Agenda 3-9-15
8-24-15
8-23-17
8-27-18
8-26-19
8-24-20

Galloway Township Public Schools
101 S. Reeds Road, Galloway, NJ 08205
609-748-1250

SUBSTITUTE TEACHING APPLICATION

Dalnoky Paul — 12/3/14
NAME (Last) (First) — DATE OF APPLICATION

31 North Virginia Ave #405 Atlantic City NJ 08401
PERMANENT ADDRESS: (Street) (City) (State Zip)

PRESENT ADDRESS: (Street) (City) (State Zip)
(If different from above)

609 328-7237 — 084 46 6794
PHONE NUMBER: (Home) (Cell) (Social Security Number)

ACADEMIC PREPARATIONS: (List in chronological order, starting with the ~~most~~ recent)

College/University/School	Location	Dates Attended	Degree Granted
Atlantic Cape Comm College	Mays Landing NJ	2012-2014	—
~~CUNY / Hunter~~ Brooklyn Law School	NY NY	1988-1993	JD
CUNY / Hunter	NY NY	1984-1985	—
SUNY / Buffalo	Buffalo NY	1975-1980	BA

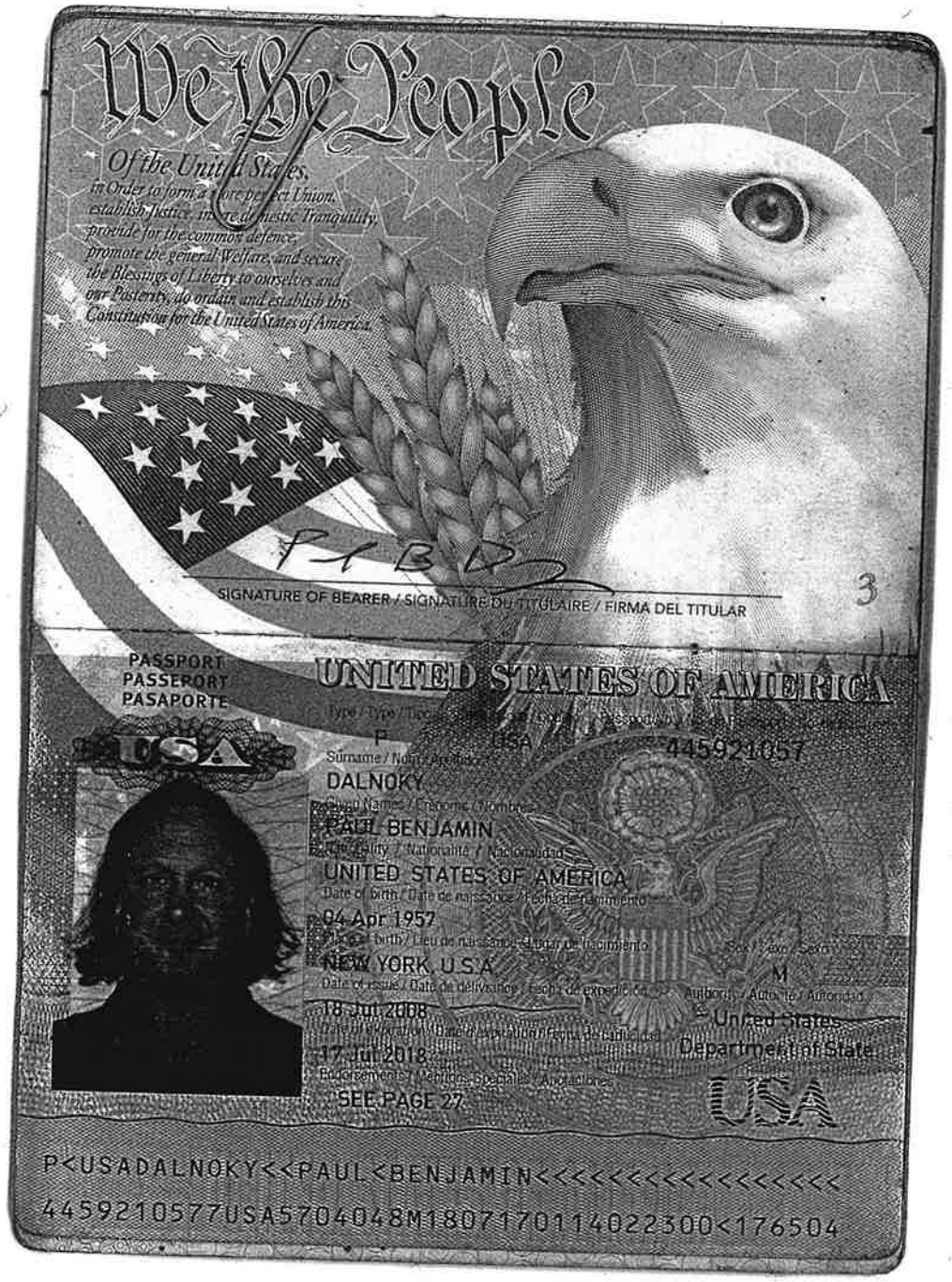
ACCREDITED HOURS: *PLEASE PROVIDE TRANSCRIPTS

