



Hopewell Valley Regional School District
Office of Human Resources
425 South Main Street
Pennington, NJ 08534
609-737-4000, ext. 2401
609-737-3305, Fax

Substitute (please X your choice):	
Teacher	
Paraprofessional	
Nurse	
Custodian	
Campus Safety Officer	
Secretary	
Van Attendant	
Bus Driver	
Lunch Aide	
Coach	
Homebound Teaching*	
Piano Accompanist	

New Substitutes or Substitute Renewals
2023-2024 SCHOOL YEAR

NAME: _____ HOME: _____
CELL: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

DATE OF BIRTH: _____ SOCIAL SECURITY: _____

EMAIL: _____

SUBSTITUTE TEACHERS/NURSES:

Please indicate the type of certification you possess:

- () NJ Standard Certification in the following subject(s) _____
() NJ Certificate of Eligibility with Advanced Standing – subject(s) _____
() NJ Certificate of Eligibility in the following subject(s) _____
() New Jersey Substitute Certification/Expiration Date: _____ *
- () I will be submitting a New Jersey Substitute Application* _____
() Nurse's License/Expiration Date: _____

Please indicate your school preference for substituting:

- | | |
|-------------------------------------|---|
| _____ BEAR TAVERN ELEMENTARY SCHOOL | (Grades K, 1, 2, 3, 4, 5) |
| _____ STONY BROOK ELEMENTARY SCHOOL | (Grades K, 1, 2, 3, 4, 5) |
| _____ TOLL GATE GRAMMAR SCHOOL | (Grades K, 1, 2, 3, 4, 5) |
| _____ HOPEWELL ELEMENTARY SCHOOL | (Grades K, 1, 2, 3, 4, 5) |
| _____ TIMBERLANE MIDDLE SCHOOL | (Grades 6, 7 & 8) |
| _____ CENTRAL HIGH SCHOOL | (Grades 9, 10, 11 & 12) |
| _____ HOMEBOUND TEACHING* | *Must have NJ Certification in subject area |

Office use only.

BOE DATE: _____
RENEWAL: _____
NEW HIRE: _____

NEW SUBSTITUTES ONLY
Please fill out below OR attach a current resume.
EDUCATIONAL AND PROFESSIONAL TRAINING:
***List high school, college, graduate schools in order**

*Name of Institution	Dates	Degree	Major	Minor

****Please list current and previous employers, with most recent employer listed first or attach a resume.***

1. Position Held: _____
Employer: _____
Address: _____
Phone Number: _____
Dates of Employment: from _____ to _____

2. Position Held: _____
Employer: _____
Address: _____
Phone Number: _____
Dates of Employment: from _____ to _____
Reason for Leaving: _____

3. Position Held: _____
Employer: _____
Address: _____
Phone Number: _____
Dates of Employment: from _____ to _____
Reason for Leaving: _____

**For New Substitutes or changes for renewed substitutes.*

In accordance with the New Jersey First Act P.L. 2011 c.70, effective September 1, 2011, new public employees are required to obtain New Jersey residency within one (1) year of employment.

Your Signature

Date