

Gibbsboro School
SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE
(P.L. 2018, c.5)

The Gibbsboro School District submits this form to ALL current employer(s) and to former employer(s) within the last 20 years that were school entities and/or where the applicant had direct contact with children.

TO:

Name of Current or Former Employer	Date:
Street Address	
City, State Zip	
Telephone Number	Fax Number
<input type="checkbox"/> No Applicable Employment	

The named applicant is under consideration for a position with our entity. New Jersey Governor Phil Murphy recently signed into law; P.L.2018, C.5; determining that additional safeguards are necessary in the hiring of school employees to ensure the safety of New Jersey's children. The individual whose name appears below has reported previous employment with your entity. We request that you provide the information in SECTION 2 of this form within 20 calendar days as required by law.

SECTION 1: APPLICANT CERTIFICATION AND RELEASE (TO BE COMPLETED BY APPLICANT EVEN IF THE APPLICANT HAS NO CURRENT OR PRIOR EMPLOYMENT TO DISCLOSE.)

Applicant's Name (First, Middle, Last)
Any former names by which Applicant has been identified (i.e. maiden name)
Address
City, State Zip
Approximate dates of employment with the entity listed above
Position(s) held with the entity

Pursuant to P.L.2018, c.5; an employer, school entity, and/or any organization contacted that provides information or records about a current or former employee or applicant shall be immune from criminal liability and from civil liability for the disclosure of the information, unless the information or records provided are knowingly false. Such immunity shall be in addition to and not in limitation of any other immunity provided by law or any absolute or conditional privileges applicable to such disclosure by virtue of the circumstances of the applicant's consent thereto. Failure of prior employer to respond within 20 days may be grounds for automatic disqualification of applicant for employment.

Gibbsboro School
SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE
(P.L. 2018, c.5)

Section 1 cont'd.

Have you (Applicant) ever:

 YES NO

Been the subject of a child abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement, or child protective services agency (unless the investigation resulted in a finding that the allegations were false) in the last 20 years?

 YES NO

Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of child abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of child abuse or sexual misconduct?

 YES NO

Had a license, professional license or certificate suspended, surrendered or revoked while allegations of child 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 certify under penalty of law, that the statements above are correct, complete, and true to the best of my knowledge. I understand that false statements herein; including, without limitation, any willful failure to disclose the information required, shall subject me to criminal prosecution and to discipline up to an including termination or denial of employment even after employment begins and relevant information is subsequently discovered.

I hereby authorize the above-named employer to release to the entity listed in Section 2, Current/Former Employers, the information requested in Section 2 and any related records. I hereby release, waive, and discharge the above-named employer from any and all liability of any kind that may arise from such disclosure or release of records.

Signature of Applicant

Date

Section 2: CURRENT/FORMER EMPLOYER VERIFICATION (TO BE COMPLETED BY THE APPLICANT'S CURRENT EMPLOYER(S) AND ALL FORMER EMPLOYERS THAT WERE SCHOOL ENTITIES AND/OR WHERE THE APPLICANT HAD DIRECT CONTACT WITH CHILDREN)

Dates of employment of Applicant: _____

 YES NO

Been the subject of a child abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement, or child protective services agency (unless the investigation resulted in a finding that the allegations were false) in the last 20 years?

 YES NO

Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of child abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of child abuse or sexual misconduct?

 YES NO

Had a license, professional license or certificate suspended, surrendered or revoked while allegations of child abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of child abuse or sexual misconduct?

 NONE

No records or other evidence currently exists regarding the above questions. I have no knowledge or information pertaining to the applicant that would disqualify the applicant from employment.

Former Employer or Representative Signature

Date

Title

Phone/Contact Information

Please return form to:

Gibbsboro School
ATTN: Office
37 Kirkwood Rd.
Gibbsboro, NJ 08026

Phone: 856-783-1140 x301
Fax: 856-783-9155
email: cdidonato@gibbsboroschool.org