

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:Click or tap here to enter text.		Contact Person:Click or tap here to enter text.			Title:Click or tap here to enter text.				
							Street Address:Click or tap here to enter		
text.			, '		tap here to	here to enter text.			
					enter text.				
Telephone Nun	nber:Click or tap here	Fax Nui	mber:Click or tap	E-Mail Address: Click o	r tap here to ent	er text.			
to enter text		here t	o enter text.						
						equires that information			
		-	-	-		nt has reported previous			
						r days as required by law o any of these questions			
	o provide additional inf				you anomer yes c	o any or ancoc questions,			
	me (First, Middle, Last): _								
Any former nar									
	<u>TO B</u>	BE COMI	PLETED BY CURRE	ENT OR FORMER EM	PLOYER:				
Dates of Emplo	yment of Applicant:			to					
	by Applicant:								
To the hest of v	your knowledge has the	Annlican	t named on this fo	rm ever:					
YES[] NO[]	our 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								
123[] 110[]	_			_					
	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[] NO[]						-school system employer			
	(unless the investigation resulted in a finding that the allegations lacked sufficient evidence according to the policies								
	of the employer)?								
YES[] NO[]						ensing agency (unless the			
	_		_		idence according t	o state law or the policies			
	of the school system of								
YES[] NO[]						forcement agency (unless			
VEC [] NO []	the investigation was closed without charges or resulted in a finding that the allegations were unfounded)?								
YES[] NO[]	NO [] Been the subject of a child sexual abuse or sexual misconduct investigation by any child protective services a (unless the investigation resulted in a finding that the allegations were ruled out or the allegations were services.								
		ion resur	ted in a finding tha	at the allegations were	ruled out or the a	megations were screened			
YES[] NO[]	out by the agency)? Been disciplined, discharged, nonrenewed, or asked to resign from employment, or resigned from or otherwise								
TES[] NO[]	separated from any employment while allegations of child sexual abuse or sexual misconduct were pending or were								
			_						
YES[] NO[]	under investigation, or due to an adjudication or findings of child sexual abuse or misconduct? Had a license, professional license, or certification suspended, surrendered, or revoked while allegations of child								
0 [] 0 []	•	exual abuse or sexual misconduct were pending or under investigation, or due to an adjudication or findings of chil buse or sexual misconduct?							
			0						
Name of Emp	loyer Representative			Title					
Signature of E	mployer Representative	Date	<u> </u>	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 Nam	e (First, Middle, Last):		If no curre	ent or former applicable employment, check here []			
Any former nam	nes by which the Applicant	has been identified:					
Date of Birth			1 Dinite of Applicant's Social S	otto Attonia a a			
Date of Birth:		Last -	4 Digits of Applicant's Social S	ecurity Number:			
Approximate da	tes of employment with th	ne entity listed above:					
Position(s) held	with the entity:						
		TO BE COMPL	ETED BY THE APPLIC	CANT:			
Have you ever:							
YES[] NO[]	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[] NO[]	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						
YES[] NO[]		in a finding that the	allegations lacked sufficie	tigation by any state licensing agency (unless the ent evidence according to state law or the policies			
YES[] NO[]	Been the subject of a	child sexual abuse of	or sexual misconduct inves	stigation by any law enforcement agency (unless g that the allegations were unfounded)?			
YES[] NO[]	Been the subject of a	child sexual abuse	or sexual misconduct inve	stigation by any child protective services agency were ruled out or the allegations were screened			
YES[] NO[]	Been disciplined, disc separated from any e	mployment while al	legations of child sexual at	om employment, or resigned from or otherwise buse or sexual misconduct were pending or were exual abuse or misconduct?			
YES[] NO[]	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?						
form I will be su civil penalties in requested infori employer identi	ubject to professional din accordance with state mation, and any other	scipline up to and ir e law and regulation information permiti ne entity named belo	ncluding termination and ones. I hereby authorize the ted by law, to the entity I	to disclose material information required by this denial of employment, and any other criminal or the employer named on this form to release the isted below. I release, waive and discharge the ty of any kind that may arise from the disclosure			
Signature of Applicant			Date				
Please return this							
	ontracting Agency: od Counsel High School		Contact Person: Evelyn Nicholas	Title: HR/Payroll Manage r			
Street Address: 17301 Old Vic Bl	lvd.		City, State, Zip Code: Olney, MI	D 20832			
Phone Number: (240) 283-3308		Fax Number:		Address: Enicholas@olgchs.org			
	ONLY] Date Form Receiv	/ed:	Received by: _				