

# EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY

http://www.escnj.us

## Transportation Department

1690 Stelton Road

Piscataway, New Jersey 08854

Telephone: (732) 777-9848 ext 1

Fax: (732) 777-0310

Criminal History Code# \_\_\_\_\_+++



Contractor Code# \_\_\_\_\_+++  
(Transportation Unit 609\*376\*9064)

## NEW BUS COMPANY CHECK LIST

Company Name \_\_\_\_\_

### THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO ESCNJ BEFORE BIDDING

- Company Insurance/Information Form
- School Bus Certification
- Statement of Assurance Regarding Annual Certification of School Bus Drivers \*\*\*
- Omnibus Transportation Employee Testing Act Compliance Assurance with a statement that you are under contract on the facilities letterhead is also required.
- Annual Certifications of School Bus Drivers Transmittal Form\*\*\*
- School Bus Driver/Aides Certification Roster and Criminal History with current Criminal History Approval attached\*\*\*
- Prescribed Form of Questionnaire ^^^
- Stockholder's Disclosure Statement ^^^
- Affirmative Action Documentation or Questionnaire ^^^
- Non-Collusion Affidavit ^^^
- Political Contribution Form ^^^
- Disclosure of Investment Activities in Iran ^^^
- Statement of Assurance Regarding Commercial Driver's License Compliance
- Statement of Assurance Regarding Fingerprint Compliance
- Mantoux Testing Compliance
- W-9 Form
- HIB Training Statement of Assurances
- Insurance Certificate (minimum \$3,000,000) with Proper Statement and listing ESCNJ as an additional insured or Evidence of the Bidder's Ability to Obtain the Required Insurance Coverage
- CLEAR Copies of Vehicle Registrations
- CLEAR Copies of all Drivers Licenses; front and back. Endorsements and restrictions must be shown
- New Jersey Business Registration Certificate ^^^
- Certificate of Employee Information ^^^
- Pre-Employment Sexual Misconduct/Child Abuse Disclosure Release & Information Request  
<https://nj.gov/education/crimhist/preemployment/index.html>

+++ MUST SUPPLY BOTH CODES OR YOU WILL BE REJECTED

^^^ INDICATES DOCUMENTS THAT MUST BE INCLUDED WITH EVERY BID IN ADDITION TO THIS PACKET.

\*\*\* THESE ITEMS MUST ALSO BE SENT TO: ROSEMARY LEPRI - MIDDLESEX COUNTY OFFICE OF EDUCATION  
13-15 KENNEDY BLVD, EAST BRUNSWICK, NJ 08816

# EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY

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Transportation Department

1690 Stelton Road

Piscataway, New Jersey 08854

Telephone: (732) 777-9848 ext 1

Fax: (732) 777-0310



## COMPANY INSURANCE/INFORMATION FORM

Please provide the following information:

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**INSURANCE**

Proof of insurance for bodily injury and property damage in a minimum amount of \$3,000,000.00 combined single limit per occurrence for all vehicles which are used for school transportation. Reference 6A:27 – 1.5. Also, the following clause (typed in italics) **MUST BE** stated on ALL insurance certificates:

The Certificate of Insurance must be accompanied with the actual Policy Endorsement granting the Educational Services Commission of New Jersey the additional insured status. Failure to comply with this request may result in routes from the bid not being award and termination of routes currently in existence.

**DESCRIPTION OF OPERATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**

*The Educational Services Commission of New Jersey is included as an additional insured party with respect to transportation services provided by the named insured.*

**CERTIFICATE HOLDER**                      **ADDITIONAL INSURED; INSURED LETTER:**

**Educational Services Commission of New Jersey  
Transportation Department  
1690 Stelton Road  
Piscataway, NJ 08854**

Academy Learning Center • Bright Beginnings Learning Center • Center for Lifelong Learning • Middlesex County Academy • NuView Academy  
Piscataway Regional Day School • Raritan Valley Academy • Interim Alternative Educational Program

Child Study Team & Related Services • Collaborative Educational Services • Cooperative Pricing – Lease Purchase Bidding • Cooperative Transportation  
Home Instruction • Nonpublic School Services • Parent Infant Care Center • Partnerships for Children with Hearing Loss • Professional Development Academy

# SCHOOL BUS CERTIFICATION

Pursuant to N.J.A.C. 13:20-30.10 \_\_\_\_\_ (Company Name)

Does certify to the Chief Administrator of Motor Vehicles that the above named fleet of school buses/school vehicles have been inspected and maintained and are in conformity with this subchapter.

Print Name: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

Fleet size: \_\_\_\_\_

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

This form must be completed annually and mailed to the address listed below by September 30<sup>th</sup> of each year.

New Jersey Motor Vehicle Commission

225 East State Street

School Bus Inspection Unit

P.O. Box 177

Trenton, NJ 08666

**THE EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY**

**STATEMENT OF ASSURANCE**

**SCHOOL BUS DRIVER ANNUAL CERTIFICATION TO THE EXECUTIVE  
COUNTY SUPERINTENDENT OF SCHOOLS**

I certify compliance with the requirements of *N.J.S.A. 18A:39-17* through 20 governing criminal history background checks, and shall annually submit required documents to the Executive County Superintendent of Schools on or before August 31 or upon employment for newly hired drivers.

