



EMPLOYMENT HISTORY REVIEW FORM CHILD SEXUAL ABUSE AND SEXUAL MISCONDUCT

Pursuant to Section 6-113.2 of the Education Article, Annotated Code of Maryland

TO:

Name of Current or Former Employer:	Contact Person:	Title:	
Street Address:	City:	State:	Zip Code:
Telephone Number:	Fax Number:	E-Mail Address:	

The Applicant named below is under consideration for a position with our entity. The State of Maryland requires that information must be obtained from current/former employers to ensure the safety of our students. The Applicant has reported previous employment with your entity. Please provide the information requested on this form within 20 calendar days as required by law to the prospective employer indicated at the bottom of the second page of this form. If you answer yes to any of these questions, you will need to provide additional information as requested by our entity.

Applicant's Name (First, Middle, Last): _____

Any former names: _____

TO BE COMPLETED BY CURRENT OR FORMER EMPLOYER:

Dates of Employment of Applicant: _____ to _____

Positions Held by Applicant: _____

To the best of your knowledge, has the Applicant named on this form ever:

Been the subject of a child sexual abuse or sexual misconduct investigation by any school system employer (unless the investigation resulted in a finding by the school system, the board of education, or an arbitrator that the allegations lacked sufficient evidence according to the policies of the employer)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Been the subject of a child sexual abuse or sexual misconduct investigation by any non-school system employer (unless the investigation resulted in a finding that the allegations lacked sufficient evidence according to the policies of the employer)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Been the subject of a child sexual abuse or sexual misconduct investigation by any state licensing agency (unless the investigation resulted in a finding that the allegations lacked sufficient evidence according to state law or the policies of the school system or nonpublic school employer)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Been the subject of a child sexual abuse or sexual misconduct investigation by any law enforcement agency (unless the investigation was closed without charges or resulted in a finding that the allegations were unfounded)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Been the subject of a child sexual abuse or sexual misconduct investigation by any child protective services agency (unless the investigation resulted in a finding that the allegations were ruled out or the allegations were screened out by the agency)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Been disciplined, discharged, nonrenewed, or asked to resign from employment, or resigned from or otherwise separated from any employment while allegations of child sexual abuse or sexual misconduct were pending or were under investigation, or due to an adjudication or findings of child sexual abuse or misconduct?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Had a license, professional license, or certification suspended, surrendered, or revoked while allegations of child sexual abuse or sexual misconduct were pending or under investigation, or due to an adjudication or findings of child abuse or sexual misconduct?	YES <input type="checkbox"/> NO <input type="checkbox"/>

I decline to answer because: it is against the laws of my state; I am restricted by a contract entered into before June 30, 2019.

Name of Employer Representative	Title
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Signature of Employer Representative	Date	Phone Number	E-Mail Address
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Under Maryland law, a person acting in good faith may not be held liable for disclosing any information or records related to child sexual abuse or sexual misconduct about a current or former employee's professional conduct or reason for termination of employment in accordance with the law unless the person acted with actual malice toward the employee or former employee or intentionally or recklessly disclosed false information about the employee or former employee. This immunity from liability shall be in addition to and not a limitation of any other immunity provided by law or any absolute or conditional privilege applicable to the disclosure of information or records or the Applicant's consent to the disclosure. **Willful failure to respond to or provide the information requested on this form may result in civil penalties or professional discipline.**

Applicant certification to be completed by the Applicant for the current employer, each former school employer, and each former employer where the Applicant was employed in a position involving direct contact with minors, as defined by Maryland law:

Applicant's Name (First, Middle, Last):	If no current or former applicable employment, check here
Any former names by which the Applicant has been identified:	
Date of Birth:	Last 4 Digits of Applicant's Social Security Number:
Approximate dates of employment with the entity listed above:	
Position(s) held with the entity:	

TO BE COMPLETED BY THE APPLICANT:

Have you ever:

Been the subject of a child sexual abuse or sexual misconduct investigation by any school system employer (unless the investigation resulted in a finding by the school system, the board of education, or an arbitrator that the allegations lacked sufficient evidence according to the policies of the employer)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Been the subject of a child sexual abuse or sexual misconduct investigation by any non-school system employer (unless the investigation resulted in a finding that the allegations lacked sufficient evidence according to the policies of the employer)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Been the subject of a child sexual abuse or sexual misconduct investigation by any state licensing agency (unless the investigation resulted in a finding that the allegations lacked sufficient evidence according to state law or the policies of the school system or nonpublic school employer)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Been the subject of a child sexual abuse or sexual misconduct investigation by any law enforcement agency (unless the investigation was closed without charges or resulted in a finding that the allegations were unfounded)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Been the subject of a child sexual abuse or sexual misconduct investigation by any child protective services agency (unless the investigation resulted in a finding that the allegations were ruled out or the allegations were screened out by the agency)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Been disciplined, discharged, nonrenewed, or asked to resign from employment, or resigned from or otherwise separated from any employment while allegations of child sexual abuse or sexual misconduct were pending or were under investigation, or due to an adjudication or findings of child sexual abuse or misconduct?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Had a license, professional license, or certification suspended, surrendered, or revoked while allegations of child sexual abuse or sexual misconduct were pending or under investigation, or due to an adjudication or findings of child abuse or sexual misconduct?	YES <input type="checkbox"/> NO <input type="checkbox"/>

By signing this form, I understand that if I provide false information or willfully fail to disclose material information required by this form I will be subject to professional discipline up to and including termination and denial of employment, and any other criminal or civil penalties in accordance with state law and regulations. I hereby authorize the employer named on this form to release the requested information, and any other information permitted by law, to the entity listed below. I release, waive and discharge the employer identified on this form and the entity named below from any and all liability of any kind that may arise from the disclosure and use of the information provided on this form.

Signature of Applicant

Date

Please return this form to:

School Entity/Contracting Agency:	Contact Person:	Title:
Street Address:	City, State, Zip Code:	
Phone Number:	Fax Number:	E-Mail Address:

[EMPLOYER USE ONLY] -- Date Form Received: _____

Received by: _____