



NORTH WILDWOOD
— SCHOOL DISTRICT —
MARGARET MACE SCHOOL

Public Roots, Private Excellence.

1201 Atlantic Avenue
North Wildwood, NJ 08260 | (609) 522-1454 | www.mmace.com

NORTH WILDWOOD SCHOOL DISTRICT
1201 Atlantic Avenue, North Wildwood, NJ 08260
(609) 522-6885
SUBSTITUTE APPLICATION

PREFIX: _____ FIRST NAME: _____ M.I.: _____ LAST NAME: _____ SUFFIX: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

GENDER: ___ FEMALE ___ MALE ___ OTHER MARITAL STATUS: ___ SINGLE ___ MARRIED

RACE/ETHNICITY: _____

ADDITIONAL LANGUAGE OTHER THAN LANGUAGE: _____

EDUCATION

- HIGH SCHOOL NAME: _____

CITY AND STATE: _____

DID YOU GRADUATE? ___ YES ___ NO YEARS COMPLETED: _____

- COLLEGE/UNIVERSITY NAME: _____

CITY AND STATE: _____

DID YOU GRADUATE? ___ YES ___ NO YEARS COMPLETED: _____

HIGHEST LEVEL OF EDUCATION: _____

IF APPLICABLE, HIGHLY QUALIFIED STATUS: ___ YES ___ NO

IF APPLICABLE, TEACHER PREP/COLLEGE ROUTE: ___ ALTERNATE ROUTE ___ TRADITIONAL
ROUTE

COLLEGE/UNIVERSITY ROUTE PROGRAM: _____

*If applicable, each applicant is required to submit copies of college transcripts and NJ Certificates.

ADDITIONAL INFORMATION

- HAVE YOU EVER BEEN DISMISSED FROM A POSITION: ____ YES ____ NO

IF YES, PLEASE EXPLAIN: _____

- HAVE YOU EVER BEEN CONVICTED OF A CRIME: ____ YES ____ NO

IF YES, PLEASE EXPLAIN: _____

- HAVE YOU EVER, OR CURRENTLY SERVE IN THE MILITARY: ____ YES ____ NO

IF YES, WHICH MILITARY BRANCH: _____

EMPLOYMENT HISTORY

Below, please describe past and present employment positions. Please account for all periods of unemployment. Even if you have attached a resume, this section must be completed.

ARE YOU CURRENTLY EMPLOYED? ____ YES ____ NO

- ▶ EMPLOYER: _____ NAME OF SUPERVISOR: _____

PHONE: _____ CITY AND STATE: _____

EMPLOYMENT DATES: _____ TO _____

POSITION: _____ REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER: ____ YES ____ NO

- ▶ EMPLOYER: _____ NAME OF SUPERVISOR: _____

PHONE: _____ CITY AND STATE: _____

EMPLOYMENT DATES: _____ TO _____

POSITION: _____ REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER: ____ YES ____ NO

- ▶ EMPLOYER: _____ NAME OF SUPERVISOR: _____

PHONE: _____ CITY AND STATE: _____

EMPLOYMENT DATES: _____ TO _____

POSITION: _____ REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER: ____ YES ____ NO

REFERENCES

List below three persons who have knowledge of your work performance. Please do not include relatives.

- ▶ NAME: _____ RELATIONSHIP: _____

PHONE: _____ NUMBER OF YEARS ACQUAINTED: _____

- ▶ NAME: _____ RELATIONSHIP: _____

PHONE: _____ NUMBER OF YEARS ACQUAINTED: _____

- ▶ NAME: _____ RELATIONSHIP: _____

PHONE: _____ NUMBER OF YEARS ACQUAINTED: _____

Instructions for New Applicants

1. Access the Office of Student Protection's direct web address to begin the process. Click on [Office of Student Protection](#). Click on **"File Authorization and Make Electronic Payment."**
2. Select the first option: **"New Administration Fee Request (New Applicants Only)"** and enter your Social Security number to ascertain if you are eligible for the process. The screen displays four (4) options as to the job position(s) and employer. Please select the appropriate option and proceed to next screen.
3. Complete the requested applicant information to include the county, district, school or contractor code names furnished to you by your employer) and proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the Applicant Authorization and Certification form by checking the box.
4. Please complete the required payment information. There is a \$10.00 administrative fee for the department to process the request and issue an approval letter. There will also be an additional \$1.00 convenience fee charged by the private vendor, NicUSA for processing the credit card information. Methods of payment are Visa, MasterCard, American Express or Discover credit cards.

