

VOLUNTEER COACH

Name: _____

Sport: _____

School: _____

COACHING EXPERIENCE APPROVAL FORM

Please list or summarize the experience that you have in this sport and/or coaching:

[illegible]

This information is needed for the County to approve your coaching... Thank you!

WAYNE TOWNSHIP PUBLIC SCHOOLS

CONFIDENTIAL REFERENCE – MUST SUBMIT 3 REFERENCES

Return to: PERSONNEL DEPARTMENT

50 Nellis Drive

Wayne, NJ 07470

This candidate, _____ has applied for a position in the Wayne Public School District. Would you please be good enough to give us a candid evaluation of this candidate's abilities and qualifications? We would be most grateful for your cooperation and can assure you all comments will be held in complete confidence.

Would you employ this person if our positions were reversed? _____

Subject or grade level for which the candidate is best qualified? _____

How long have you known the candidate and in what capacity? _____

What is the candidate's strongest asset? _____

Are you aware of any reason why this person should not be employed in a public system? _____

In what respect does the candidate need to be strengthened? _____

Does this candidate consistently do more than expected for a typical staff member? _____

To aide us further in the evaluation, will you please rate this candidate as compared with other teachers who have had similar length of experience.

	Superior	Above Average	Average	Fair	Poor	Unknown
Character & Ideals						
Appearance						
Health & Vitality						
Emotional Stability						
Teaching Skills						
Use of Teaching Technique						
Daily Preparation						
Knowledge of Subject Matter						
Cooperation						
Loyalty						
Eng. Correctness of Expression						
Eng. Facility of Expression						
Student Control						
Common Sense & Tact						
Ability to Org. & Complete work						
Intellectual Competence						
Promise of Growth						
General Rating						

GENERAL COMMENTS (Please use reverse side if necessary)

Signature: _____ Position: _____

Address: _____ Telephone: _____

Dated: _____

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

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Address: _____ Telephone: _____

Dated: _____

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

Directions for Fingerprinting

EVERY applicant must “file with the State, your information to register your fingerprints”
log onto <http://www.nj.gov/education/educators/crimhist/>
(next follow steps a & b)

- a) click on file authorization & make electronic payment for criminal history record check
- b) click on the appropriate link for your employment

Initial Applicants - click on the New Administration Fee Request link
(A fee of \$65.45, plus a filing fee of \$10.00 and a \$1.00 ‘NICUSA’ fee)

Transferring Applicants – click on Transferring - only to
SUBSTITUTES & BUS DRIVERS (there is no fee for transferring)

Archiving Applicants* – click on Archiving
(the fee is \$30.25 plus \$1.00 ‘NICUSA’ fee)

***Note – If Archiving or Transferring**, you must have been fingerprinted through an educational district, and from MorphoTrust (after February 2003) having a PCN # for this process.

Volunteer Applicants – click on the New Administration Fee Request link
(A fee of \$24.20, plus a filing fee of \$10.00 and a \$1.00 ‘NICUSA’ fee)



Criminal History Review

The Criminal History Review Unit (CHRU) conducts criminal background checks of applicants for positions in New Jersey's public, private schools for students with disabilities, charter, nonpublic schools and authorized school bus contractors through the New Jersey State Police (NJSP) and the Federal Bureau of Investigation (FBI). CHRU Telephone: (609)292-0507.

» [Criminal History Record Check Status](#)

(Applicant approval information within the last 5 years only)

[File Authorization And Make Electronic Payment For Criminal History Record Check](#)

(ePayment for initial application including creation of IdentoGO NJ Universal fingerprint form, applicants eligible for the Archive process, transfers and duplicate approval letter requests)

» ePayment Criminal History Record Check Instructions ([Word](#) | [PDF](#))

» [Chief School Administrator Letters](#)

(Criminal History practices and procedures)

Effective July 1, 2002, the State of New Jersey initiated a new program to process fingerprinting of applicants for employment and licensing

[Frequently Asked Questions and Answers Regarding the Fingerprint Process](#)





On-Line Applicant Authorization and Certification (AA&C)