PROFESSIONAL TEACHING EXPERIENCE: (List in chronological order, starting with most recent)

School	City/State	Position	Dates
Atlantic Cape Comm College	Mays Landing NJ	Tutor	2013-2014

NON-TEACHING EXPERIENCE:

School/Business	City/State	Position	Dates
Paul B Dalnoky Esq	NY NY	Attorney	1994-2011
DF King	NY NY	Info Agent	1998-2003
Hair Club for Men	NY NY	Telemarketing	1993-1995


We the People
Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.
SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR
3
PASSPORT
PASSEPORT
PASAPORTE
USA
UNITED STATES OF AMERICA
P
USA
445921057
Surname / Nom / Apellidos
DALNOKY
Given Names / Prénoms / Nombres
PAUL BENJAMIN
Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA
Date of Birth / Date de naissance / Fecha de nacimiento
04 Apr 1957
Place of Birth / Lieu de naissance / Lugar de nacimiento
NEW YORK, U.S.A.
Sex / Sexe / Sexo
M
Date of Issue / Date de délivrance / Fecha de expedición
18 Jul 2008
Authority / Autorité / Autoridad
United States
Department of State
Date of Expiration / Date d'expiration / Fecha de caducidad
17 Jul 2018
Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27
USA
P<USADALNOKY<<PAUL<BENJAMIN<<<<<<<<<<<<<<<<
4459210577USA5704048M1807170114022300<176504

OFFICIAL COPY
12/08/2014

RECIPIENT :

JOAN PUGLIESE
GALLOWAY TOWNSHIP PUBLIC SCHOOLS
101 SOUTH REEDS ROAD
GALLOWAY, NJ 08205-3422

STUDENT : DALNOKY, PAUL B.
ID NUMBER: 084-46-6794
MAJOR : ENGLISH
MINOR : BIOL SCI
STATUS : LOWER SENIOR

TRANSFER CREDIT INFORMATION

SUNY BUFFALO
START: 09/1975 END: 05/1980

	MAJ BRIT WRITERS	4.0
	CREATIVE WRTNG FICT	4.0
	CULT TOPICS	4.0
	JOURNALISM-LITERARY	4.0
	MOD DRAMA	4.0
	ENGLISH NOVEL	4.0
	CREATIVE WRTN FICT 2	3.0
	MUS-HIST SURV	4.0
	SYMPHONY BAND 1	1.0
	SYMPHONY BAND 2	1.0
	CELLO 1	2.0
	CELLO 2	2.0
	AMER IN 20 CENT	4.0
	TUTORIAL	4.0
	17 CENT LIT	4.0
BIOL	10000 BASIC BIOLOGY 1	4.0
BIOL	10200 BASIC BIOLOGY 2	4.0
PHILO	11600 ETHICS	4.0
POLSC	11100 INTRO AMER POLIT	4.0
POLSC	11500 INTR INTERNATNL POLT	4.0
POLSC	21700 LAW & POLIT	4.0
POLSC	34000 CONSTIT LAW	4.0
POLSC	34300 CRIM & CONSTIT LAW	4.0
SOC	12100 INTRO SOCIOLOGY	4.0
THEA	17100 INTRO TO THEATRE	4.0
	CREDITS TRANSFERRED	89.0

SPRING 1984 D A-3 8-01 CRED GR

ENGL	37200	ROMANTIC POETRY	3.0 B
PROF	00000	PROFICIENCY SATIS	0.0 P
CSAM	00000	CSA: MATHEMATICS	0.0 P
CSAR	00000	CSA: READING	0.0 P
CSAW	00000	CSA: WRITING	0.0 P
SPAN	20200	INTERMED SPANISH 2	3.0 B

TERM CREDITS 6.0 GPA 3.000

FALL 1984 D A-1 7-26 CRED GR

ENGL	33100	STRUCT OF MODERN ENG	3.0 A
ENGL	36500	LATER 18TH CENTURY	3.0 B

TERM CREDITS 6.0 GPA 3.500

SPRING 1986 E A-4 7-01 CRED GR

ENGL	38655	ENG/AM WOMN CRIM WRI	3.0 C

TERM CREDITS 3.0 GPA 2.000

FALL 1986 E A-1 7-26 CRED GR
MIN 17

ENGL	36100	MILTON	3.0 C

TERM CREDITS 3.0 GPA 2.000

CUMULATIVE CREDITS 107.0 GPA 2.833

****** NO FURTHER ENTRIES THIS PAGE ******

MARILYN DALEY-WESTON, REGISTRAR

HUNTER
The City University of New York
695 Park Avenue • New York, NY 10065
(212) 772-4474
http: // registrar.hunter.cuny.edu