You must click the **"Make Payment"** button only one time to complete the transaction.

5. After completing the transaction, you will be presented with three required steps:
 1. View and/or print your New Administration Fee Payment Request confirmation page
 2. View and/or print your IdentoGO NJ Universal Fingerprint Form
 3. Click here to schedule your fingerprinting appointment with Idemia
6. Select the first option **"View and/or print your New Administration Fee Payment Request confirmation page"** and print a copy of the receipt by clicking the print button in the upper right corner of the page and presenting a copy to the employing entity.
7. Next select the second option **"View and/or print your IdentoGO NJ Universal Fingerprint Form."** You must print the IdentoGO NJ Fingerprint Form to use when making your fingerprint appointment and to present it to Idemia at the time of LiveScan fingerprinting.
8. Access the Idemia web page by selecting the third option **"Click here to schedule your fingerprinting appointment with Idemia"** or calling 1-877-503-5981 to schedule a fingerprinting appointment. Effective February 17, 2020, you must use the chart below to choose your Service Code to schedule the appointment.

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	2F1GN4
DOE VOLUNTEER	2F151N
DOE VOLUNTEER NONPUBLIC	2F14XX

9. In about two weeks after you get fingerprinted, you will be able to view and print your **"Applicant Approval Employment History"** by accessing the Office of Student Protection website. Give a copy to your employer.

Archive Application Request Instructions

1. Access the Criminal History Review Unit's direct web address to begin the process. The web address is: <https://www.nj.gov/education/crimhist>.
2. Click on ***"File Authorization and Make Electronic Payment for Criminal History Record Check."***
3. Select the second option: ***"Archive Application Request (Applicants Previously Fingerprinted for the Department of Education and Approved Subsequent to February 2003)."***
4. Please enter your Social Security number to ascertain if you are eligible for the process. Click ***"Continue."***
5. Select the appropriate Applicant Authorization and Certification form that is suitable to your job position and employer.
6. Complete the requested applicant information to include the county, district, school or contractor code names furnished to you by your employer) and proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the Applicant Authorization and Certification form by checking the box. Click ***"Next"***
7. Submit your credit card payment. Total payment is \$29.75 (\$28.75 plus a \$1.00 convenience fee charged by the private vendor). Click ***"Continue"*** and then click ***"Make Payment"*** at the bottom of the next page.
8. The Payment Confirmation page will state ***"Your ePayment transaction has been processed successfully."*** You should print a copy of this receipt.
9. In about two weeks, you will be able to view and print your ***"Applicant Approval Employment History"*** by accessing it on the Criminal History Review Unit website. Please give a copy to your employer.

Transfer Request Instructions

1. Access the Criminal History Review Unit's direct web address to begin the process. The web address is: <https://www.nj.gov/education/crimhist>.
2. Click on ***"File Authorization and Make Electronic Payment for Criminal History Record Check."***
3. Select the third option: ***"Transfer Request (Only Substitutes & Bus Drivers are eligible)."***
4. Please enter the Social Security number to ascertain if the applicant is eligible for the process. Click ***"Continue."***
5. The screen will display two options:
 1. For All Bus Drivers Only
 2. For All Other Job Categories
6. Select the option for the position for which you are requesting the transfer. Complete the requested applicant information including the county/district/school/contractor-vendor code names furnished to you by your employer and click on the ***"Next"*** button.
7. Review your information and submit your credit card payment. Total payment is \$6.00 (\$5.00 plus a \$1.00 convenience fee charged by the private vendor). Click ***"Continue"*** and then click ***"Make Payment"*** at the bottom of the next page.
8. The Payment Confirmation page will state ***"Your ePayment transaction has been processed successfully."*** You may print a copy of this receipt.