I also certify that prior to assigning a newly hired, currently approved school bus driver to a bus route, a school bus driver transmittal form is completed and submitted to the New Jersey Department of Education Criminal History Review Unit.

**I hereby certify that the statements made in this document are true to the best of my knowledge. If they are willfully false, I am subject to punishment and my bid will be rejected.**

Authorized Bidder's Name and Title \_\_\_\_\_ (Print or Type)

Authorized Signature \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_  
Notary Signature / Seal  
(Form must be notarized)

\_\_\_\_\_  
Date

**THE EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY**

**STATEMENT OF ASSURANCE**

**OMNIBUS TRANSPORTATION EMPLOYEE TESTING ACT COMPLIANCE CERTIFICATION  
FORM**

I certify that a Drug and Alcohol test is given to all newly hired (full time and part time) school bus drivers and bus aides who work for this company under contract with the ESCNJ.

An employee with a documented Drug and Alcohol test administered within the previous 30 days does not have to be re-tested.

Current bus company's employees shall also be Drug and Alcohol tested if there is no valid record that a Drug and Alcohol test was administered during the previous year.

An Affidavit, attesting that the above has been accomplished, must be signed by the Chief Officer of the Bus Company, Notarized, and filed with the ESCNJ before any bids will be accepted on behalf of the bus company.

The following firm

\_\_\_\_\_ is currently under contract

\_\_\_\_\_ will be contracted with

To provide a controlled substance testing program your company as required by the Omnibus Transportation Employee Testing Act:

Name and address of firm that performs the test for your company:

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Address of Firm

\_\_\_\_\_  
Company's Name

**I hereby certify that the statements made in this document are true to the best of my knowledge. If they are willfully false, I am subject to punishment and my bid will be rejected.**

\_\_\_\_\_  
Authorized Bidder's /Owner's Signature (Name and Title)

\_\_\_\_\_  
Notary Signature / Seal  
(Form must be notarized)

\_\_\_\_\_  
Date

STATE OF NEW JERSEY  
DEPARTMENT OF EDUCATION  
DIVISION OF FINANCE  
OFFICE OF STUDENT TRANSPORTATION  
P.O. BOX 500  
TRENTON, NEW JERSEY 08625-0500

**ANNUAL CERTIFICATION OF SCHOOL BUS DRIVERS TRANSMITTAL FORM**

**N.J.S.A. 18A:39-17: DISTRICT** - In each school year, prior to the assignment of any driver or substitute driver to any vehicle operated by the board of education of any district as a school bus, there shall be filed by the secretary of such board with the county superintendent the name, social security number of each such driver or substitute driver, and certification of a valid school bus driver's license and criminal background check.

**N.J.S.A. 18A:39-18: CONTRACTOR** - In each school year, prior to the beginning of transportation of school pupils under a contract awarded by a board of education, the contractor shall furnish to the county superintendent the name, social security number and certification of a valid school bus driver's license and criminal background check, of each driver or substitute driver to be assigned to any vehicle in the performance of his contract.

**Instructions:**

1. Enter name and address of district or company/contractor.
2. Attach list of drivers and substitute drivers assigned to drive a vehicle including name, social security number, driver's license number, date of fingerprint clearance, or date authorization and certification form was submitted. (Roster form)
3. Affix signature below and forward this Certification form along with a COPY, no older than 90 days, of each Driver's Abstract Record employed by your school district/contractor to the county superintendent of schools.

**Certification:**

TO: County Superintendent of Schools County Code \_\_\_\_\_ School District/Contractor Code \_\_\_\_\_  
FROM: \_\_\_\_\_  
(Name of School District/Contractor)  
Address: Street \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, and Zip Code \_\_\_\_\_

*I certify that the drivers or substitute drivers on the attached list have presented a valid school bus driver's license; that all new drivers and drivers renewing their school bus driver's license have received fingerprint clearance or have filed the proper authorization and certification form and that all other drivers have received a fingerprint clearance.*

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

# SCHOOL BUS DRIVER CERTIFICATION ROSTER TO COUNTY SUPERINTENDENT

County Name	Code	District/Private School Name	Code	Code	Code	Code	Code	Code	Code
LAST NAME	FIRST NAME	MI	SS#	DOB	DRIVERS LICENSE NUMBER	EXPIRATION	CONTRACTOR NAME	CRIMINAL HISTORY APPROVAL	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

**SCHOOL BUS AIDE CERTIFICATION ROSTER**  
**TO THE COUNTY SUPERINTENDENT**

	County Name		Code		District or Contractor Name		Code	
	Last Name	First Name	MI	Date of Birth	Date of Training			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								



**THE EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY**

**PRESCRIBED FORM OF QUESTIONNAIRE**

(To accompany bid)

**SURETY BOND**

\_\_\_\_\_ CORPORATE – Consent of Surety Attached

\_\_\_\_\_ PERSONAL – Consent of Surety Attached

**FAMILIARITY WITH CONDITIONS OF CONTRACT**

Have you read carefully the applicable New Jersey Statutes, regulations, procedures, the rules of the local board of education pertaining to student transportation, the specifications upon the basis of which the accompanying bid is submitted, and the contract which the successful bidder will be required to execute?

