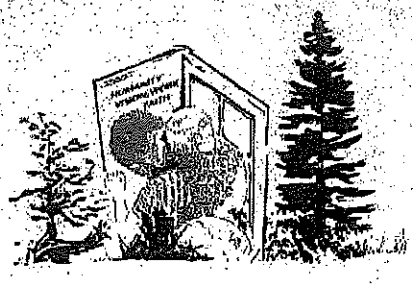
PINELANDS REGIONAL SCHOOL DISTRICT

520 Nugentown Road
P.O. Box 248
Little Egg Harbor, NJ 08087-0248

Telephone 609-296-3106
Fax 609-294-9519



Melissa A. McCooley, Ed.D.
Superintendent

December 13, 2018

Mr. Paul Dalnoky
3501 Boardwalk #B105
Atlantic City NJ 08401

Dear Mr. Dalnoky:

The Pinelands Regional Board of Education has approved your appointment as a Substitute Teacher in the Pinelands Regional School District during the 2018-19 school year at $80.00 per day.

Our district uses an automated service, *Aesop*, for substitute placement. You can utilize this system 24 hours a day, 7 days a week. Your personalized ID and PIN number will be sent to you via email.

If requirements are checked ☒ below, please provide immediately or we will be unable to use your services. Please note, your Aesop account will not be accessible until all requirements are complete.

We appreciate your interest in serving our district.

Sincerely,

Melissa McCooley

Melissa A. McCooley, Ed.D.
Superintendent

REQUIREMENTS:

	PROOF OF CRIMINAL HISTORY CLEARANCE		COPY OF SUBSTITUTE/TEACHING CERTIFICATE
	EVIDENCE OF MANTOUX TEST		VERIFICATION OF CONTINUOUS EMPLOYMENT
	I-9 W/DOCUMENTS (*examples below*) SOCIAL SECURITY CARD AND DRIVER'S LICENSE - OR - PASSPORT		$125 MONEY ORDER "COMMISSIONER OF EDUCATION" (SUBSTITUTE TEACHER CERT.) & COMPLETED COUNTY SUB APPLICATION/OATH OF ALLEGIANCE
	W-4		OFFICIAL TRANSCRIPTS (MIN. OF 60 CREDITS)
	Transfer Request		

PINELANDS REGIONAL SCHOOL DISTRICT
SUBSTITUTE TEACHER RECOMMENDATION

Applicant Name	Paul Dahoky
Date of Interview	11/19/18
Interview Completed By	C. Stevenson
Notes:	Good Candidate previous Experence

RECOMMENDATION

The above named applicant ☐ is ☐ is not recommended to be added to our substitute teacher pool at the next regularly scheduled Board of Education meeting.

Interviewer Signature — Date: 11/19/18

REQUESTED AESOP INFORMATION

DO NOT USE A COLLEGE/UNIVERSITY EMAIL ADDRESS

LOGIN PHONE # WILL BE THE THE # AESOP CALLS TO NOTIFY OF AVAILABLE JOBS

Please obtain this information during interview process

Login Phone # 609 328-7237	PIN (4 or 5 digits)
Email: pauldalnoky40@gmail.com	
This candidate wishes to substitute at: ☑ PRHS ☐ PRJHS	

Paul Palnicky

Substitute Interview Questions

1. Why do you want to sub at this school?
   Heard good thing about + bus transport - bus
2. What makes a good lesson plan?
   keep class moving reading
   video - follow up activity
3. What action would you take if the classroom teacher did not leave you instructions for what to do?
   call office - working on + make up
   ask student
4. What qualities are important for substitute teachers to have?
   patience, understand kids
5. What are some of the challenges subs face in the classroom?
   classroom management
6. What would you do when a particular student misbehaves?
   - busy student + make feel appreciate
7. What leadership experience do you have?
8. Can you give me some specific instances when you have had the opportunity to work with kids?
   previous substitute
9. What do believe makes you a good teacher?
   patient + understanding student
10. What weaknesses do you have as a teacher?
11. What do you think the role of a substitute teacher is?
12. What are some of the past experiences you have had with substitute teachers?
13. What Emergency -