- ▶ **New Administration Fee Request (New Applicants Only)**
File Authorization, make electronic payment and print IdentoGO NJ Universal Fingerprint form.
- ▶ **Archive Application Request (Applicants Previously Fingerprinted for the Department of Education and Approved Subsequent to February 2003)**
You must have been previously printed through the Dept. of Education to access the Archive process.
- ▶ **Duplicate Approval Letter Request**
You cannot request a Duplicate Approval Letter within 14 days of your last fingerprinting.
- ▶ **Transfer Request (Only Substitutes & Bus Drivers are eligible)**
- ▶ **Reprint Your Confirmation or IdentoGO Fingerprinting Form**

Web Site

FAQs

NEW JERSEY STATE DEPARTMENT OF EDUCATION

PO BOX 500

TRENTON, NEW JERSEY 08625-0500

609-292-0507

Applicant Information:

Last Name*: --Suffix-- First Name*: Middle Init.:

Social Security No.*: (Number only without "-")

Date of Birth*: --month-- --day-- --year--

Sex*: ----- select -----

Race*: ----- select -----

Street Address*:

City*:

State*: --select-- Zip*:

Job Category*: ----- select -----

School Info. *:

☒ Public School Selection

*

*

*

☐ Other School Selection

*

*

*

☐ Contractor

*

*

Email:

Telephone Number*: - - (Numbers only)

Job Category*:

----- select ----- ▼

Athletic Personnel
Custodial/Maintenance
Substitute (Description)
Volunteer
Other

School Info. *:



☒ Public School Selection

PASSAIC(31) ▼ *

WAYNE TOWNSHIP(5570) ▼

*

NONE(000) ▼

☐ Other School Selection

----- ▼ *

----- ▼ *

----- ▼ *

☐ Contractor

---Select County--- ▼

---Select Contractor--- ▼



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PO BOX 500
TRENTON, NEW JERSEY 08625-0500
609-292-0507

**COMPLETE IdentoGO FINGERPRINT FORM
YOU MUST TAKE WITH YOU TO FINGERPRINT LOCATION**



New Jersey Universal Fingerprint Form

www.bioapplicant.com/nj

(1) Originating Agency Number (ORI #) NJ930100Z		(2) Category EDK		(3) Statute Number 18A:6-7.2	
(4) Reason for Fingerprinting PUBLIC SCHOOL EMPLOYMENT			(5) Document Type RB1		(6) Payment Information \$67.20
(7) Contributor's Case # (Unique Identifier) 315570			(8) Miscellaneous		
(9) First Name		(10) MI		(11) Last Name	
(12) Daytime Phone Number		(13) Social Security Number (Optional)		(14) Date of Birth	(15) Height
(16) Weight		(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)	
(19) Country of Citizenship		(20) Home Address		City State Zip	
(21) Gender (Select one) <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Both		(22) Hair Color		(23) Eye Color	
(24) Race (Select One) <input type="radio"/> Asian/ Pacific Islander (includes Asian Indian) <input type="radio"/> Black <input type="radio"/> American Indian / Alaska Native <input checked="" type="radio"/> White (Includes Hispanic/ Spanish Origin) <input type="radio"/> Unknown		(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)	
Address		City		State Zip	
Wayne Township BOE , 50 NELLIS DRIVE		Wayne		NJ 07470	

Identification Requirement - Identification must be presented at the time of printing. Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria; Photo, Name, Address (home/employer), Date of Birth and is issued by a Federal, State, County or Municipal entity for Identification purposes. Examples of acceptable ID are:
1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and
4) USCIS Employment Authorization Card (issued after 10/31/2010).

Please READ this form carefully

and follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is required you present this completed Universal Fingerprint Form, IDG_NJAPP_110113, at your scheduled appointment.

Appointment Scheduling:

Scheduling is available anytime at www.bioapplicant.com/nj. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at 1-877-503-5981, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:

When an Applicant is responsible for payment, Payment Is Required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, or electronic debit (ACH) from a checking account; accounts will be debited immediately. Money Order is the only form of payment accepted at the enrollment center.

Cancel/ Reschedule:


Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline; MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:

An applicant is considered Unable to be Fingerprinted for any of the following reasons: Failure to appear for scheduled appointment; Inability to present proper Identification; Inability to present this completed Universal Fingerprint Form IDG_NJAPP_110113; Information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 appointment fee; MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.

Applicant ID Number	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information:		

You MUST retain a copy of this form and the receipt of printing for your personal records.
APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

IDG_NJAPP_110113

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