Yes \_\_\_\_\_ No \_\_\_\_\_

**EXPERIENCE OF BIDDER**

Bid Number: \_\_\_\_\_

1. Have you had previous experience in school or other bus transportation?    Yes    No
2. If yes, how many years experience? \_\_\_\_\_
3. Briefly state the nature of this experience. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Company Name \_\_\_\_\_  
(Print or Type)

Address \_\_\_\_\_  
\_\_\_\_\_

Authorized Bidder's Name and Title \_\_\_\_\_  
(Print or Type)

Authorized Signature \_\_\_\_\_

**THE EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY**

**STOCKHOLDERS DISCLOSURE STATEMENT**

**(To accompany bid)**

ALL CORPORATE OR PARTNERSHIP BIDDERS SHALL COMPLETE THIS FORM WHICH IS IN ACCORDANCE WITH P.L. 1977 CH. 33 (N.J.S.A. 52:25-24.2)

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

List of shareholders or partners with 10% or more of the stock or interest in said corporation or partnership (all corporate partners or shareholders owning 10% or more of the stock must disclose their shareholders as above provided.)

<u>SHAREHOLDER OR PARTNER</u>	<u>% INTEREST</u>	<u>ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

( ) No stockholder or partner of the corporation or partnership holds 10% or more ownership.

( ) Bidder is not corporation or partnership.

I hereby certify that the information given above is true and correct as of \_\_\_\_\_  
Date of Bid

\_\_\_\_\_  
Name and title of Authorized Representative (Print or type)

\_\_\_\_\_  
Signature of Authorized Representative

If there are any questions concerning this form or its completion, refer to Statute (P.L. 1977, CH. 33) N.J.S.A. 52:25-24.2

**THE EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY**  
**STOCKHOLDER DISCLOSURE CERTIFICATION**

**Name of Business:**

I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

**OR**

I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

**Check the box that represents the type of business organization:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Partnership              | <input type="checkbox"/> Corporation                   | <input type="checkbox"/> Sole Proprietorship           |
| <input type="checkbox"/> Limited Partnership      | <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Subchapter S Corporation |  |  |

**Sign and notarize the form below, and, if necessary, complete the stockholder list below.**

Stockholders:

Name:	Name:
Home Address:	Home Address:
Name:	Name:
Home Address:	Home Address:
Name:	Name:
Home Address:	Home Address:

Subscribed and sworn before me this ___ day of _____, 2 ____.	_____
(Notary Public)	(Affiant)
My Commission expires:	_____
	(Print name & title of affiant)
	(Corporate Seal)

# THE EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY

## REQUIRED EVIDENCE

### AFFIRMATIVE ACTION REGULATIONS PUBLIC LAWS 1975, c. 127 (N.J.A.C. 17:27)

COMPANY NAME \_\_\_\_\_

1. Our company has a federal Affirmative Action Plan approval.

\_\_\_ YES \_\_\_ NO

- A. If yes, a copy of said approval shall be submitted to the Commission within seven (7) working days of the notice of intent to award the contract.

2. Our company has a New Jersey State Certificate of Approval.

\_\_\_ YES \_\_\_ NO

- A. If yes, a copy of the New Jersey State Certificate shall be submitted to the Commission within seven (7) working days of the notice of intent to award the contract.

3. If you answered NO to both questions above, an Affirmative Action Employee Information Report (AA-302) will be mailed to you. Complete the form and forward it to the Affirmative Action Office, Department of Treasury, CN 209, Trenton, NJ 08625. A copy shall be submitted to the Commission within seven (7) days of the notice of the intent to award the contract.

The undersigned contractor certifies that he is aware of the commitment to comply with the requirements of P.L. 1975, C 127 (N.J.A.C. 17:27) and agrees to furnish the required documentation pursuant to the law. The contractor must be rejected as non-responsible if the contractor fails to comply with the requirements of P.L. 1975, C 127 (N.J.A.C. 17:27) within the time frame. The Affirmative Action Affidavit for vendors having less than fifty (50) employees is no longer acceptable; a New Jersey Certificate of approval or A.A. 302 is required.

I certify that the above information is correct to the best of my knowledge.