RE: Sexual Misconduct/Child Abuse Disclosure Release Form (P.L. 2018, c5)

Effective June 1, 2018, [P.L. 2018, c. 5](#) requires that all school districts, charter schools, nonpublic schools, and contracted service providers make certain inquiries regarding child abuse and sexual misconduct of prospective employees who will have regular contact with students.

Newly hired applicants who have been employed by, or in a school in a position having regular contact with students for the last 20 years, must provide the information requested of the applicant's current and former employers.

→ Applicants must list **ALL** current and former employer(s) within the last 20 years, specifically, employers that were schools or where the applicant was employed in a position that had direct contact with children.

→ Be sure the mailing address /telephone number to prior employers is accurate.

Next, complete Section 1: **Applicant Certification and Release** (*highlighted areas*).

Answer the "**Have you (Applicant) ever**" questions.

Sign and date the authorization for the disclosure on page 2 of the form.

After you complete Page 1, Section 1, return the entire form to:

Jennifer Fisher
North Wildwood School District,
1201 Atlantic Avenue
North Wildwood, NJ 08260.

Thank you.

Hiring Entity: North Wildwood School District

Address: 1201 Atlantic Avenue, North Wildwood, NJ 08260

Phone: 609-522-6885

Fax: 609-522-2308

Email: jfisher@mmace.com

State of New Jersey
North Wildwood School District
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.

TO:

Name of Current/Formal Employer: _____ ☐ No applicable employment

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

_____, is under consideration for a position with the **North Wildwood 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 request in Section 2 of this form within **20 days** of receipt.

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): _____

Last 4 digits of Applicant's Social Security #: _____ Date of Birth: _____

Former names by which the Applicant has been identified: _____

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

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?
- [] NONE No records or other evidence currently exists regarding the above questions. I have no knowledge of information pertaining to the applicant that would disqualify the applicant from employment.

Current/Former Employer Representative Signature

Date

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: **NORTH WILDWOOD SCHOOL DISTRICT**

ATTN: Superintendent's Office – Margaret Mace School

Address: **1201 Atlantic Avenue, North Wildwood, NJ 08260**

PHONE: 609-522-6885

FAX: 609-522-2308

EMAIL: jfisher@mmace.com

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

Instructions

This standardized form has been developed by the New Jersey Department of Education, pursuant to *P.L. 2018, c. 5*, to be used by hiring entities and by applicants, who would be employed by, or in, a school, in a position involving regular contact with students. This form satisfies the statutory requirement to provide information related to child abuse or sexual misconduct. An applicant who would be employed by or in a school in a position having regular contact with students must provide the information requested in Section 1 of this form and sign the authorization for the disclosure by the applicant's current and former employers of the information requested in Section 2 of this form.

The applicant shall complete one form for the applicant's current employer(s) and separate forms for each of the applicant's former employers for the last 20 years that were school entities or where the applicant was employed in a position having direct contact with children. The applicant will submit this form in its entirety, with the information on Page 1 and Section 1 completed, to the hiring entity. The applicant must also authorize, by signature, the release of information regarding child abuse and/or sexual misconduct from the current and/or former employers to the hiring entity. The hiring entity is prohibited from hiring an applicant for a position involving regular contact with students if the applicant does not provide the information and authorization required by law.

Upon completion by the applicant, the hiring entity shall submit the form to the applicant's current and former employers to complete Section 2 of this form. A hiring entity may not employ an applicant who does not provide the required information for a position involving regular contact with students.

If a current and/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 and/or former employer complete the Sexual Misconduct/Child Abuse Disclosure Information Request form and attach additional information, including the initial complaint and final report, if any, regarding the incident of child abuse or sexual misconduct. Upon providing documentation due to an affirmative response, every measure should be taken to ensure student privacy and confidentiality. All student identifiers should be redacted prior to release.

Relevant Statutory Definitions Pursuant to N.J.S.A. 18A:6-7.6

Child abuse is defined as any conduct that falls under the purview and reporting requirements of *P.L. 1971, c. 437* (*N.J.S.A. 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.

Sexual misconduct is defined as 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.

