**EMPLOYMENT HISTORY REVIEW FORM**

**CHILD SEXUAL ABUSE AND SEXUAL MISCONDUCT**

When an applicant seeks employment involving direct contact with minors with a Maryland local board of education, nonpublic school, or contracting agency, [Education Article § 6-113.2](https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ged&section=6-113.2&enactments=false) of the Annotated Code of Maryland requires these employers to request specific information from the applicant’s previous employers. The Maryland State Department of Education (MSDE) has issued [guidance](https://marylandpublicschools.org/about/Documents/DEE/ChildSexualAbuse/MSDE_Guidance_Ed_Article_6113.2_%28A11Y%29.pdf) on this statute. Additional information can be found on the [website](https://marylandpublicschools.org/about/Pages/DEE/index.aspx) for the MSDE’s Division of Educator Effectiveness.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Current or Former Employer:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Resources Contact Name (this contact must be able to verify employment for the Employer)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City

\_\_\_\_\_\_\_\_\_\_\_\_\_

State

\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address

**The Applicant named below is under consideration for employment in a position involving direct contact with minors. Maryland law requires that prospective employers request information regarding child sexual abuse or sexual misconduct from an Applicant’s current/former employers to ensure the safety of Maryland students. The Applicant has reported previous employment with your entity. Pursuant to Education Article § 6-113.2(d), Annotated Code of Maryland, 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.**

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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If your entity does not have an employee record for this Applicant, check here** [ ]

**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

[ ]  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 of the employer)?

[ ]  Yes

[ ]  No

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

[ ]  No

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

[ ]  No

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

[ ]  No

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

[ ]  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?

[ ]  Yes

[ ]  No

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

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 either: (1) acted with actual malice toward the employee or former employee; or (2) intentionally or recklessly disclosed false information about the employee or former employee. This immunity from liability is 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, if appropriate. *See*** [**COMAR 13A.07.14.05**](https://dsd.maryland.gov/regulations/Pages/13A.07.14.05.aspx)**.**

**TO BE COMPLETED BY THE APPLICANT**

Pursuant to Education Article § 6-113.2(b), Annotated Code of Maryland, please submit the following information for your current employer, each former school employer, and each former employer where you were employed in a position involving direct contact with minors in the past 10 years:

Your Name (First, Middle, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no current or former applicable employment, check here [ ]

Any former names by which you have been identified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate dates of employment with the entity listed above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Positions held with the entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

[ ]  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 of the employer)?

[ ]  Yes

[ ]  No

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

[ ]  No

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

[ ]  No

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

[ ]  No

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

[ ]  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?

[ ]  Yes

[ ]  No

**I solemnly affirm under the penalties of perjury that the information I have provided is true and complete to the best of my knowledge, information, and belief.** 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 and: (1) if the entity listed below is a Maryland county board or nonpublic school, to any other Maryland county board or nonpublic school; or (2) if the entity listed below is a contracting agency, to other contracting agencies. I release, waive, and discharge the employer identified on this form, the entity named below, and any additional entity with which this information is legally shared 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[EMPLOYER USE ONLY]** – Date form Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_