



TOWNSHIP OF FRANKLIN PUBLIC SCHOOLS

3228 COLES MILL ROAD
FRANKLINVILLE, NJ 08322
www.franklintwpschools.org

STATE OF NEW JERSEY
SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE FORM
(UNDER P.L. 2018, CHAPTER 5)

CANDIDATE CONSENT, AUTHORIZATION & RELEASE FORM

Name of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Part I - CURRENT EMPLOYER

Name of Employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Part II - FORMER EMPLOYER(S)

Have you (circle all that apply):

- Worked for a school district in the last twenty (20) years: YES / NO
Worked in a position that involved direct contact with children in the last twenty (20) years: YES / NO

If the answer to any of the above two questions was YES, you must complete the information below. Identify all applicable former employer(s). Attach additional sheets as necessary, providing the same information as requested below.

Employer: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Employer: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_



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## CANDIDATE CONSENT, AUTHORIZATION & RELEASE FORM

Employer: _____	Employer: _____
Complete Address: _____ _____	Complete Address: _____ _____
Contact Person: _____	Contact Person: _____
Phone Number: _____	Phone Number: _____
Email: _____	Email: _____
Dates of Employment: _____	Dates of Employment: _____

<b>Part III – MANDATORY</b>	
Have you ever been the subject of any child abuse or sexual misconduct investigation by any employer, State licensing agency, law enforcement agency, or the Department of Children and Families, unless the investigation resulted in a finding that the allegations were false or the alleged incident of child abuse or sexual misconduct was not substantiated?	YES / NO
Have you ever been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from any employment while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct?	YES / NO
Have you ever 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 finding of child abuse or sexual misconduct?	YES / NO
<p><b>If you answered "YES" to any of the three questions above, please provide a written statement in the space provided on the next page, labelled "Additional Information", giving additional information as to each incident or matter which caused an affirmative response, indicating:</b></p> <p>Name of Employer; Dates of Employment; Address of Employer; Telephone; Contact Person; Date(s) of Incident/Matter Occurrence; Action Taken Against You; and Description of Incident and/or Matter (i.e., Investigation or Adjudication of child abuse or sexual misconduct; Discipline/Resignation; or License or Certificate Suspension/Revocation).</p>	



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<p><b>Part III – MANDATORY, continued</b> <b>ADDITIONAL INFORMATION (if applicable)</b></p>
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Name of Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Date(s) of Incident/Matter Occurrence: \_\_\_\_\_

Action Taken Against You: \_\_\_\_\_

Description of Incident and/or Matter (i.e., Investigation or Adjudication of child abuse or sexual misconduct; Discipline/Resignation; or License or Certificate Suspension/Revocation): \_\_\_\_\_

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### PART IV: RELEASE OF EMPLOYMENT-RELATED RECORDS

Pursuant to N.J.S.A.18A:6-7.6, et. seq., I, \_\_\_\_\_, hereby consent to allowing and authorize the Township of Franklin Board of Education (hereinafter "Board") to contact all current and/or former employers within the past twenty (20) years that were schools and all current and/or former employers within the past twenty (20) years where I had direct contact with children to confirm my answers provided above. I further consent to and authorize the disclosure and release of my employment-related records from all current and previous employers. In doing so, I release all current and previous employers, as well as the Board including any officers, members, servants, employees or agents of the Board, from any liability connected to the disclosure or release of such records. This release includes any confidential records, document, or information related to my employment.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Notification of Penalties:** Be advised that an applicant who willfully provides false information or willfully fails to disclose the information requested above may be subject to the penalties noted below. For such willful acts or any failure to disclose, the applicant could be:

- a) subject to discipline up to, and including, termination or denial of employment;
- b) deemed in violation of N.J.S.A. 2C:28-3(a), which pertains to an unworn falsification to authorities ("A person commits a crime of the fourth degree if he makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable."); and/or
- c) subject to a civil penalty of not more than \$500.00.

\*\* The undersigned hereby consents to and authorizes the Township of Franklin Board of Education to disclose all information contained herein to any current or previous employer. The undersigned further consents and authorizes the Township of Franklin Board of Education to seek records from any current or former employer, and authorizes any current or former employer to provide such records to the Township of Franklin Board of Education. The undersigned releases the Township of Franklin Board of Education and any current or former employer, their agents and employees, from and against any liability as a result of the provision and/or solicitation of information as required by this questionnaire and applicable law.

\*\* I hereby certify that the entirety of information set forth herein is true and complete to the best of my knowledge. Further, I understand that if employed, a falsified statement of any kind or an omission of facts called for on this questionnaire shall be considered sufficient basis for dismissal.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_