ADDITIONAL INFORMATION

Per *N.J.S.A. 18A:6-7.9*, a hiring entity shall have the right to immediately terminate an individual's employment or rescind an offer of employment if: (1) the applicant is offered employment or commences employment with the hiring entity following the effective date of this act; and (2) information regarding the applicant's history of sexual misconduct or child abuse is subsequently discovered or obtained by the employer that the employer determines disqualifies the applicant or employee from employment with the hiring entity.

The termination of employment pursuant to *N.J.S.A. 18A:6-7.9* shall not be subject to any grievance or appeals procedures or tenure proceedings pursuant to any collective bargaining agreement or negotiated agreement or any law, rule, or regulation.

Per *N.J.S.A. 18A:6-7.10*, after reviewing the information disclosed in Section 1 and/or Section 2 of this form, and finding an affirmative response to any of the inquiries, the hiring entity, prior to determining to continue with the applicant's job application process, shall make further inquiries of the applicant's current or former employer to ascertain additional details regarding the matter disclosed. The hiring entity should use its discretion, consistent with statute, in the event that a current/former employer is no longer in operation or fails to respond to Section 2 of this form.

The hiring entity may employ or contract with an applicant on a provisional basis for a period not to exceed 90 days pending the hiring entity or independent contractor's review of information received related to Section 1 and/or Section 2 of this form, provided that all of the following conditions are satisfied: (1) the applicant has complied with *N.J.S.A. 18A:6-7.7*; (2) the hiring entity has no knowledge or information pertaining to the applicant that the applicant is required to disclose pursuant to *N.J.S.A. 18A:6-7.7(a)(3)*; and (3) the hiring entity determines that special or emergent circumstances exist that justify the temporary employment of the applicant.

The sexual misconduct or child abuse disclosures articulated herein are required in addition to satisfying any pre-existing requirements for employment in a school, including a criminal history review, pursuant to *N.J.S.A. 18A:6-7.1* and *N.J.A.C. 6A:9B-4.2*.

Open Public Records Act

Pursuant to *N.J.S.A. 18A:6-7.11*, information received by a hiring entity under this Act shall not be deemed a public record under *P.L. 1963, c. 73* or the common law concerning access to public records.

Immunity

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.

Contact

For more information, please contact the [County Office of Education](#) for the hiring entity.

North Wildwood School District
SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE

P.L. 2018, c. 5

Effective June 1, 2018

Hiring school entity or independent contractor submits this for to ALL current employer(s) and to former employer(s) **within the last 20 years** that were schools or where the applicant was employed in a position that had direct contact with children.

Name of Current or Former Employer:	Check if no applicable employment ☐
Approximate Dates of Employment:	Position Held:
Contact Person:	Telephone Number:
Address	Email:
City/State/Zip	Fax:

Name of Current or Former Employer:	Check if no applicable employment ☐
Approximate Dates of Employment:	Position Held:
Contact Person:	Telephone Number:
Address	Email:
City/State/Zip	Fax:

Name of Current or Former Employer:	Check if no applicable employment ☐
Approximate Dates of Employment:	Position Held:
Contact Person:	Telephone Number:
Address	Email:
City/State/Zip	Fax:

Name of Current or Former Employer:	Check if no applicable employment ☐
Approximate Dates of Employment:	Position Held:
Contact Person:	Telephone Number:
Address	Email:
City/State/Zip	Fax:

Name of Current or Former Employer:	Check if no applicable employment ☐
Approximate Dates of Employment:	Position Held:
Contact Person:	Telephone Number:
Address	Email:
City/State/Zip	Fax:

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 and you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. 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 16, 2027.

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. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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. Submit a separate Form W-4 for each job.

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 of tax withheld 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 (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. 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.

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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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 when you file your tax return.