University at Buffalo
The State University of New York
Office of the Registrar
232 Capen Hall
Buffalo, NY 14260-1631

Name: Dalnoky, Paul Benjamin
Student ID: 15962748

Date Issued: 12/04/2014
DOB: 04/04/XXXX

Transcript Issued To:

GALLOWAY TOWNSHIP PUBLIC SCHOOLS
JOAN PUGLIESE
101 S REEDS RD
GALLOWAY, NJ 08205

DEGREE INFORMATION

Degree:	Bachelor of Arts
Status:	Awarded
Confer Date:	06/01/1987
Major:	ENGLISH

BEGINNING OF UNDERGRADUATE RECORD

Fall 1975

Course		Description	Units	Grade
ENG	202	MAJOR BRITISH WRITERS	4.000	A
MUS	111	HIST SURVEY FOR NON-MAJOR	4.000	A
MUS	131	SYMPHONY BAND	2.000	A
MUS	175	CELLO	2.000	B
PSC	101	INTRO AMERICAN POLITICS	4.000	A
PSC	215	LAW AND POLITICS	4.000	B

	Attempted	Earned	GPA Units	Points	GPA
Term GPA	20.000	20.000	20.000	74.000	3.700
Cum GPA	20.000	20.000	20.000	74.000	3.700

Spring 1976

Course		Description	Units	Grade
ENG	216	CREATIVE WRITING FICTION	4.000	B
ENG	292	CULTURAL TOPICS	4.000	A
ENG	303	LITERARY JOURNALISM	4.000	B
MUS	132	SYMPHONY BAND	2.000	A
MUS	176	CELLO	2.000	A
PSC	102	INTRO INTERNATL POLITICS	4.000	A

	Attempted	Earned	GPA Units	Points	GPA
Term GPA	20.000	20.000	20.000	72.000	3.600
Cum GPA	40.000	40.000	40.000	146.000	3.650

Summer 1976

Course		Description	Units	Grade
HIS	261	AMERICA IN THE 20TH CENT	4.000	B
SOC	101	INTRO TO SOCIOLOGY	4.000	A

	Attempted	Earned	GPA Units	Points	GPA
Term GPA	8.000	8.000	8.000	28.000	3.500
Cum GPA	48.000	48.000	48.000	174.000	3.625

Fall 1976

Course		Description	Units	Grade
CL	313	CLASSICAL MYTHOLOGY	4.000	I
ENG	316	MODERN DRAMA	4.000	B
ENG	345	ENGLISH NOVEL	4.000	B
PSC	303	CONSTITUTIONAL LAW	4.000	S

	Attempted	Earned	GPA Units	Points	GPA
Term GPA	12.000	12.000	8.000	24.000	3.000
Cum GPA	60.000	60.000	56.000	198.000	3.536

Spring 1977

Course		Description	Units	Grade
CF	499	INDEPENDENT STUDY	4.000	A
MUS	112	MUS IN WESTERN CIVILIZ	4.000	A
PHI	107	ETHICS	4.000	A
PHI	499	UNDERGRADUATE TUTORIAL	4.000	A

	Attempted	Earned	GPA Units	Points	GPA
Term GPA	16.000	16.000	16.000	64.000	4.000
Cum GPA	76.000	76.000	72.000	262.000	3.639

Fall 1977

Course		Description	Units	Grade
BIO	119	BASIC BIOLOGY	3.000	A
BIO	121	BASIC BIOLOGY	1.000	C
CUS	402	CRIM & CONSTIT LAW	4.000	C
ENG	313	SEVENTEENTH CENTURY LIT	4.000	B
PHI	221	INTRO PHIL OF SCIENCE	4.000	I

	Attempted	Earned	GPA Units	Points	GPA
Term GPA	12.000	12.000	12.000	34.000	2.833
Cum GPA	88.000	88.000	84.000	296.000	3.524

Spring 1978

Course		Description	Units	Grade
BIO	120	BASIC BIOLOGY	3.000	A
BIO	122	BASIC BIOLOGY	1.000	C
CHE	101	GENERAL CHEMISTRY	4.000	B
MTH	121	SURV CALCULUS & APPL 1	3.000	I
MTH	121	SURV CALCULUS & APPL 1	1.000	I
MTH	121	SURV CALCULUS & APPL 1	1.000	I
MUS	176	CELLO	2.000	A
TH	105	INTRO TO THEATRE	4.000	A