PINELANDS REGIONAL SCHOOL DISTRICT

Application for Employment – Substitute

ARE YOU COLLECTING A RETIREMENT BENEFIT (PENSION) FROM ANY NJ STATE-ADMINISTERED RETIREMENT SYSTEM? ☑ NO ☐ YES

PLEASE PRINT OR TYPE ALL INFORMATION - ☑ THE APPROPRIATE BOX
☑ Sub Teacher ☐ Sub Nurse ☐ Sub Interpreter ☐ Sub Aide (Elem. Schools Only)

Application Date: 11/2/18

Name: Paul Dalucky		Home Phone
Mailing Address: 3501 Boardwalk B105		Mobile Phone 609 328 7237
City: Atlantic City	NJ	Zip: 08401
		Email: paulbdalucky4@gmail.com

CERTIFICATIONS

Attach a copy of all New Jersey certifications

State	Certification Held	Subjects/Grade Levels Covered
NJ	Substitute	All
NJ	Certificate of Eligibility	English K-12

EDUCATION

Institution Attended	Name & Location	Years Completed	Course of Study/Degree
High School	Stuyvesant New York NY	3	Academic
Undergraduate	University at Buffalo CUNY / Hunter	4 1	English / BA English
Graduate	Brooklyn Law School NY NY	4	Law J.D.
Other (Specify)			

TEACHING OR SUBSTITUTE TEACHING EXPERIENCE

District/School Name/Address:	Position:	
Atlantic Cape Comm college 5100 Black Horse Pike Mays Landing NJ 08330	Tutor	
	Dates Employed: 9/5/13 - 8/30/14	Salary: $10.00 hr
District/School Phone No: 609 625-1111	Reason for Leaving: Separation by agreement	

District/School Name/Address:	Position: Substitute Teacher	
Ocean City 599 Atlantic Ave Ocean City NJ 08226	Dates Employed: 9/17 - present	Salary: $110/full shift
District/School Phone No: 609 3994161	Reason for Leaving: NA	

District/School Name/Address: Galloway Township 101 S Reeds Rd Galloway NJ 08205	Position: Substitute teacher / tutor
	Dates Employed: 3/15 - present Salary: sub - 95/full shift tutor - 38/hour
District/School Phone No: 609 748 1250	Reason for Leaving: NA

OTHER EMPLOYMENT EXPERIENCE

Employer Name/Address: The wheel at Steel Pier 1000 Boardwalk Atlantic City NJ 08401	Position Ride operator
	Dates Employed: 7/18 - present Salary: $10/hour
Employer Phone No.	Reason for Leaving: N/A

Employer Name/Address: Hughes Center for Public Policy 101 Vera King Farris Dr Galloway NJ 08205	Position Polling Assistant
	Dates Employed: 11/16 - Present Salary: $9/hr
Employer Phone No. 609 ~~625~~ 652 1776	Reason for Leaving: NA

May we make inquiries to the above employers? ☐ Yes ☐ No

MILITARY SERVICE

Years of Service:	Branch	Rank
N/A		

HOBBIES / SPECIAL INTERESTS OR SKILLS

Writing fiction, Reading fiction, non-fiction, Legal skills

Have you ever been convicted of any criminal violation of a law since the age of 18 other than minor traffic violations?
☑ No ☐ Yes (*Please explain*)

The statements made and information given in this application are, to the best of my knowledge, true and accurate and complete. I understand that all information is subject to verification by the Pinelands Regional School District and that the furnishing of any misleading information or false information will render this application void and be just cause for dismissal from service.

P e B D

Applicant's ~~Signature~~

11/2/18

Date

Certification View

Tracking Number:	681669	**Birth Date:**	04 APR
SSN:	xxx-xx- 6794	**Email:**	PAULBDALNOKY4@GMAIL.COM
Name:	Dalnoky, Paul	**Phone Number:**	609-328-7237

List of all the Certificate(s) issued by NJ Dept. Of Education as of Fri 09/28/2018 at 10:17:23 AM EDT

Seq #	Certificate Type Basis code	Endorsement Month/Year Issued (MM/YYYY)	County code Month/Year Expiration (MM/YYYY)	District code Certificate ID
1	CE	1410 - Teacher of English	00 - BY APPLICANT	0000 - UNKNOWN
	9 - Eligibility for the Provisional Teacher Program Alternate Route.	11/2015		1011761

*** For additional information about certification, please contact the Office of Certification and Induction at:**

New Jersey Department of Education
P.O. Box 500
Trenton, NJ 08625-0500
or
call us: (609) 292-2070
or
Email us: Licensing.Requests@doe.state.nj.us

10/10/2018 4:54:00 PM

PAUL DALNOKY, Sex: M, DOB: 4/04/1957, Encounter Date and Time: 10/10/2018 04:54PM, Examiner: Ppd Provider

Tests

Results for: PPD READING

Ordered/ Performed	Test Name	Ind Results	Units	Range
10/10/2018 10/10/2018	PPD READING			

Result Comments: 0 mms negative Ckozlik lpn

****** END OF RESULTS ******.

Allergies and Adverse Reactions

No Known Allergies.

