

**ILLINOIS STATE BOARD OF EDUCATION SEXUAL MISCONDUCT DISCLOSURE TEMPLATE
FOR APPLICANT**

Instructions to Applicant: To help protect students and children against the threat of sexual misconduct, Illinois law (105 ILCS 5/22-94) requires that we conduct a sexual misconduct background check on certain applicants for hire. Therefore, you are required to complete this standardized form, which is based on a template developed by the Illinois State Board of Education (ISBE). You will be required to provide the names, contact information, and other relevant information related to your current/former employer(s) on a separate form, also based on a template developed by ISBE. You will complete one such form for each current/former employer for whom you held a position involving direct contact with children or students.

You must complete this form promptly and return it to (the hiring entity). A copy of this form will be retained by (the hiring entity), but the information provided on this form shall not be deemed a public record.

Section 1: Applicant Information

Name: (First, Middle, Last):	Any Former Names by Which Applicant Has Been Identified:
Date of Birth:	Last Four Digits of Social Security Number:
IEIN (if applicable):	Email:
Street Address:	City, State, ZIP

Section 2: Questionnaire

For purposes of the three questions below, the term "sexual misconduct," as defined in 105 ILCS 5/22-85.5 (sexual misconduct), means any act, including, but not limited to, any verbal, nonverbal, written, or electronic communication or physical activity that (1) you committed as an employee or agent of a school district, charter school, or nonpublic school during which time you engaged in or had the possibility of engaging in the care, supervision, guidance, or control of or routine interaction with students; and (2) was directed toward or with a student to establish a romantic or sexual relationship with the student. Such an act includes, but is not limited to:

- 1) A sexual or romantic invitation;
- 2) Dating or soliciting a date;
- 3) Engaging in sexualized or romantic dialog;
- 4) Making sexually suggestive comments that were directed toward or with a student;
- 5) Self-disclosure or physical exposure of a sexual, romantic, or erotic nature; and
- 6) A sexual, indecent, romantic, or erotic contact with the student.

1.	Have you ever been the subject of an allegation of sexual misconduct? Note: Check "No" if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	☐ Yes ☐ No
2.	Have you ever been discharged from, been asked to resign from, resigned from, or otherwise been separated from any employment; been disciplined by an employer; or had an employment contract not renewed due to an adjudication or finding of sexual misconduct, or while an allegation of sexual misconduct against you was pending or under investigation? Note: Check "No" if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	☐ Yes ☐ No
3.	Have you ever had a license or certificate suspended, surrendered, or revoked; or had an application for licensure, approval, or endorsement denied due to an adjudication or finding of sexual misconduct or while an allegation of sexual misconduct against you was pending or under investigation? Note: Check "No" if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	☐ Yes ☐ No

Section 3: Applicant Certification

I have read and understand the contents of this Sexual Misconduct Disclosure Form. I also understand that completion of this form does not preclude the hiring entity from performing other background checks (such as reference checks, criminal history background checks, and the like) in accordance with the hiring entity's policy and/or as required by state statute for a particular position. I understand and agree that any false information I provide on this form or any willful failure to disclose information required on this form shall subject me to discipline, up to and including termination or denial of employment. By signing this form, I certify that the statements made in this form are correct, complete, and true to the best of my knowledge and I swear or affirm that I am not disqualified from employment.

Signature

Printed Name

Date