	Attempted	Earned	GPA Units	Points	GPA
Term GPA	14.000	14.000	14.000	50.000	3.571
Cum GPA	102.000	102.000	98.000	346.000	3.531

Summer 1978

Course		Description	Units	Grade
CHE	102	GENERAL CHEMISTRY	4.000	C
MTH	141	COLLEGE CALCULUS 1	3.000	B
MTH	141	COLLEGE CALCULUS 1	1.000	B
PHA	113	UNIV PHYSICS SCI MAJ 1	3.000	R
PHA	113	UNIV PHYSICS SCI LAB 1	1.000	R

	Attempted	Earned	GPA Units	Points	GPA
Term GPA	8.000	8.000	8.000	20.000	2.500
Cum GPA	110.000	110.000	106.000	366.000	3.453

Fall 1978

Course		Description	Units	Grade
BCM	201	CELL BIOLOGY	4.000	B
BCM	211	CELL BIOLOGY LAB	2.000	X
CHE	201	ORGANIC CHEMISTRY	4.000	B
PHA	113	UNIV PHYSICS SCI MAJ 1	3.000	B
PHA	113	UNIV PHYSICS SCI LAB 1	1.000	C

	Attempted	Earned	GPA Units	Points	GPA
Term GPA	12.000	12.000	12.000	35.000	2.917
Cum GPA	122.000	122.000	118.000	401.000	3.398

Spring 1979

Course		Description	Units	Grade
CHE	252	CONTEMP ORGANIC CHEMISTRY	4.000	I
MIC	301	FUND OF MICROBIOLOGY	4.000	B
MTH	122	SURV CALCULUS & APPL 2	3.000	B
MTH	122	SURV CALCULUS & APPL 2	1.000	B
PHA	114	UNIV PHYSICS SCI MAJ 2	3.000	R
PHA	152	UNIVERSITY PHYSICS LAB 2	1.000	R

	Attempted	Earned	GPA Units	Points	GPA
Term GPA	8.000	8.000	8.000	24.000	3.000
Cum GPA	130.000	130.000	126.000	425.000	3.373

Kara C Saunders
University Registrar

University at Buffalo
The State University of New York
Office of the Registrar
232 Capen Hall
Buffalo, NY 14260-1631

Summer 1979

Course		Description	Units	Grade
CHE	481	SENIOR RESEARCH	4.000	B
MTH	241	COLLEGE CALCULUS 3	3.000	I
MTH	241	COLLEGE CALCULUS 3	1.000	I
PHA	114	UNIV PHYSICS SCI MAJ 2	3.000	X
PHA	152	UNIVERSITY PHYSICS LAB 2	1.000	A

	Attempted	Earned	GPA Units	Points	GPA
Term GPA	5.000	5.000	5.000	16.000	3.200
Cum GPA	135.000	135.000	131.000	441.000	3.366

Fall 1979

Course		Description	Units	Grade
CHE	301	INTERMED ORGANIC CHEM	5.000	X
CHE	319	PHYSICAL CHEMISTRY LEC	3.000	X
CHE	319	PHYSICAL CHEMISTRY LAB	2.000	X
ENG	309	SHAKESPEARE	3.000	C
PGY	427	NEUROPHYSIOLOGY	4.000	I

	Attempted	Earned	GPA Units	Points	GPA
Term GPA	3.000	3.000	3.000	6.000	2.000
Cum GPA	138.000	138.000	134.000	447.000	3.336

Spring 1980

Course		Description	Units	Grade
ENG	341	STUDIES AMER LIT: DRAMA	3.000	I
ENG	360	THE BIBLE AS LITERATURE	3.000	X
ENG	374	BEST SELLERS	3.000	I
ENG	392	CREATIVE WRITING FICTION	3.000	C
SPA	103	INTERMEDIATE SPANISH	3.000	F

	Attempted	Earned	GPA Units	Points	GPA
Term GPA	6.000	3.000	6.000	6.000	1.000
Cum GPA	144.000	141.000	140.000	453.000	3.236

Summer 1980

Course		Description	Units	Grade
ENG	336	MODERN AMERICAN NOVEL	3.000	X
SPA	104	INTERMEDIATE SPANISH	3.000	X

	Attempted	Earned	GPA Units	Points	GPA
Term GPA	0.000	0.000	0.000	0.000	0.000
Cum GPA	144.000	141.000	140.000	453.000	3.236

Undergraduate Career Totals

	Attempted	Earned	GPA Units	Points	GPA
Cum GPA	144.000	141.000	140.000	453.000	3.236

OTHER CREDIT

Type	Description	Earned
Transfer	CUNY HUNTER COLLEGE	18.000

END OF UNDERGRADUATE RECORD

END OF UNIVERSITY OFFICIAL TRANSCRIPT

Kara C Saunders
University Registrar

Last Name: Dalnoky **First Name:** Paul B **Student ID:** 0890968 **Birthdate:** 04/04/57 **Date:** December 03 2014