Practice Management

Established outpatient minimal service.

Signoff Information

Electronically Signed By: CHRISTINE KOZLIK on 10/10/2018 at 05:03 PM.

Health History
2014-2015

NAME Dalnoky Paul AGE 57
Last First

POSITION Substitute Teacher PHONE NUMBER 609 328-7237

ADDRESS 31 N. Virginia Ave #405 Atlantic City NJ 08401

FAMILY PHYSICIAN Ms Harris, Nurse Practitioner

EMERGENCY CONTACT (Name & Phone Number) John Kennedy 347 451-6000

HEALTH HISTORY:

ACCIDENTS (Serious) Four fractures - hit by car DATE(S) 10/27/09

ALLERGIES (Pollen, Drugs) None ASTHMA No

BLOOD TYPE _____ UNKNOWN ✓

CONVULSIVE DISORDER No FAINTING SPELLS NO

EARACHES No EYE PROBLEMS No HEART CONDITION No

HIGH BLOOD PRESSURE No HERNIA No KIDNEY DISEASE No

INOCULATIONS: DATE OF SERIES OF TETNUS TOXOID AND/OR BOOSTER 10/27/09

OPERATIONS (Serious) Tibia Fibula Reduction DATE (S) 10/29/09

ORTHOPEDIC DEFECTS None RHEUMATIC FEVER No

ARE YOU A POSITIVE TUBERCULIN REACTOR? YES ( ) NO (✓)

LIST ANY OTHER HEALTH PROBLEMS YOU MAY HAVE: None

PLBR

Signature of New Staff Member/Date

NEW STAFF PHYSICAL EXAMINATION

Height 70 in

Weight 226 lbs

Blood Pressure 122/80

Pulse at rest 80

after 30 seconds of exercise 89

Visual Acuity 20/25

	NORMAL	ABNORMAL	COMMENTS
Skin	✓		
Eyes	✓		
Ears	✓		
Nose	✓		
Mouth / Throat	✓		
Neck / Thyroid	✓		
Chest	✓		
Lungs	✓		
Heart	✓		
Breasts	N/A		
Abdomen / Hernias	✓		
Spine	✓		
Extremities	✓		
Neurological	✓		
Allergies			NKA

TESTS:

Urinalysis (if indicated) WNL

Hemoglobin (if indicated) WNL

Tuberculosis Test (needed every 3 years) PPD Mantoux test:

*Positive _____ Negative ✓ Date 12/19/14

*If positive, chest x-ray results _____

Remarks and Recommendations Substitute Teaching

Date 1/21/15

S.J. Family Medical Centers
1301 Atlantic Ave
Atlantic City, NJ 08401

Signature of Examining Physician

PINELANDS REGIONAL SCHOOL DISTRICT
VERIFICATION OF CONTINUOUS EMPLOYMENT

This section to be completed by Applicant

Name of Applicant: Paul Dalnoky

Address: 3501 Boardwalk B105

City/State/Zip: Atlantic City NJ 08401

The Pinelands Regional School District has received an application for Substitute employment from the applicant named above. In order for our district to be in compliance with the New Jersey State Department of Education requirements, confirmation is required that this candidate has been continuously employed with your district, with no break in service.

This section to be completed by receiving School District:

School District Name: Galloway Township	County & District Code: Atlantic
Address: 101 S. Reeds Road	
City: Galloway NJ	Zip: 08401

The above applicant has been employed :

From (Date): 3/10/15	To (Date): —
Substitute Position Held: Teacher	Mantoux Clearance Date:

I hereby certify that the above information provided to the Pinelands Regional School District is true and correct.