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 5. 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 5 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 5 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 (plus any other additional amount you want withheld) **4** \$ _____

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

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1	Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.	
a	Qualified tips. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000	1a \$ _____
b	Qualified overtime compensation. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation	1b \$ _____
c	Qualified passenger vehicle loan interest. If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000	1c \$ _____
2	Add lines 1a, 1b, and 1c. Enter the result here	2 \$ _____
3	Seniors age 65 or older. If your total income is less than \$75,000 (\$150,000 if married filing jointly):	
a	Enter \$6,000 if you are age 65 or older before the end of the year	3a \$ _____
b	Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment	3b \$ _____
4	Add lines 3a and 3b. Enter the result here	4 \$ _____
5	Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information	5 \$ _____
6	Itemized deductions. Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:	
a	Medical and dental expenses. Enter expenses in excess of 7.5% (0.075) of your total income	6a \$ _____
b	State and local taxes. If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately)	6b \$ _____
c	Home mortgage interest. If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums)	6c \$ _____
d	Gifts to charities. Enter contributions in excess of 0.5% (0.005) of your total income	6d \$ _____
e	Other itemized deductions. Enter the amount for other itemized deductions	6e \$ _____
7	Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here	7 \$ _____
8	Limitation on itemized deductions.	
a	Enter your total income	8a \$ _____
b	Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9	8b \$ _____
9	Enter: $\left\{ \begin{array}{l} \bullet \$768,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$640,600 \text{ if you're single or head of household} \\ \bullet \$384,350 \text{ if you're married filing separately} \end{array} \right\}$	9 \$ _____
10	If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here	10 \$ _____
11	Standard deduction.	
Enter:	$\left\{ \begin{array}{l} \bullet \$32,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$24,150 \text{ if you're head of household} \\ \bullet \$16,100 \text{ if you're single or married filing separately} \end{array} \right\}$	11 \$ _____
12	Cash gifts to charities. If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly)	12 \$ _____
13	Add lines 11 and 12. Enter the result here	13 \$ _____
14	If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12	14 \$ _____
15	Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4	15 \$ _____

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.

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

1. SS#			2. Filing Status: (Check only one box) 1. ☐ Single 2. ☐ Married/Civil Union Couple Joint 3. ☐ Married/Civil Union Partner Separate 4. ☐ Head of Household 5. ☐ Qualifying Widow(er)/Surviving Civil Union Partner	
Name				
Address				
City	State	Zip		
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here.....				
4. Total number of allowances you are claiming (see instructions).....				
5. Additional amount you want deducted from each pay				
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.....				
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

- Find the amount of your wages in the left-hand column.
- Find the amount of the total for all other wages (including your spouse's/civil union partner's wages) along the top row.
- Follow along the row that contains your wages until you come to the column that contains the other wages.
- This meeting point indicates the Withholding Table that best reflects your income situation.
- 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
Y O U R W A G E S	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	A	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

RATE TABLES FOR WAGE CHART

The rate tables listed below correspond to the letters in the Wage Chart on the front page. Use these to estimate the amount of withholding that will occur if you choose to use the wage chart. Compare this to your estimated income tax liability for your New Jersey Income Tax return to see if this is the correct amount of withholding that you should have.

