



# MONTAGUE TWP. SCHOOL DISTRICT

## NEW STAFF INFORMATION-NJ SMART

Sensitive personal information collected on this form is **strictly confidential** and is compiled to comply with State and Federal laws.  
Data will be maintained and reported electronically to the State of New Jersey as required.

<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name	Last Name	Suffix	Date of Birth
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #	Address		
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		
<b>Entry Code</b> Entering from a position: In another NJ Public School District: <input type="checkbox"/> Teaching Position (03) <input type="checkbox"/> Admin/Supervisor Position (11) <input type="checkbox"/> Education Support Services Position (17)  In public school district outside of NJ: <input type="checkbox"/> Teaching Position (04) <input type="checkbox"/> Admin/Supervisor Position (12) <input type="checkbox"/> Education Support Services Position (18)  In non-public school <input type="checkbox"/> Teaching Position (05) <input type="checkbox"/> Admin/Supervisor Position (13) <input type="checkbox"/> Education Support Services Position (19)  In college or university: <input type="checkbox"/> Teaching Position (06) <input type="checkbox"/> Admin/Supervisor Position (14) <input type="checkbox"/> Education Support Services Position (20)  From a college or university program of study: <input type="checkbox"/> NJ public college or University (21) <input type="checkbox"/> Private NJ college or University (22) <input type="checkbox"/> Public/Private college outside of NJ(23)  From home duties: <input type="checkbox"/> Returning to certified position from home duties (29)  Return from approved Leave of Absence without pay: <input type="checkbox"/> Maternity Leave (30) <input type="checkbox"/> Sabbatical Leave (31) <input type="checkbox"/> Another leave of absence (32)  OTHER: <input type="checkbox"/> A branch of military services (60) <input type="checkbox"/> Employment in non-teaching occupation (70) <input type="checkbox"/> A position other than listed (72)				
Position:		Start Date:		End Date:
		<b>Certification Status:</b> <input type="checkbox"/> Yes ( <i>Please continue with ALL remaining questions</i> ) <input type="checkbox"/> No ( <i>Data requirements fulfilled - no further info required</i> )		
Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Spanish (spa) <input type="checkbox"/> Other (specify)		Years of Prior Experience: <i>The total number of years that a staff member has previously held a position in one or more public education institutions both within NJ and outside of the state</i>		
Highest Level of Education Completed: <input type="checkbox"/> Bachelor's Degree (6) <input type="checkbox"/> Master's Degree (7) <input type="checkbox"/> Doctoral Degree (8) <input type="checkbox"/> High School (1) <input type="checkbox"/> Vocational Certificate (2) <input type="checkbox"/> Specialist Degree (3) <input type="checkbox"/> Graduate Certificate (4) <input type="checkbox"/> Associate's Degree (5)		Years in NJ: <i>The total number of years that a staff member has previously held a position in a PUBLIC school within NJ</i>		
		<b>Choose Traditional or Alternate Route</b> <i>Complete only if your PRIOR years' experience is less than 5</i>		
		Traditional Route? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Alternate Route? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Certification applicable to position you have been hired for: <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of College or University/City/State		
<b>Office Use Only:</b> SMID #: _____  20 Days Date - _____ Extension Sent _____  40 Days Date - _____		<b>Credential Type - Please check below:</b> <input type="checkbox"/> Standard certificate (1) <input type="checkbox"/> Provisional(2) <input type="checkbox"/> CE Certificate of Eligibility(7) <input type="checkbox"/> Emergency (3) <input type="checkbox"/> CEAS Cert of Eligibility <input type="checkbox"/> Non-citizen (6) w/Adv Standing (8)		