Active Program(s) of Study: General Studies Associate in Science

163696

Grading System

Course	Course Title	Credits	Grade	Grd Pts
Program(s): General Studies Associate in Science				
	2012 FALL SEMESTER (09/04/2012 to 12/22/2012)			
MATH122	COLLEGE ALGEBRA	4.00	B+	13.20
MATH220	STATISTICAL METHODS	4.00	A	16.00
	Term GPA 3.650 Credit	8.00		
	Cum GPA 3.650 Credit	8.00		
	2013 WINTER SESSION (01/02/2013 to 01/16/2013)			
CISM125	INTRO TO COMPUTERS	3.00	B+	9.90
	Term GPA 3.300 Credit	3.00		
	Cum GPA 3.555 Credit	11.00		
	2013 SPRING SEMESTER (01/22/2013 to 05/18/2013)			
ECON110	PRINCIPLES OF ECONOMICS I	3.00	A	12.00
MATH153	DISCRETE MATHEMATICS	4.00	A	16.00
	Term GPA 4.000 Credit	7.00		
	Cum GPA 3.728 Credit	18.00		
Part-Time Dean's List				
	2013 SUMMER SESSION 3 (07/15/2013 to 08/22/2013)			
MATH155	CALCULUS I	0.00	W	.....
	WITHDREW ON 07/24/13			
	Term GPA 0.000 Credit	0.00		
	Cum GPA 3.728 Credit	18.00		
	2013 FALL SEMESTER (09/03/2013 to 12/21/2013)			
PHIL101	INTRODUCTION TO LOGIC	3.00	A	12.00
PSYC135	CHILD PSYCHOLOGY	3.00	A	12.00
	Term GPA 4.000 Credit	6.00		
	Cum GPA 3.796 Credit	24.00		
	2014 SPRING SEMESTER (01/21/2014 to 05/17/2014)			
ECON111	PRINCIPLES OF ECONOMICS II	3.00	A	12.00
MATH150	PRECALCULUS	4.00	A	16.00
	Term GPA 4.000 Credit	7.00		
	Cum GPA 3.842 Credit	31.00		
End of official record.				

*Repeated Course Not Included in GPA

Course	Course Title	Credits	Grade	Grd Pts

A Superior
A- Superior
B+ Good
B Good
B- Good
C+ Average
C Average
D Passing
F Failure
I Incomplete
P Pass
W Withdrew
AR Articulation
AU Audit
NA Never Attended
CIP Course in Progress

Atlantic Cape Community College is fully accredited by the Commission on Higher Education of the Middle States Association of Colleges and Schools.

Notice

Federal Law prohibits access to this record by any party without written consent of the student.

FICE: 2596
CEEB: 2024

ATLANTIC CAPE COMMUNITY COLLEGE
5100 Black Horse Pike
Mays Landing, NJ 08330-2699

This officially sealed and signed transcript is printed on secure paper with invisible fluorescent fibers and toner adhesion; a raised seal is not required. Brown stains indicate attempted alteration. The name of the college appears in small white print across the face of the transcript.

Heather L Peterson

HEATHER PETERSON, REGISTRAR

422257

SUBSTITUTE TEACHER'S CREDENTIAL
STATE OF NEW JERSEY

THIS CERTIFIES THAT Paul B. Dalnoky
Name

XXX-XX- 6794
SSN Last Four Digits

is entitled to act as a substitute teacher Grades N - 12

in the public schools of New Jersey.

Issued this 10th day of February, 2015, in the county of Atlantic.

This certificate will expire in five years from the first day of July
or the second day of January following the date of issuance.

THIS CERTIFICATE IS VALID UNTIL July 1, 2020

County Superintendent of Schools

RESTRICTIONS: This certificate will be issued for a five-year period, but the holder may serve for no more than 20 consecutive days in the same position in one school district during the school year. The county superintendent of the employing district has the authority to approve one extension of twenty days, for a total of forty days. Such certificates, which are issued by the county superintendent of schools, are designed only for emergency purposes when the supply of properly certificated substitutes is inadequate to staff the school. Such credentials are intended only for persons temporarily performing the duties of a fully certificated and regularly-employed teacher.

F08-01445

State of New Jersey

DEPARTMENT OF EDUCATION

PO BOX 500
TRENTON, NEW JERSEY 08625-0500

Note: This form is printed on watermarked paper. Hold at light to view for authenticity. If blue State seal background is not present, this is a photocopy.