AUTHORIZED BIDDER \_\_\_\_\_  
(Print or Type)

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**THE EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY**

**NON-COLLUSION AFFIDAVIT**

STATE OF NEW JERSEY, COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, of the \_\_\_\_\_  
(city, town, borough)

of \_\_\_\_\_, in the County of \_\_\_\_\_

State of \_\_\_\_\_, of full age, being duly sworn according to law

on my oath depose and say that:

I am \_\_\_\_\_ of the firm / agency of \_\_\_\_\_ the bidder making the Proposal for the Student Transportation Contracts, and that I executed the said proposal with full authority to do so, that said bidder has not, directly or indirectly, entered into any agreement, participated in any collusion, participated in drafting these specifications of route descriptions, or otherwise taken any action in restraint of free, competitive bidding in connection with the above bid and that all statements contained in said Proposal and in this affidavit are true and correct, and made with full knowledge that the State of New Jersey relies upon the truth of the statements contained in said proposal and in the statements contained in this affidavit in awarding the contract for said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by

Bid Number: \_\_\_\_\_

\_\_\_\_\_  
Company/Agency Name (Print or Type)

\_\_\_\_\_  
Authorized Representative – Name and Title (Print or Type)

\_\_\_\_\_  
Authorized Signature

(N.J.S.A.52:34-15)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public of New Jersey  
(Seal)

My Commission expires \_\_\_\_\_, 20\_\_\_\_

# C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

## Contractor Instructions

Business entities (contractors) receiving contracts from a public agency that are NOT awarded pursuant to a "fair and open" process (defined at N.J.S.A. 19:44A-20.7) are subject to the provisions of P.L. 2005, c. 271, s.2 (N.J.S.A. 19:44A-20.26). This law provides that 10 days prior to the award of such a contract, the contractor shall disclose contributions to:

- any State, county, or municipal committee of a political party
- any legislative leadership committee
- any continuing political committee (a.k.a., political action committee)
- any candidate committee of a candidate for, or holder of, an elective office:
  - of the public entity awarding the contract
  - of that county in which that public entity is located
  - of another public entity within that county
  - or of a legislative district in which that public entity is located or, when the public entity is a county, of any legislative district which includes all or part of the county

The disclosure must list reportable contributions to any of the committees that exceed \$300 per election cycle that were made during the 12 months prior to award of the contract. See N.J.S.A. 19:44A-8 and 19:44A-16 for more details on reportable contributions.

N.J.S.A. 19:44A-20.26 itemizes the parties from whom contributions must be disclosed when a business entity is not a natural person. This includes the following:

- individuals with an "interest" ownership or control of more than 10% of the profits or assets of a business entity or 10% of the stock in the case of a business entity that is a corporation for profit
- all principals, partners, officers, or directors of the business entity or their spouses
- any subsidiaries directly or indirectly controlled by the business entity
- IRS Code Section 527 New Jersey based organizations, directly or indirectly controlled by the business entity and filing as continuing political committees, (PACs).

When the business entity is a natural person, "a contribution by that person's spouse or child, residing therewith, shall be deemed to be a contribution by the business entity." [N.J.S.A. 19:44A-20.26(b)] The contributor must be listed on the disclosure.

Any business entity that fails to comply with the disclosure provisions shall be subject to a fine imposed by ELEC in an amount to be determined by the Commission which may be based upon the amount that the business entity failed to report.

The enclosed list of agencies is provided to assist the contractor in identifying those public agencies whose elected official and/or candidate campaign committees are affected by the disclosure requirement. It is the contractor's responsibility to identify the specific committees to which contributions may have been made and need to be disclosed. The disclosed information may exceed the minimum requirement.

The enclosed form, a content-consistent facsimile, or an electronic data file containing the required details (along with a signed cover sheet) may be used as the contractor's submission and is disclosable to the public under the Open Public Records Act.

The contractor must also complete the attached Stockholder Disclosure Certification. This will assist the agency in meeting its obligations under the law. **NOTE: This section does not apply to Board of Education contracts.**

N.J.S.A. 19:44A-3(s): "The term "legislative leadership committee" means a committee established, authorized to be established, or designated by the President of the Senate, the Minority Leader of the Senate, the Speaker of the General Assembly or the Minority Leader of the General Assembly pursuant to section 16 of P.L.1993, c.65 (C.19:44A-10.1) for the purpose of receiving contributions and making expenditures."







**List of Agencies with Elected Officials Required for Political Contribution Disclosure**  
**N.J.S.A. 19:44A-20.26**

**County Name:**

State: Governor, and Legislative Leadership Committees

Legislative District #s:

State Senator and two members of the General Assembly per district.

**County:**

Freeholders

{County Executive}

County Clerk

Surrogate

Sheriff

Municipalities (Mayor and members of governing body, regardless of title):

**USERS SHOULD CREATE THEIR OWN FORM, OR DOWNLOAD FROM  
[WWW.NJ.GOV/DCA/LGS/P2P](http://WWW.NJ.GOV/DCA/LGS/P2P) A COUNTY-BASED, CUSTOMIZABLE  
FORM**

STATE OF NEW JERSEY--DIVISION OF PURCHASE AND PROPERTY  
DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Quote Number:

Bidder/Offoror:

PART 1: CERTIFICATION

**BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX**

**FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE**

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at: <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a bidder's proposal non-responsive. If the Director finds a person or entity to be in violation of law, s/h e shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party

PLEASE CHECK THE APPROPRIATE BOX:

\_\_\_\_\_ I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below. OR

\_\_\_\_\_ I am unable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN You

must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

EACH BOX WILL PROMPT YOU TO PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, CLICK THE "ADD AN ADDITIONAL ACTIVITIES ENTRY" BUTTON.

