



# Margate City Board of Education

8103 WINCHESTER AVENUE  
MARGATE CITY, NEW JERSEY 08402  
PHONE: (609) 822-1447  
FAX: (609) 822-3399

**Please print unless signature is requested**

Name of contact for Human Resources or Owner: \_\_\_\_\_

Business/School Address: \_\_\_\_\_

Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_

I \_\_\_\_\_ give permission to my former employer to release this  
Information. \_\_\_\_\_

**Signature**

**Date**

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FOR HUMAN RESOURCES TO COMPLETE

Call/Fax Time: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title of Employee: \_\_\_\_\_

Employment Start/End Dates: \_\_\_\_\_ Full/Part Time: \_\_\_\_\_

1) During employment was \_\_\_\_\_ subject of any child abuse or sexual misconduct investigation from a state licensing agency, law enforcement agency or other New Jersey Department of Children and Families? \*If the investigation resulted that the allegations were false or not substantial this answer is not required. \_\_\_\_\_

2) During \_\_\_\_\_'s employment was he/she ever disciplined, dismissed, asked to resign or separate from 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? \_\_\_\_\_



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3) During employment has he/she had their license, professional license or certificate suspended, surrendered revoked while allegations of child abuse or sexual misconduct were pending or under investigation due to adjudication or finding of child abuse or misconduct? \_\_\_\_\_

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Name and Title of who answered questions: \_\_\_\_\_

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Staff: \_\_\_\_\_

**Print**

**Signature**

Date and Time Completed: \_\_\_\_\_