12/10/2014

PAUL DALNOKY
31 NORTH VIRGINIA AVENUE # 4
ATLANTIC CITY, NJ 08401

Your request for criminal history record processing has been completed. The information submitted by you through the educational facility or authorized school bus contractor has been searched by the New Jersey State Police and the Federal Bureau of Investigation. As a result of that process, you are approved for school employment in accordance with *N.J.S.A. 18A:6-7.2, N.J.S.A. 18A:39-19.1, N.J.S.A. 18A:6-4.14 or N.J.S.A. 18A:12-1.2*

PAUL DALNOKY PCN: 495609009958
31 NORTH VIRGINIA AVENUE # 4
ATLANTIC CITY, NJ 08401
01 - ATLANTIC
1690 - GALLOWAY TOWNSHIP

A notice of qualification has been forwarded to the educational facility or authorized school bus contractor making the request for your criminal history record check. If you are a substitute teacher working under a county substitute certificate, a notice of qualification has been forwarded to the county superintendent's office that issued your certificate. Please retain possession of this letter as proof that you have completed the statutory requirements for the employer that submitted your fingerprints.

School bus drivers must be printed upon initial application for a school bus driver's endorsement and each time their driver's license is renewed. All other persons, except individuals serving in a substitute position, must undergo the record check upon any change in employment from one educational facility to another.

You must provide a copy of this approval letter to your employer. If you have any questions, please call the Criminal History Review Unit at (609) 292-0507.

Sincerely,

Carl H. Carabelli

Carl H. Carabelli, Manager
Criminal History Review Unit

New Jersey Is An Equal Opportunity Employer

333647

(REV 5/10)

STATE OF NEW JERSEY – DEPARTMENT OF EDUCATION
DIVISION OF FIELD SERVICES AND OFFICE OF LICENSURE AND CREDENTIALS
SUBSTITUTE CREDENTIAL APPLICATION

COUNTY: Atlantic

This credential will be issued for a five-year period, but the holder may serve for no more than 20 total instructional days in the same position in one school district during the school year unless approved by the executive county superintendent for an additional 20 instructional days pursuant to N.J.A.C. 6A: 9-6.5(b). Such credentials, which are issued by the executive county superintendent of schools under the authority of the State Board of Examiners, are designed only for emergency purposes when the supply of properly certificated substitutes is inadequate to staff a school. They are intended only for persons temporarily performing the duties of a fully certificated and regularly employed teacher

TO BE COMPLETED BY APPLICANT -- Please Type or Print Clearly

Name Paul (First) Benjamin (Middle/Maiden) Dalnoky (Last) Social Security # 084 46 6794

Address 31 North Virginia Ave (street) Atlantic City (city) NJ (state) 08401 (zip)

Date of Birth 4/4/57 E-Mail Address paulbdalnoky4@gmail.com Telephone 609 328-7237

Are you a citizen of the United States? Yes ☑ No ☐
If no, have you filed an Affidavit of Intent to Become a Citizen? Yes ☐ No ☐ If yes, Alien Registration # _____
NOTE: The Affadavit of Intent to Become a Citizen is not a requirement for the substitute credential.
Have you ever been convicted of a crime in this or any other state? Yes ☐ No ☑
If yes, give the name of the municipality and attach statement giving details.
Have you ever had an educator's certificate revoked or suspended in this or any other state? Yes ☐ No ☑
If yes, attach statement giving details.
Have you taken the Oath of Allegiance? Yes ☑ No ☐

EDUCATION

Regionally-Accredited College Name	Location	Degree / Degree Date	Major	# Credits
Brooklyn Law School	250 Joralamon St NY NY	JD 1993	Law	~96
SUNY Buffalo	Main St Buffalo, NY	BA 1985	English	~130

WORK EXPERIENCE (teaching)

Atlantic Cape Community College Tutor in Learning Assistance Center 2013-2014

certify that the above statements and data are correct: PBD (Signature of Applicant) 12/4/14 (Date)

FOR DISTRICT USE

DESIGNATED DISTRICT REPRESENTATIVE'S SIGNATURE AFFIRMING TRANSMITTAL OF APPLICATION

Annette C. Giaquinto, Ed.D. (Print Name) _____ (Signature) 2/17/15 (Date)

Galloway Township Public Schools (District)

FOR COUNTY USE: REGULAR SUBSTITUTE APPLICATION

☐ Application ☐ Oath ☐ Transcripts ☐ Fee
Date of Criminal History Approval if applicable _____ or
Date of Emergent Hire Approval if applicable _____
CERTIFICATE # _____
DATE OF ISSUE _____

VOCATIONAL / SCHOOL NURSE APPLICATION

☐ For vocational applicants/notarized statement of previous employment or valid occupational license.
☐ RN License # _____ Exp.Date _____

OATH OF ALLEGIANCE

STATE OF NEW JERSEY

County of Atlantic

I, Paul Benjamin Dalinsky ; do solemnly swear (or affirm) that I will support the Constitution of the United States and Constitution of the State of New Jersey and that I will bear true faith and allegiance to the same and to the Governments established in the United States and in this State, under the authority of the people. So help me God.