Name	Relationship to Bidder/Offoror
Description of Activities	
Duration of Engagement	Anticipated Cessation Date
Bidder/Offoror Contact Name	Contact Phone Number

DD AN ADDITIONAL ACTIVITIES ENTRY

Certification: I, being duly swam upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder, that the State of New Jersey is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the state, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):

Signature:

Do Not Enter PIN as a Signature

Title:

Date:

**THE EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY**

**STATEMENT OF ASSURANCE**

**COMMERCIAL DRIVER'S LICENSE COMPLIANCE**  
(TO ACCOMPANY THE BID)

I certify that each of my company's bus drivers and substitute bus drivers, who operate vehicles under contract with The ESCNJ, have been properly licensed according to the state requirements pertaining to Commercial Driver's License (CDL), Passenger and "S" endorsement.

I further certify that all licenses are in good standing and have not been suspended by Motor Vehicle Commission.

It is understood that my company will forfeit its contract with The ESCNJ if a school bus driver operating an ESCNJ route is found not to have complied with the above requirements. A list of drivers will be submitted upon the implementation of the contract.

**I hereby certify that the statements made in this document are true to the best of my knowledge. If they are willfully false, I am subject to punishment and my bid will be rejected.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Company's Name

\_\_\_\_\_  
Notary's Signature / Seal  
(Form must be notarized)

\_\_\_\_\_  
Date

**THE EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY**

**STATEMENT OF ASSURANCE**

**FINGERPRINT COMPLIANCE**

**BACKGROUND CHECK**  
**(TO ACCOMPANY THE BID)**

I certify that the names, address, photographs, and fingerprints of each of my company's bus drivers or substitute bus drivers, to operate vehicles under contract with The Educational Services Commission of New Jersey to transport pupils, have been filed with the County Superintendent of Schools in Middlesex County.

I further certify that all required fees to process non-criminal employment checks with the State Bureau of Investigation and the Federal Bureau of Investigation have been paid.

It is understood that my company will forfeit its contract with the Commission if a school bus driver operating an ESCNJ route is found not to have complied with the above requirements. A list of drivers will be submitted upon the implementation of the contract.

**I hereby certify that the statement made in this document is true to the best of my knowledge. If they are willfully false, I am subject to punishment and my bid will be rejected.**

\_\_\_\_\_  
Transportation Company Name

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Notary Signature / Seal  
(Form must be notarized)

\_\_\_\_\_  
Date

**THE EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY**

**MANTOUX TESTING COMPLIANCE**  
**(TO ACCOMPANY THE BID)**

I certify that the Mantoux intradermal tuberculin test is given to all newly hired (full time and part time) school bus drivers and bus aides who work for this company under contract with The ESCNJ.

An employee with a documented Mantoux test administered within the previous six months does not have to be re-tested.

Current bus company's employees shall also be tuberculin tested if there is no valid record that a Mantoux tuberculin test was administered during the previous four years. N.J.S.A. 18A:16-2, 18A:40-16 and N.J.A.C.6:29-2.3.

An Affidavit, attesting that the above has been accomplished, must be signed by the Chief Officer of the Bus Company, Notarized, and filed with The ESCNJ once yearly before any bids will be accepted on behalf of the bus company.

Name and address of firm that performs the test for your company:

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Address of Firm

\_\_\_\_\_  
Company's Name

**I hereby certify that the statements made in this document are true to the best of my knowledge. If they are willfully false, I am subject to punishment and my bid will be rejected.**

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Notary Signature / Seal

\_\_\_\_\_  
Date



**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

**a. Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

**b. Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

**c. Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

**d. Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

**e. Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(ii)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
  - I—A common trust fund as defined in section 584(a)
  - J—A bank as defined in section 581
  - K—A broker
  - L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
  - M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.



**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup>  The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>2</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>2</sup>
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(E))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.  
<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

<sup>5</sup> Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, *Identity Theft Prevention and Victim Assistance*.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@ftc.gov](mailto:spam@ftc.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

# EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY

1660 Stelton Road, Piscataway, NJ 08854  
Telephone: (732) 777-9848 ♦ Fax: (732) 777-9855  
<http://www.escnj.k12.nj.us>

## Harassment, Intimidation, & Bullying (Anti-bullying Bill of Rights)

### HIB Training Statement of Assurances

---

Company Name: \_\_\_\_\_

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

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

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

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

Company Director/President: \_\_\_\_\_  
(If different from Contact Person)

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

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

---

### HIB Training Statement of Assurances

- All employees who have contact with pupils been trained and will implement the state mandated policies as set forth in P.L. 2010, c. 122 (Anti-Bullying Bill of Rights Act), and N.J.S.A. 18A:37-13, Harassment, Intimidation, & Bullying policies and procedures.
- Any new employees who have contact with pupils hired after the initial training will be trained and will implement the state mandated policies as set forth in P.L. 2010, c. 122 (Anti-Bullying Bill of Rights Act), and N.J.S.A. 18A:37-13, Harassment, Intimidation, & Bullying policies and procedures.

