

*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 <input type="checkbox"/>
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:

- 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 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?

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: \_\_\_\_\_