Signature of District Administrator/Designee

11/13/18
Date

Janet Braffy
Printed Name

HR Manager
Title

Administration Building
520 Nugentown Road ◈ PO Box 248
Little Egg Harbor, NJ 08087-0248
609-857-4111

New Jersey
Department of Education

CRIMINAL HISTORY REVIEW (CHR) - ePayment

Print

AA&C Home

Payment Confirmation

Your ePayment transaction has been processed successfully.
To check the status of your payment with us, please be prepared to provide your ePayment confirmation information below.

Transfer Request

Applicant Information:

Transaction ID:	153805856336794
Transaction Date:	9/27/2018 10:34:37 AM EDT
Applicant Name:	Paul Dalnoky
Social Security No.:	084466794
Date of Birth:	4/4/1957
Street Address :	3501 Boardwalk B105
City:	Atlantic City
State:	NJ
Zip:	08401
Job Category:	Substitute Teacher
School County:	OCEAN
School District:	PINELANDS REGIONAL
Phone:	6093287237
Email:	paulbdalnoky4@gmail.com

Payment Information:

Credit Card:	VISA
Credit Card Number:	*0002
Name as Appears on Card:	Paul Dalnoky
Total Pay Amount:	$6 ($5.00 + $1.00 Convenience fee)

AA&C Home

Applicant Approval Employment History

Name: PAUL DALNOKY
SSN: XXX-XX-6794
Date of Birth: April 04, 1957

Document Id: 2a51b4daa41548a15af0348ddb7b26f4
Number of Approvals: 13

List of all Approval(s) Issued by the NJ Dept. of Education Criminal History Review Unit, as of 11/29/2018

Approval Date	County Code	District Code	School Code	Contractor Code	Job Position	PCN	Transfer Date
12/10/2014	01	5350	000	0000	SUBSTITUTE TEACHER	495609009958	11/21/2018
12/10/2014	01	0570	000	0000	SUBSTITUTE TEACHER	495609009958	11/08/2018
12/10/2014	29	4105	000	0000	SUBSTITUTE TEACHER	495609009958	09/28/2018
12/10/2014	23	7116	000	7116	SUBSTITUTE TEACHER	495609009958	08/28/2017
12/10/2014	01	1790	000	0000	SUBSTITUTE TEACHER	495609009958	08/23/2017
12/10/2014	09	3780	000	0000	SUBSTITUTE TEACHER	495609009958	07/18/2017
12/10/2014	01	5350	000	0000	SUBSTITUTE TEACHER	495609009958	02/08/2017
12/10/2014	01	7005	000	7005	SUBSTITUTE TEACHER	495609009958	08/22/2016
12/10/2014	09	3780	000	0000	SUBSTITUTE TEACHER	495609009958	05/27/2016
12/10/2014	01	2680	000	0000	SUBSTITUTE TEACHER	495609009958	11/17/2015

New Jersey Department of Education
Criminal History Review Unit
100 Riverview Plaza, P.O. Box 500
Trenton, NJ 08625-0500

Applicant Approval Employment History

Name: PAUL DALNOKY
SSN: XXX-XX-6794
Date of Birth: April 04, 1957

Document Id: 2a51b4daa41548a15af0348ddb7b26f4
Number of Approvals: 13

List of all Approval(s) Issued by the NJ Dept. of Education Criminal History Review Unit, as of 11/29/2018

Approval Date	County Code	District Code	School Code	Contractor Code	Job Position	PCN	Transfer Date
12/10/2014	01	3720	000	0000	SUBSTITUTE TEACHER	495609009958	09/04/2015
12/10/2014	01	0110	000	0000	SUBSTITUTE TEACHER	495609009958	06/11/2015
12/10/2014	01	1690	000	0000	SUBSTITUTE TEACHER	495609009958	

New Jersey Department of Education
Criminal History Review Unit
100 Riverview Plaza, P.O. Box 500
Trenton, NJ 08625-0500

PINELANDS REGIONAL SCHOOL DISTRICT

Sexual Misconduct / Abuse Disclosure Release
P.L. 2018, c.5 *(Effective 6/1/18)*

Applicant's Name (First, Middle, Last)	Any former names by which the Applicant has been identified:
Paul Benjamin Dalnoky	None

SECTION 2: CURRENT/FORMER EMPLOYER VERIFICATION
To be completed by the applicant's current employer(s) and all former employers that were school entities and/or where the applicant had direct contact with children

Employing Entity Receipt Date: 12/13/18	Received By: J Ruffy
Dates of Employment of Applicant: 3/10/15 to Present	

To the best of your knowledge, has 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?
☐	☒	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 adjudication or findings of child abuse or sexual misconduct?
☐	☒	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 findings of child abuse or sexual misconduct?