Certification:

By signing below, I certify the above HIB Statement of Assurances to be true and correct:

Name (Please print): \_\_\_\_\_ Title: \_\_\_\_\_

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

**State of New Jersey**  
**P.L. 2018, c. 5**  
**Frequently Asked Questions**  
*Effective June 1, 2018*  
*Updated September 6, 2018*

Below is a list of common inquiries that address *P.L. 2018, c. 5*, concerning new employees in a school district, charter school, nonpublic school, or contracted service provider (collectively referred to as "hiring entity") who hold positions involving regular contact with students. Under *P.L. 2018, c. 5*, the hiring entity is prohibited from hiring a new employee in positions involving regular contact with students unless the hiring entity conducts a review of the employment history of the applicant by contacting current and former employers and requesting information regarding child abuse and sexual misconduct. Hiring entities, applicants, current, and former employers may utilize forms provided by the State of New Jersey, Department of Education in order to conduct this review.

**1. What entities are required under *P.L. 2018, c. 5* to conduct employment history reviews for child abuse and sexual misconduct?**

*P.L. 2018, c. 5* applies to all school entities including school districts, charter schools, and nonpublic schools, as well as independent contractors of school entities (collectively referred to as "hiring entity").

**2. What types of employees/applicants are subject to the employment history review?**

Per *N.J.S.A. 18A:6-7.7*, any person serving in a paid position that involves regular contact with students. This provision does include substitute teachers, aides, and school personnel.

**3. For which employees must a hiring entity conduct an employment history review regarding child abuse and sexual misconduct?**

Per *N.J.S.A. 18A:6-7.7*, the review must be conducted for applicants who will be employed in positions having regular contact with students. Current employees are not required to undergo this review so long as they remain employed by the same hiring entity. However, current employees of contract service providers must participate in this review prior to the start of employment with a new school entity even if they remain employed by the same independent contractor.

**4. Is every applicant subject to this review?**

No, the review only is required when the hiring entity seeks to offer employment to an applicant *and* that applicant would fill a position requiring regular contact with students. The sexual misconduct/child abuse employment history review is not required for applicants that the hiring entity does not wish to employ.

**5. In conducting this review, are hiring entities required to use the Sexual Misconduct/Child Abuse Disclosure Release form and the Sexual Misconduct/Child Abuse Disclosure Information Request form provided on the New Jersey Department of Education's website?**

No. Per *N.J.S.A. 18A:6-7.13*, hiring entities may, but are not required, to use the forms provided by the State. Hiring entities may develop and conduct their own employment history review for sexual misconduct/child abuse that is consistent with the statute. Hiring entities should consult their legal counsel in developing and conducting this review.

**6. What information must be included in the sexual misconduct/child abuse employment history review?**

Per *N.J.S.A. 18A:6-7.7*, the hiring entity must require the applicant to provide a list of the following, including contact information: (1) the applicant's current employer; (2) all former employers that were school entities; and (3) all former employers where the applicant was employed in a position that involved regular contact with students. Applicants must provide employer information for the last 20 years of employment.

Additionally, the applicant must provide a written statement of whether the applicant has ever: (1) 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); (2) 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; (3) 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.

The hiring entity must then obtain responses to the above questions from each of the current and former employers listed by the applicant. The hiring entity may also request additional information, including an initial complaint and final report, if any, from current or former employers.

In collecting this information, hiring entities may utilize forms developed by the New Jersey Department of Education available [here](#).

**7. What happens if a current or former employer certifies affirmatively to one of the questions in Section 2 of the Sexual Misconduct/Child Abuse Disclosure Release form?**

If a current or former employer responds to any Section 2 disclosure in the affirmative, *N.J.S.A. 18A:6-7.10* states that the hiring entity shall request additional information regarding the disclosure prior to determining whether to continue with the applicant's job application process. The hiring entity may make these additional inquiries by requesting that the current and/or former employer complete the Sexual Misconduct/Child Abuse Disclosure Information Request form and attach additional information, including the initial complaint and final report, if any, regarding the incident of child abuse or sexual misconduct. Upon providing documentation due to an affirmative response, every measure should be taken to ensure student privacy and confidentiality, consistent with state and federal laws and regulations regarding student privacy. All student identifiers should be redacted prior to release. The additional information should be provided to the hiring entity within 20 days, as required by the statute.

**8. What happens if a current or former employer is no longer in operation or fails to respond to the hiring entity's request for disclosures regarding an applicant?**

Hiring entities should use their discretion, consistent with statute, in the event that a current/former employer is no longer in operation or fails to respond to requests for disclosures and/or requests for additional information.

The failure of a current or former employer to provide the information requested within the 20-day timeframe required by *N.J.S.A. 18A:6-7.9* may be grounds for the automatic disqualification of an applicant from

employment with the hiring entity. The hiring entity shall not be liable for any claims brought by an applicant who is not offered employment or whose employment is terminated: (1) because of any information received by the hiring entity from an employer pursuant to *N.J.S.A. 18A:6-7.7*; or (2) due to the inability of the hiring entity to conduct a full review of the applicant's employment history pursuant to *N.J.S.A. 18A:6-7.7*.

