



# MONTAGUE TOWNSHIP SCHOOL DISTRICT



475 Route 206

Montague, New Jersey 07827

V: 973-293-7131/F: 973-293-3391

[www.montagueschool.org](http://www.montagueschool.org)

Dear Applicant:

Please complete and return the following documents prior to the start of your employment:

1. Employment Application Form.
2. State of New Jersey, Dept. of Education, Criminal Background Check information letter.
  - Step 1 – Go to <https://www.nj.gov/education/crimhist>
  - Step 2 - Read the three (3) different types of application descriptions to select from to determine which of the applications is correct for you (most likely you will be either a new applicant or transfer).
  - Step 3 – Complete the online application and pay the \$11 fee.
  - It is imperative that you schedule an appointment to be fingerprinted ASAP. You cannot start working until your background check is completed and we received confirmation from the State of New Jersey. Please read the attached instructions on how to schedule and pay for your background check. **Our County Code is 37 and our District Code is 3300 – Contributor Case #373300.**
3. State of New Jersey Sexual Misconduct/Child Abuse Disclosure. *(If there is more than one prior employer that the form is to be sent to, please leave Section 1 on Page 1 blank. I will fill it in based upon the information provided on your Employment Application).*
4. Staff Information Sheet.
5. NJSmart – New Staff Information Sheet
6. W-4 Employee's Withholding Certificate (*Federal*)
7. W-4 NJ Division of Taxation Employee's Withholding Certificate (*State*)
8. Form I-9 Employment Eligibility Form (please attach a copy of your passport or your driver's license and social security card).
9. Mantoux Test for Tuberculosis exposure. ***(If you have a documented TB test result, we can accept that. If documentation cannot be provided you will need to have a new test done).***
10. Employee Health Record Form – Physical Examination required prior to start of employment.
11. Direct Deposit Agreement Form (please attach a voided check to the form).
12. Health Benefits Enrollment form (please attach copies of birth certificates for any dependent(s) and if married and claiming your spouse, attach a copy of your marriage certificate and your last tax return as marriage verification).

13. Employee Coverage Waiver/Reinstatement Form (only fill out if waiving medical coverage).

14. Delta Dental Enrollment form. If you are waiving dental, please write "WAIVED" on the form and sign and date it.

15. Division of Pensions & Benefits – Enrollment Application

Once you have completed the enclosed forms, please return them to Dana Berry in HR. If you have any questions, please call Dana at 973-293-7131 x 201.