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, an employer, school entity, administrator, and/or independent contractor 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. Such immunity shall be in addition to and not in limitation of any other immunity provided by law or any absolute or conditional privileges applicable to such disclosure by the virtue of the circumstances of the applicant's consent thereto.

J Ruffy HR Manager — Former Employer Representative Signature & Title

12/13/18 — Date

Under N.J.S.A. 18A: 6-7.6 et seq responses must be provided with the required information within twenty (20) days, failure to provide the information within twenty (20) days may be grounds for the automatic disqualification of an applicant from employment. The hiring entity shall not be liable for any claims brought by an applicant who is not offered employment or whose employment is terminated because of any information received by the hiring entity from an employer pursuant to N.J.S.A. 18A:6-7.7, or due to the inability of the hiring entity to conduct a full review of the applicant's history pursuant to N.J.S.A. 18A:6-7.7.

Return all completed information to:

Office of the Superintendent
Pinelands Regional School District
PO Box 248
Little Egg Harbor, NJ 08087-0248
Email: knutt@prsdnj.org

bruffyj@gtps.k12.nj.us

PINELANDS REGIONAL SCHOOL DISTRICT

Sexual Misconduct / Abuse Disclosure Release
P.L. 2018, c.5 *(Effective 6/1/18)*

This law prohibits a school district, charter school, nonpublic school or contracted service provider ("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.

APPLICANT: Submit one form for each current employer and all former employers within the last 20 years that were school entities or where employment involved direct contact with children. Submit form(s) to hiring entity.

TO: **Check here if ☐ No applicable employment**

Name of Current or Former Employer: Galloway Township Board of Education			
Address: 101 S. Reeds Rd			
City: Galloway	State: NJ	Zip: 08205	Phone Number: 609 748-1250

The named applicant is under consideration for a position with our entity. The State of New Jersey has determined that additional safeguards are necessary in the hiring of school employees to ensure the safety of the students. The individual whose name appears below has reported previous employment with your entity. We request you provide the information requested in SECTION 2 of this form within 20 days as required by N.J.S.A. 18A:6-7.6 et seq.

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's Name (First, Middle, Last): Paul Benjamin Dalnoky	
Any former names by which the Applicant has been identified: None	
DOB: 4/4/1957	Last 4 Digits of Applicant's Social Security Number: 6794
Approximate dates of employment with the entity listed above: 3/15 - present	
Position(s): substitute teacher / tutor	

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?
☐	☑	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 adjudication or findings of child abuse or sexual misconduct?
☐	☑	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 findings of child abuse or sexual misconduct?

By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any willful failure to disclose the information required, shall subject me to: discipline, up to and including, termination or denial of employment; may be deemed a violation of N.J.S.A. 2C:28-3 and may be subject to a civil penalty of not more than $500 which shall be collected in proceedings in accordance with the "Penalty Enforcement Law of 1999". I also hereby authorize the above-named employer to release to the entity listed on page 1, the information requested in SECTION 2 of this form and any related records. I hereby release, waive, and discharge the above-named employer from any and all liability of any kind that may arise from such disclosure or release of records.

PBD
Signature of Applicant

11/2/18
Date

EMAILED 11/2/18

PINELANDS REGIONAL SCHOOL DISTRICT

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TO: **Check here if ☐ No applicable employment**

Name of Current or Former Employer	Source 4 Teachers 856-482-0300		
Address	800 Kings Highway N HumanResources@ess.com		
City: Cherry Hill	State: NJ	Zip: 08034	Phone Number: 877 983 2244

The named applicant is under consideration for a position with our entity. The State of New Jersey has determined that additional safeguards are necessary in the hiring of school employees to ensure the safety of the students. The individual whose name appears below has reported previous employment with your entity. We request you provide the information requested in SECTION 2 of this form within 20 days as required by N.J.S.A. 18A:6-7.6 et seq.