**9. Are applicants and employers required to disclose information related to allegations determined to be false?**

No, the statute specifically excludes from its requirements information related to false allegations of child abuse/sexual misconduct. Therefore, applicants and employers are not required to disclose this information.

**10. What are the acceptable ways of receiving the information required under *P.L. 2018, c. 5*?**

Per *N.J.S.A. 18A:6-7.7*, the child abuse/sexual misconduct employment history review may be conducted through telephonic, electronic, or written communications. If the review is conducted by telephone, the results of the review shall be documented in writing by the prospective employer. The hiring entity may also use the forms developed by the New Jersey Department of Education to complete this review.

**11. Must the employment history review for sexual misconduct/child abuse include out-of-state employers?**

Yes. *N.J.S.A. 18A:6-7.7* does not limit the scope of the employment history that the applicant must disclose, except to limit the history to the past 20 years of employment and to employers that were schools or where the applicant was employed in a position that involved direct contact with children.

*N.J.S.A. 18A:6-7.9* specifically addresses the review of employment history for out-of-state applicants and information obtained from out-of-state employers.

**12. What happens if an applicant willfully provides false information or fails to disclose information required under *P.L. 2018, c. 5*?**

Any applicant that willfully provides false information or fails to disclose, as required by *N.J.S.A. 18A:6-7.7*, may be subject to discipline up to, and including, termination or denial of employment. Willfully providing false information or willfully failing to disclose information may be a violation of *N.J.S.A. 2C:28-3*; and may subject the applicant to a civil penalty of not more than \$500, which shall be collected in proceedings in accordance with the "Penalty Enforcement Law of 1999," *P.L. 1999, c. 274*.

**13. Are applicants that are hired before June 1, 2018, but commence employment after June 1, 2018, subject to the sexual misconduct/child abuse employment history review?**

Yes. Per *N.J.S.A. 18A:6-7.9*, the hiring entity shall have the right to immediately terminate an individual's employment or rescind an offer of employment if: (1) the applicant is offered employment or commences employment with the hiring entity following the effective date of the act; and (2) information regarding the applicant's history of sexual misconduct/child abuse is subsequently discovered or obtained by the employer and the employer determines that the information disqualifies the applicant from employment with the hiring entity.

The termination of employment pursuant to this subsection shall not be subject to any grievance, appeals procedures, or tenure proceedings pursuant to any collectively bargained or negotiated agreement or any law, rule, or regulation.

**14. Is the information and/or documentation received as part of the sexual misconduct/child abuse employment history review considered public information?**

Pursuant to *N.J.S.A. 18A:6-7.11*, information received by a hiring entity under this Act shall not be deemed a public record under *P.L. 1963, c. 73* or the common law concerning access to public records.

**15. Can an applicant begin employment with the hiring entity prior to completion of the sexual misconduct/child abuse employment history review?**

Per *N.J.S.A. 18A:6-7.10*, the hiring entity may employ or contract with an applicant on a provisional basis for a period not to exceed 90 days pending the hiring entity or independent contractor's review of information received as part of the sexual misconduct/child abuse employment history review.

**16. Is the hiring entity liable for claims brought by an applicant who is not offered employment or whose employment is terminated as a result of this employment history review?**

No. Per *N.J.S.A. 18A:6-7.9*, a hiring entity shall not be liable for any claims brought by any applicant who is not offered employment or whose employment is terminated: (1) because of any information received pursuant to *N.J.S.A. 18A:6-7.7*; (2) due to the inability of the hiring entity to conduct a full review of the applicant's employment history pursuant to *N.J.S.A. 18A:6-7.7*.

**17. How does the implementation of this law impact employment contracts?**

Per *N.J.S.A. 18A:6-7.12*, on or after June 1, 2018, a school district, charter school, nonpublic school, or contracted service provider may not enter into a collectively bargained or negotiated agreement, employment contract, resignation or termination agreement, severance agreement, or any other contract or agreement to take any action that would: (1) suppress or destroy information relating to an investigation related to a report of suspected child abuse or sexual misconduct by a current or former employee; (2) affect the ability of the district, charter school, nonpublic school, or contracted service provider to report suspected child abuse or sexual misconduct to the appropriate authorities; or (3) require a school district, charter school, nonpublic school, or contracted service provider to expunge information about allegations or finding of suspected child abuse or sexual misconduct from any documents maintained by the school district, charter school, nonpublic school, or contracted service provider (unless those allegations are found to be false or the incident of child abuse/sexual misconduct not substantiated after investigation).

Per *N.J.S.A. 18A:6-7.12(b)*, agreements entered into after June 1, 2018 that are found to be contrary to *P.L. 2018, c. 5* shall be void and unenforceable.

**18. When do contracted service providers need to conduct an employment history review?**

Contracted service providers are required to conduct an employment history review for all employees for the first contract or contract renewal after the effective date of *P.L. 2018, c.5* and for all newly hired employees that were hired after the date of contract commencement. Contracted service providers do not need to conduct an employment history review for subsequent contract renewals after the effective date of *P.L. 2018, c.5*. Current employees of contract service providers must participate in this review prior to the start of employment with a new school entity even if they remain employed by the same independent contractor.

