL CODE

I do hereby authorize the New Jersey State Department of Education, its agents and representatives, to submit fingerprint data pertaining to me to the Federal Bureau of Investigation and the New Jersey State Police Bureau of Identification for the purpose of obtaining criminal history record information as required by *N.J.S.A. 18A:6-7.1 et seq.* or *N.J. S.A. 18A:6-4.13*.

**FORM "A" – (NEW EMPLOYEES OR EMPLOYEES WITH OVER 180 DAYS BREAK IN SERVICE)**

I, \_\_\_\_\_ swear/affirm that I have not been convicted nor do I have any charges pending for the following crimes or offenses: any crime of the first or second degree; any crime bearing upon or involving sexual offense or child molestation; an offense involving the possession, manufacture, transportation, sale, distribution, habitual use of a controlled dangerous substance or any violation involving drug paraphernalia, including hypodermic needles; any crime involving the use of force or the threat of force to or upon a person or property including, but not limited to, robbery, aggravated assault, stalking, kidnapping, arson, manslaughter and murder, any crime of possessing weapons; a third degree crime as set forth in Chapter 20 of Title 2C (theft); recklessly endangering another person, terroristic threats, criminal restraint, luring or enticing child into motor vehicle or isolated structure; causing or risking widespread injury or damage; criminal mischief, burglary, usury, threats and other improper influence, perjury and false swearing, resisting arrest, escape; any conspiracy to commit or attempt to commit any of the crimes described in this act.

**FORM "B" – (CURRENT EMPLOYEES CHANGING DISTRICTS – BREAK IN SERVICE UNDER 180 DAYS)**

I, \_\_\_\_\_ swear/affirm that I have not been convicted of any crime or offense bearing upon or involving sexual offense or child molestation; endangering the welfare of children or incompetents; an offense involving the manufacture, transportation, sale, possession, habitual use of a controlled dangerous substance; any crime involving the use of force or the threat of force to or upon a person or property including robbery, aggravated assault, kidnapping, arson, manslaughter and murder, or a simple assault involving the use of force which results in bodily injury.

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

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary