

HOWARD J. THIERY
Superintendent of Schools

Regional School District No. 17

57 LITTLE CITY ROAD, P.O. BOX 568
HIGGANUM, CONNECTICUT 06441-0568
TEL: (860) 345-4534 / FAX (860) 345-2817

MICHAEL DISTEFANO
Director of Facilities

DR. HOLLY B. HAGEMAN
Assistant Superintendent of Schools

MARTHA R. VAUGHN
Director of Fiscal Operations

TRACY GEARY
Director of Pupil Services



EDUCATIONAL EMPLOYER VERIFICATION INFORMATION SHEET

Applicant Name: _____

Desired Position: _____

Regional School District No. 17 is required to obtain information verifying information regarding any employment where you have worked with children. *This includes student teaching positions.* Please list all of your previous employers and provide contact information for each. Once you have completed this form, please complete Section 1 of the attached State of Connecticut Educational Employer Verification form for each previous employer and submit a request to each employer. Please bring all copies (and/or submission confirmations) to your hiring appointment.

_____ I HAVE NOT PREVIOUSLY WORKED FOR ANY EMPLOYERS IN A CAPACITY WHERE I HAD DIRECT CONTACT WITH (initial) CHILDREN.

I have previously worked for the following employers in a capacity where I had direct contact with children:

Employer Name: _____ Position/Title: _____

Employer Address: _____

Fax Number: _____ Dates of Employment: _____

Supervisor or Contact Name: _____ Phone Number: _____

Email Address: _____ Date Request Sent: _____

Employer Name: _____ Position/Title: _____

Employer Address: _____

Fax Number: _____ Dates of Employment: _____

Supervisor or Contact Name: _____ Phone Number: _____

Email Address: _____ Date Request Sent: _____

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Employer Name: _____ Position/Title: _____

Employer Address: _____

Fax Number: _____ Dates of Employment: _____

Supervisor or Contact Name: _____ Phone Number: _____

Email Address: _____ Date Request Sent: _____

Employer Name: _____ Position/Title: _____

Employer Address: _____

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I hereby certify that this is a true and complete listing of all of my previous employers where I have had contact with children. I also certify that I sent a request for Educational Employer Verification to each of these previous employers on the date(s) specified above.

Signature: _____ Date: _____

STATE OF CONNECTICUT
Educational Employer Verification
(in accordance with Public Act 16-67)

Directions for School District/Entity Considering Applicant for Employment: Each local or regional board of education, governing council of a state or local charter school or an interdistrict magnet school operator is required to obtain the information listed on this form from ALL current or former employer(s) of the applicant if such employer was a local or regional board of education, a governing council of a state or local charter school, an interdistrict magnet school operator or if the employment caused the applicant to have contact with children. Applicants are required under the law to provide a prospective employer with the name, address and telephone number of all current or former employers that meet the above criteria. Information may be collected either through a written communication or telephonically.

Directions for Current/Previous Employer: The applicant listed below is under consideration for a position with the school/district listed below in Section 2. The individual identified below has reported current/previous employment with your organization or contractual services with your organization in a position in which he/she had contact with children. As required by Connecticut General Statutes Section 10-222c, as amended by Public Act 16-67, please provide the information requested in Section 3. In accordance with the provisions of Public Act 16-67, you are required to respond to this request within five business days.

Section 1 – To be completed by the Applicant

| | |
|--|--|
| Name of applicant | |
| Former name(s) (if applicable) | |
| Street address | |
| City, State, Zip Code | |
| Approximate dates of employment with employer listed in Section 3 of this form | |
| Position held with employer listed in Section 3 of this form | |

Section 2 – To be completed by the Prospective Employer

| | |
|--|---------------------------------|
| Name of prospective employer | Regional School District No. 17 |
| Street address of prospective employer | 57 Little City Road |
| City, State, Zip Code | Higganum, CT 06441 |
| Contact person | Donna Kana |
| Telephone number/email address | 860-345-4534 / dkana@rsd17.org |

Section 3 – To be completed by the Current/Former Employer

| | |
|---|--|
| Name of employer | |
| Date of receipt of this notice | |
| Date of employment of above named applicant | |
| Contact person | |
| Telephone number/email address | |

To your knowledge, has the Applicant ever:

Yes **No** Been the subject of an allegation of abuse or neglect or sexual misconduct for which there is an investigation currently pending with any current or prior employer, state agency or municipal police department or which has been substantiated?

Yes **No** Been disciplined or asked to resign from employment or resigned from or otherwise separated from any employment while an allegation of abuse or neglect or sexual misconduct was pending or under investigation, or due to a substantiation of abuse or neglect or sexual misconduct?

Yes **No** Had a professional or occupational license, certificate, authorization or permit suspended or revoked or ever surrendered such a license, certificate, authorization or permit while an allegation of abuse or neglect or sexual misconduct was pending or under investigation, or due to a substantiation of abuse or neglect or sexual misconduct?

Signature of Superintendent or HR Director

Date

Return all completed information to the Prospective Employer listed in Section 2 of this form.

NOTES:

The terms provided below are currently defined in state law as follows. Please note that statutes may be amended from time to time.

Sexual Misconduct – “any verbal, nonverbal, written or electronic communication, or any other act directed toward or with a student that is designed to establish a sexual relationship with the student, including a sexual invitation, dating or soliciting a date, engaging in sexual dialog, making sexually suggestive comments, self-disclosure or physical exposure of a sexual or erotic nature and any other sexual, indecent or erotic contact with a student.” Connecticut General Statutes § 10-222c(k).

Abuse or neglect – “abuse or neglect as described in Section 46b-120, and includes any violation of Sections 53a-70, 53a-70a, 53a-71, 53a-72a, 53a-72b or 53a-73a.” Connecticut General Statutes § 10-222c(k).