RATE "A"										
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)					
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:			
Over	But Not Over		Of Excess Over		Over	But Not Over		Of Excess Over		
\$ 0	\$ 385		1.5%	\$ 0	\$ 0	\$ 20,000		1.5%	\$ 0	
\$ 385	\$ 673	\$ 5.77 +	2.0%	\$ 385	\$ 20,000	\$ 35,000	\$ 300.00 +	2.0%	\$ 20,000	
\$ 673	\$ 769	\$ 11.54 +	3.9%	\$ 673	\$ 35,000	\$ 40,000	\$ 600.00 +	3.9%	\$ 35,000	
\$ 769	\$ 1,442	\$ 15.29 +	6.1%	\$ 769	\$ 40,000	\$ 75,000	\$ 795.00 +	6.1%	\$ 40,000	
\$ 1,442	\$ 9,615	\$ 56.35 +	7.0%	\$ 1,442	\$ 75,000	\$ 500,000	\$ 2,930.00 +	7.0%	\$ 75,000	
\$ 9,615	\$ 19,231	\$ 628.46 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$ 32,680.00 +	9.9%	\$ 500,000	
\$ 19,231		\$ 1,580.38 +	11.8%	\$ 19,231	\$ 1,000,000	over	\$ 82,180.00 +	11.8%	\$ 1,000,000	
RATE "B"										
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)					
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:			
Over	But Not Over		Of Excess Over		Over	But Not Over		Of Excess Over		
\$ 0	\$ 385		1.5%	\$ 0	\$ 0	\$ 20,000		1.5%	\$ 0	
\$ 385	\$ 962	\$ 5.77 +	2.0%	\$ 385	\$ 20,000	\$ 50,000	\$ 300.00 +	2.0%	\$ 20,000	
\$ 962	\$ 1,346	\$ 17.31 +	2.7%	\$ 962	\$ 50,000	\$ 70,000	\$ 900.00 +	2.7%	\$ 50,000	
\$ 1,346	\$ 1,538	\$ 27.69 +	3.9%	\$ 1,346	\$ 70,000	\$ 80,000	\$ 1,440.00 +	3.9%	\$ 70,000	
\$ 1,538	\$ 2,885	\$ 35.19 +	6.1%	\$ 1,538	\$ 80,000	\$ 150,000	\$ 1,830.00 +	6.1%	\$ 80,000	
\$ 2,885	\$ 9,615	\$ 117.31 +	7.0%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,100.00 +	7.0%	\$ 150,000	
\$ 9,615	\$ 19,231	\$ 588.46 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$ 30,600.00 +	9.9%	\$ 500,000	
\$ 19,231		\$ 1,540.38 +	11.8%	\$ 19,231	\$ 1,000,000		\$ 80,100.00 +	11.8%	\$ 1,000,000	
RATE "C"										
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)					
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:			
Over	But Not Over		Of Excess Over		Over	But Not Over		Of Excess Over		
\$ 0	\$ 385		1.5%	\$ 0	\$ 0	\$ 20,000		1.5%	\$ 0	
\$ 385	\$ 769	\$ 5.77 +	2.3%	\$ 385	\$ 20,000	\$ 40,000	\$ 300.00 +	2.3%	\$ 20,000	
\$ 769	\$ 962	\$ 14.62 +	2.8%	\$ 769	\$ 40,000	\$ 50,000	\$ 760.00 +	2.8%	\$ 40,000	
\$ 962	\$ 1,154	\$ 20.00 +	3.5%	\$ 962	\$ 50,000	\$ 60,000	\$ 1,040.00 +	3.5%	\$ 50,000	
\$ 1,154	\$ 2,885	\$ 26.73 +	5.6%	\$ 1,154	\$ 60,000	\$ 150,000	\$ 1,390.00 +	5.6%	\$ 60,000	
\$ 2,885	\$ 9,615	\$ 123.65 +	6.6%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,430.00 +	6.6%	\$ 150,000	
\$ 9,615	\$ 19,231	\$ 567.88 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$ 29,530.00 +	9.9%	\$ 500,000	
\$ 19,231		\$ 1,519.81 +	11.8%	\$ 19,231	\$ 1,000,000		\$ 79,030.00 +	11.8%	\$ 1,000,000	
RATE "D"										
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)					
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:			
Over	But Not Over		Of Excess Over		Over	But Not Over		Of Excess Over		
\$ 0	\$ 385		1.5%	\$ 0	\$ 0	\$ 20,000		1.5%	\$ 0	
\$ 385	\$ 769	\$ 5.77 +	2.7%	\$ 385	\$ 20,000	\$ 40,000	\$ 300.00 +	2.7%	\$ 20,000	
\$ 769	\$ 962	\$ 16.15 +	3.4%	\$ 769	\$ 40,000	\$ 50,000	\$ 840.00 +	3.4%	\$ 40,000	
\$ 962	\$ 1,154	\$ 22.69 +	4.3%	\$ 962	\$ 50,000	\$ 60,000	\$ 1,180.00 +	4.3%	\$ 50,000	
\$ 1,154	\$ 2,885	\$ 30.96 +	5.6%	\$ 1,154	\$ 60,000	\$ 150,000	\$ 1,610.00 +	5.6%	\$ 60,000	
\$ 2,885	\$ 9,615	\$ 127.88 +	6.5%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,650.00 +	6.5%	\$ 150,000	
\$ 9,615	\$ 19,231	\$ 565.38 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$ 29,400.00 +	9.9%	\$ 500,000	
\$ 19,231		\$ 1,517.31 +	11.8%	\$ 19,231	\$ 1,000,000		\$ 78,900.00 +	11.8%	\$ 1,000,000	
RATE "E"										
WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)					
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:			
Over	But Not Over		Of Excess Over		Over	But Not Over		Of Excess Over		
\$ 0	\$ 385		1.5%	\$ 0	\$ 0	\$ 20,000		1.5%	\$ 0	
\$ 385	\$ 673	\$ 5.77 +	2.0%	\$ 385	\$ 20,000	\$ 35,000	\$ 300.00 +	2.0%	\$ 20,000	
\$ 673	\$ 1,923	\$ 11.54 +	5.8%	\$ 673	\$ 35,000	\$ 100,000	\$ 600.00 +	5.8%	\$ 35,000	
\$ 1,923	\$ 9,615	\$ 84.04 +	6.5%	\$ 1,923	\$ 100,000	\$ 500,000	\$ 4,370.00 +	6.5%	\$ 100,000	
\$ 9,615	\$ 19,231	\$ 584.04 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$ 30,370.00 +	9.9%	\$ 500,000	
\$ 19,231		\$ 1,535.96 +	11.8%	\$ 19,231	\$ 1,000,000		\$ 79,870.00 +	11.8%	\$ 1,000,000	