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Any former names by which the Applicant has been identified: None	
DOB: 4/4/1957	Last 4 Digits of Applicant's Social Security Number: 6794
Approximate dates of employment with the entity listed above: 9/16 - 5/17	
Position(s): Substitute teacher	

Have you (Applicant) ever:

YES	NO	
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By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any willful failure to disclose the information required, shall subject me to: discipline, up to and including, termination or denial of employment; may be deemed a violation of N.J.S.A. 2C:28-3 and may be subject to a civil penalty of not more than $500 which shall be collected in proceedings in accordance with the "Penalty Enforcement Law of 1999". I also hereby authorize the above-named employer to release to the entity listed on page 1, the information requested in SECTION 2 of this form and any related records. I hereby release, waive, and discharge the above-named employer from any and all liability of any kind that may arise from such disclosure or release of records.

P l B D — Signature of Applicant

11/2/18 — Date

mrundgren@ocsdnj.org

PINELANDS REGIONAL SCHOOL DISTRICT

Sexual Misconduct / Abuse Disclosure Release
P.L. 2018, c.5 *(Effective 6/1/18)*

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APPLICANT: Submit one form for each current employer and all former employers within the last 20 years that were school entities or where employment involved direct contact with children. Submit form(s) to hiring entity.

TO: **Check here if ☐ No applicable employment**

Name of Current or Former Employer	Ocean City Board of Education		
Address	501 Atlantic Ave		
City: Ocean City	State: NJ	Zip: 08226	Phone Number: 609 3994161

The named applicant is under consideration for a position with our entity. The State of New Jersey has determined that additional safeguards are necessary in the hiring of school employees to ensure the safety of the students. The individual whose name appears below has reported previous employment with your entity. We request you provide the information requested in SECTION 2 of this form within 20 days as required by N.J.S.A. 18A:6-7.6 et seq.

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Approximate dates of employment with the entity listed above: 9/17 - present	
Position(s): substitute teacher	

Have you (Applicant) ever:

YES	NO	
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☐	☑	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 adjudication or findings of child abuse or sexual misconduct?
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By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any willful failure to disclose the information required, shall subject me to: discipline, up to and including, termination or denial of employment; may be deemed a violation of N.J.S.A. 2C:28-3 and may be subject to a civil penalty of not more than $500 which shall be collected in proceedings in accordance with the "Penalty Enforcement Law of 1999". I also hereby authorize the above-named employer to release to the entity listed on page 1, the information requested in SECTION 2 of this form and any related records. I hereby release, waive, and discharge the above-named employer from any and all liability of any kind that may arise from such disclosure or release of records.

PBD

Signature of Applicant

11/2/18

Date

taneejohnson@acboe.org

PINELANDS REGIONAL SCHOOL DISTRICT

Sexual Misconduct / Abuse Disclosure Release
P.L. 2018, c.5 *(Effective 6/1/18)*

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APPLICANT: Submit one form for each current employer and all former employers within the last 20 years that were school entities or where employment involved direct contact with children. Submit form(s) to hiring entity.

TO: **Check here if ☐ No applicable employment**

Name of Current or Former Employer	Atlantic City Board of Education		
Address	1300 Atlantic Ave		
City: Atlantic City	State: NJ	Zip: 08401	Phone Number: 609 343-7200

The named applicant is under consideration for a position with our entity. The State of New Jersey has determined that additional safeguards are necessary in the hiring of school employees to ensure the safety of the students. The individual whose name appears below has reported previous employment with your entity. We request you provide the information requested in SECTION 2 of this form within 20 days as required by N.J.S.A. 18A:6-7.6 et seq.

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's Name (First, Middle, Last)	Paul Benjamin Dalnoky	
Any former names by which the Applicant has been identified:	None	
DOB: 4/4/1957		Last 4 Digits of Applicant's Social Security Number: 6794
Approximate dates of employment with the entity listed above:	9/16 - 9/17	
Position(s):	substitute teacher	

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?
☐	☑	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 adjudication or findings of child abuse or sexual misconduct?
☐	☑	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 findings of child abuse or sexual misconduct?

By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any willful failure to disclose the information required, shall subject me to: discipline, up to and including, termination or denial of employment; may be deemed a violation of N.J.S.A. 2C:28-3 and may be subject to a civil penalty of not more than $500 which shall be collected in proceedings in accordance with the "Penalty Enforcement Law of 1999". I also hereby authorize the above-named employer to release to the entity listed on page 1, the information requested in SECTION 2 of this form and any related records. I hereby release, waive, and discharge the above-named employer from any and all liability of any kind that may arise from such disclosure or release of records.

PeBD

Signature of Applicant

11/2/18

Date