Sworn and subscribed to
before me this 13th day of
January A.D. 20 15.

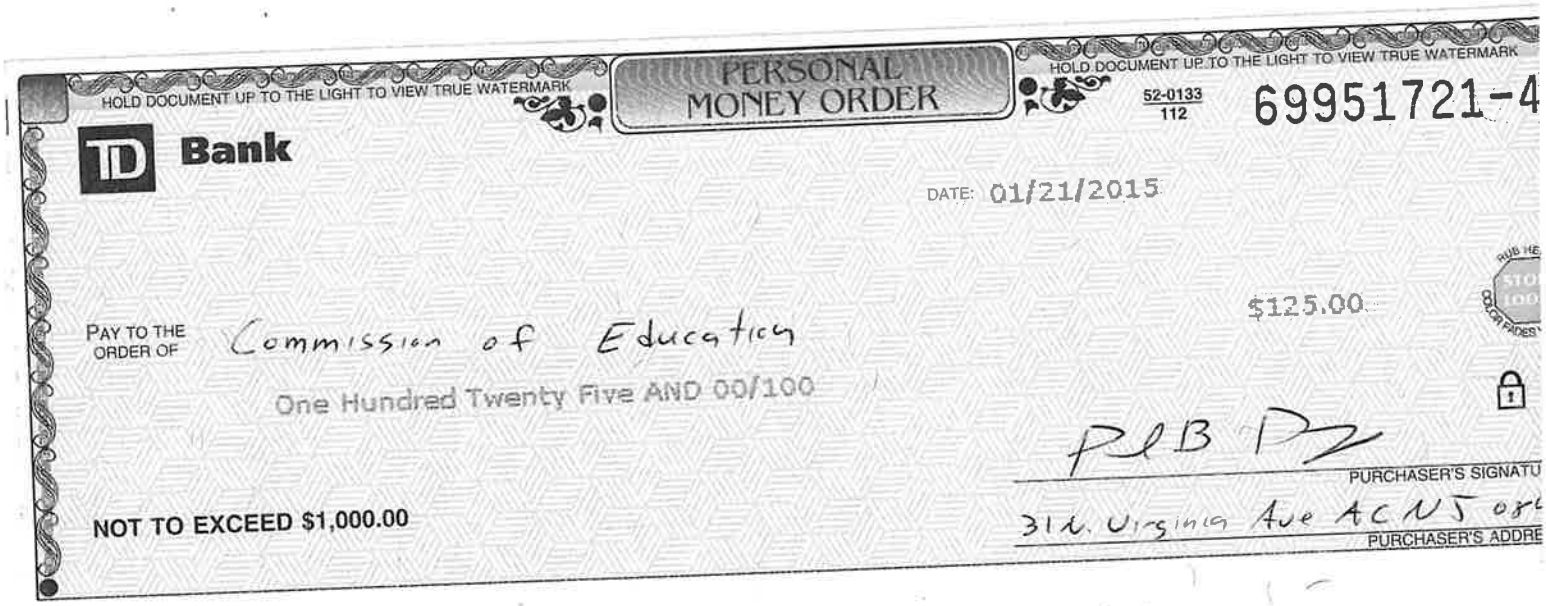
PBD
Applicant's Signature

Arelis Morillo-Lizardo
Notary Public's Signature

ARELIS M MORILLO-LIZARDO
Notary Public
State of New Jersey
My Commission Expires Dec 22, 2016

R.S. 41:11

Every person who is or shall be required by law to give assurance of fidelity and attachment to the Government of this state shall take the above oath of allegiance.



HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

PERSONAL MONEY ORDER

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

52-0133
112

69951721-4

TD Bank

DATE: 01/21/2015

PAY TO THE ORDER OF Commission of Education

$125.00

One Hundred Twenty Five AND 00/100

NOT TO EXCEED $1,000.00

PURCHASER'S SIGNATU

31 N. Virginia Ave ACNJ 08

PURCHASER'S ADDRE

"69951721 4" :011201335: 6265005099"

Paul B. Dalnoky

31 N. Virginia Avenue # 405

Atlantic City N.J. 08401

Paulbdalnoky4@gmail.com

609 328-7237

December 3, 2014

Joan Pugliese

Galloway Township Public Schools

101 South Reeds Road

Galloway N.J. 08205

Dear Ms. Pugliese,

Please open a new file in my name. You should receive four sets of transcripts. I will enclose the money order with the completed medical which should be the last document.

Thank you very much.