North Wildwood School District

Employee Direct Deposit Enrollment Form

To enroll in the North Wildwood Direct Deposit program, simply fill out this form and return to the business office. Attach a voided check for each checking account. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that the proper account is credited.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.

Memo _____		
⑆ 012345678⑆ 123456789 0101		

Routing/Transit #
(A 9-digit number always between these two marks)

Checking Account #

Check #
(this number matches the number in the upper right corner of the check – not needed for sign-up)

IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize North Wildwood School District (employer) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by North Wildwood School District to my account. In the event that North Wildwood School District deposits funds erroneously into my account, I authorize North Wildwood School District to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Name: _____ Social Security # _____

Employee Signature: _____ Date: _____

Account Information

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

☐ Checking ☐ Savings

I wish to deposit: \$ _____

I wish to deposit: _____ %

2. Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

☐ Checking ☐ Savings

I wish to deposit: \$ _____

I wish to deposit: _____ %

3. Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

☐ Checking ☐ Savings

I wish to deposit: \$ _____

I wish to deposit: _____ %

Payroll Department Only:

Date Received: _____

Entered into CASA payroll system: ____ (✓)

Entered by: ____ (initials)

***Provide a copy of voided check or print out from your banking establishment



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 05/31/2027

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	
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.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		☐ 1. A citizen of the United States					
		☐ 2. A noncitizen national of the United States (See Instructions.)					
		☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		☐ 4. An alien 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)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
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		LIST B	LIST C	
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization	
1. U.S. Passport or U.S. Passport Card		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, sex, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION	
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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, sex, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)	
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document	
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)	
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.	
		8. Native American tribal document		
		For persons under age 18 who are unable to present a document listed above:		
		9. Driver's license issued by a Canadian government authority		
10. School record or report card				
11. Clinic, doctor, or hospital record				
12. Day-care or nursery school record				
Acceptable Receipts				
May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.				
• 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	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.



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 05/31/2027

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 .
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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



Mandatory Mantoux Test (TB)

The law requires that all new employees and substitutes have a Mantoux (TB) Test performed and a result documented prior to employment with the North Wildwood School District. You may go to your doctor or local Urgent Care and bring the results to this office.

If you have a documented record of a Mantoux (TB) test within the last six months or if you are transferring between school districts and/or from a non-public school within New Jersey, there is no need to be rescreened. Simply supply a copy of the test with the submission of your packet.

Date: _____

Name: _____

Date Administered: _____ Administered by: _____

Lot# _____ Expiration Date: _____

Date Read: _____ Read By: _____

TEST RESULT: (Please circle) NEGATIVE OR POSITIVE

_____ mm in size
_____ induration present
_____ redness noted