

NON-CITIZEN OATH OF ALLEGIANCE

IMPORTANT: This form is to be completed by only those individuals who are NOT U.S. citizens.

A. Please print your name as it appears on any documentation that you are required to submit.

| | | |
|-----------|------------|---------------------|
| Last Name | First Name | Middle Name/Initial |
|-----------|------------|---------------------|

Street Address

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

| | | | | |
|------------------------|---------------|-------|-----|------|
| Social Security Number | Date Of Birth | Month | Day | Year |
|------------------------|---------------|-------|-----|------|

| | | | | |
|----------------|--------------|-----------|--|--|
| E-mail Address | Phone Number | Area Code | | |
|----------------|--------------|-----------|--|--|

Endorsement Information. Please enter below the code and print the name of the each endorsement for which you are applying.

| | |
|------------------|------------------|
| Endorsement Code | Endorsement Name |
|------------------|------------------|

B. Oath of Allegiance – choose one of the options below. (To be subscribed to by non-citizens pursuant to N.J.S.A. 18A: 26-9.)

Option I
 I, _____ do solemnly swear, (or affirm) that, during the period of my employment, I will support the Constitution of the United States and the Constitution of the State of New Jersey, so help me God.

Option II
 I, _____ do solemnly swear, (or affirm) that, during the period of my employment, I will support the Constitution of the United States and the Constitution of the State of New Jersey.

C. Certification *Failure to complete these items will result in rejection of the candidate's application for certification.*

| | |
|--|---|
| Have you ever had a certificate revoked or suspended in this or any state? If yes, enclose a statement indicating the action taken and provide the pertinent details. | Circle whichever applies Yes No |
|--|---|

| | |
|--|---|
| Have you ever been convicted of a criminal offense in this or any other state or any jurisdiction outside of the United States? If yes, enclose a statement indicating the municipality where this occurred and provide the pertinent details. | Circle whichever applies Yes No |
|--|---|

D. Verification of Accuracy

I certify that all statements and information provided herein are true and accurate.

| | |
|--------------------------------|------|
| Applicant's Signature (in ink) | Date |
|--------------------------------|------|

Sworn and subscribed to before me this _____ day of _____, 20_____

| | |
|-------------|------------------|
| Notary Seal | Notary Signature |
|-------------|------------------|

Once completed, mail the form to:

New Jersey State Department of Education
 Office of Certification and Induction
 P.O. Box 500
 Trenton, New Jersey 08625-0500

Attention: Non-Citizen Oath of Allegiance