Yours truly,

PBD

Paul Dalnoky

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 Mon 01/08/2018 at 09:25:09 AM EST

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

07/25/2024 THU 08:23 iR-ADV C5870 001

****
TX REPORT
****

JOB NO. 4381
ST. TIME 07/25 08:22
SHEETS 21
FILE NAME

TX INCOMPLETE -----
TRANSACTION OK -----
ERROR nixonj@gtps.k12.nj.us Nixon, Joy
manalange@gtps.k12.nj.us Manalang Elen

422257

SUBSTITUTE TEACHER'S CREDENTIAL
STATE OF NEW JERSEY

THIS CERTIFIES THAT Paul B. Dalnoky
Name

XXX–XX- 6794
SSN Last Four Digits

is entitled to act as a substitute teacher Grades N - 12

in the public schools of New Jersey.

Issued this 10th day of February, 2015, in the county of

This certificate will expire in five years from the first day of July
or the second day of January following the date of issuance.

THIS CERTIFICATE IS VALID UNTIL July 1, 2020

County Si

RESTRICTIONS: This certificate will be issued for a five-year period, but the holder may serve for no more thar position in one school district during the school year. The county superintendent of the employing district has the autl twenty days, for a total of forty days. Such certificates, which are issued by the county superintendent of schools, purposes when the supply of properly certificated substitutes is inadequate to staff the school. Such credentia temporarily performing the duties of a fully certificated and regularly-employed teacher.

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: Pass Port		Document Title:		Document Title:
Issuing Authority: USA		Issuing Authority:		Issuing Authority:
Document Number: 445921057		Document Number:		Document Number:
Expiration Date *(if any)(mm/dd/yyyy)*: 7-17-18		Expiration Date *(if any)(mm/dd/yyyy)*:		Expiration Date *(if any)(mm/dd/yyyy)*:
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date *(if any)(mm/dd/yyyy)*:				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date *(if any)(mm/dd/yyyy)*:				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment *(mm/dd/yyyy)*: _____ *(See instructions for exemptions.)*

Signature of Employer or Authorized Representative	Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative
Joan P	3-9-15	HUMAN RESOURCES SECRETARY

Last Name *(Family Name)*	First Name *(Given Name)*	Employer's Business or Organization Name
PUGLIESE	JOAN	GALLOWAY TOWNSHIP PUBLIC SCHOOLS

Employer's Business or Organization Address *(Street Number and Name)*	City or Town	State	Zip Code
101 S. REEDS ROAD	GALLOWAY TOWNSHIP	NJ	08205

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)* Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	B. Date of Rehire *(if applicable) (mm/dd/yyyy)*:

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date *(if any)(mm/dd/yyyy)*:

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date *(mm/dd/yyyy)*:	Print Name of Employer or Authorized Representative:

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1 Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over $305,050 and you are married filing jointly or are a qualifying widow(er); $279,650 if you are head of household; $254,200 if you are single and not head of household or a qualifying widow(er); or $152,525 if you are married filing separately. See Pub. 505 for details . . . 1 $

2 Enter: { $12,400 if married filing jointly or qualifying widow(er); $9,100 if head of household; $6,200 if single or married filing separately } . . . . . 2 $

3 Subtract line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 $

4 Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505) 4 $

5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2014 Form W-4* worksheet in Pub. 505.) . . . . . 5 $

6 Enter an estimate of your 2014 nonwage income (such as dividends or interest) . . . . . 6 $

7 Subtract line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 $

8 Divide the amount on line 7 by $3,950 and enter the result here. Drop any fraction . . . 8

9 Enter the number from the Personal Allowances Worksheet, line H, page 1 . 9

10 Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) 1

2 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than "3" 2

3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet 3

Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet . . . 4

5 Enter the number from line 1 of this worksheet . . . 5

6 Subtract line 5 from line 4 . . . 6

7 Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here 7 $

8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 $

9 Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 $

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
$0 - $6,000	0	$0 - $6,000	0
6,001 - 13,000	1	6,001 - 16,000	1
13,001 - 24,000	2	16,001 - 25,000	2
24,001 - 26,000	3	25,001 - 34,000	3
26,001 - 33,000	4	34,001 - 43,000	4
33,001 - 43,000	5	43,001 - 70,000	5
43,001 - 49,000	6	70,001 - 85,000	6
49,001 - 60,000	7	85,001 - 110,000	7
60,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
$0 - $74,000	$590	$0 - $37,000	$590
74,001 - 130,000	990	37,001 - 80,000	990
130,001 - 200,000	1,110	80,001 - 175,000	1,110
200,001 - 355,000	1,300	175,001 - 385,000	1,300
355,001 - 400,000	1,380	385,001 and over	1,560
400,001 and over	1,560		

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 who claims no withholding allowances; 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 possessions 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.