**State of New Jersey**  
**Sexual Misconduct/Child Abuse Disclosure Release Instructions**  
**P.L. 2018, C. 5**  
**Effective June 1, 2018**

**Instructions**

This standardized form has been developed by the New Jersey Department of Education, pursuant to *P.L. 2018, c. 5*, to be used by hiring entities and by applicants, who would be employed by, or in, a school, in a position involving regular contact with students. This form satisfies the statutory requirement to provide information related to child abuse or sexual misconduct. An applicant who would be employed by or in a school in a position having regular contact with students must provide the information requested in Section 1 of this form and sign the authorization for the disclosure by the applicant's current and former employers of the information requested in Section 2 of this form.

The applicant shall complete one form for the applicant's current employer(s) and separate forms for each of the applicant's former employers for the last 20 years that were school entities or where the applicant was employed in a position having direct contact with children. The applicant will submit this form in its entirety, with the information on Page 1 and Section 1 completed, to the hiring entity. The applicant must also authorize, by signature, the release of information regarding child abuse and/or sexual misconduct from the current and/or former employers to the hiring entity. The hiring entity is prohibited from hiring an applicant for a position involving regular contact with students if the applicant does not provide the information and authorization required by law.

Upon completion by the applicant, the hiring entity shall submit the form to the applicant's current and former employers to complete Section 2 of this form. A hiring entity may not employ an applicant who does not provide the required information for a position involving regular contact with students.

If a current and/or former employer responds to any Section 2 disclosure in the affirmative, the hiring entity may request additional information regarding the disclosure by requesting that the current and/or former employer complete the Sexual Misconduct/Child Abuse Disclosure Information Request form and attach additional information, including the initial complaint and final report, if any, regarding the incident of child abuse or sexual misconduct. Upon providing documentation due to an affirmative response, every measure should be taken to ensure student privacy and confidentiality. All student identifiers should be redacted prior to release.

**Relevant Statutory Definitions Pursuant to N.J.S.A. 18A:6-7.6**

**Child abuse** is defined as any conduct that falls under the purview and reporting requirements of *P.L. 1971, c. 437* (*N.J.S.A. 9:6-8.8 et seq.*) and is directed toward or against a child or student, regardless of the age of the child or student.

**Sexual misconduct** is defined as 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 dialogue, 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.

**ADDITIONAL INFORMATION**

Per *N.J.S.A. 18A:6-7.9*, a hiring entity shall have the right to immediately terminate an individual's employment or rescind an offer of employment if: (1) the applicant is offered employment or commences employment with the hiring entity following the effective date of this act; and (2) information regarding the applicant's history of sexual misconduct or child abuse is subsequently discovered or obtained by the employer that the employer determines disqualifies the applicant or employee from employment with the hiring entity. The termination of employment pursuant to *N.J.S.A.*



18A:6-7.9 shall not be subject to any grievance or appeals procedures or tenure proceedings pursuant to any collective bargaining agreement or negotiated agreement or any law, rule, or regulation.

Per *N.J.S.A. 18A:6-7.10*, after reviewing the information disclosed in Section 1 and/or Section 2 of this form, and finding an affirmative response to any of the inquiries, the hiring entity, prior to determining to continue with the applicant's job application process, shall make further inquiries of the applicant's current or former employer to ascertain additional details regarding the matter disclosed. The hiring entity should use its discretion, consistent with statute, in the event that a current/former employer is no longer in operation or fails to respond to Section 2 of this form.

The hiring entity may employ or contract with an applicant on a provisional basis for a period not to exceed 90 days pending the hiring entity or independent contractor's review of information received related to Section 1 and/or Section 2 of this form, provided that all of the following conditions are satisfied: (1) the applicant has complied with *N.J.S.A. 18A:6-7.7*; (2) the hiring entity has no knowledge or information pertaining to the applicant that the applicant is required to disclose pursuant to *N.J.S.A. 18A:6-7.7(a)(3)*; and (3) the hiring entity determines that special or emergent circumstances exist that justify the temporary employment of the applicant.

The sexual misconduct or child abuse disclosures articulated herein are required in addition to satisfying any pre-existing requirements for employment in a school, including a criminal history review, pursuant to *N.J.S.A. 18A:6-7.1* and *N.J.A.C. 6A:9B-4.2*.

#### **Open Public Records Act**

Pursuant to *N.J.S.A. 18A:6-7.11*, information received by a hiring entity under this Act shall not be deemed a public record under *P.L. 1963, c. 73* or the common law concerning access to public records.

#### **Immunity**

Pursuant to *N.J.S.A. 18A:6-7.11*, a current or former employer that provides information or records about a current or former employee or applicant shall be immune from criminal and civil liability for the disclosure of the information, unless the information or records provided were knowingly false. The immunity shall be in addition to, and not in limitation of, any other immunity provided by law.

#### **Contact**

For more information, please contact the County Office of Education for the hiring entity.

**State of New Jersey**  
**Sexual Misconduct/Child Abuse Disclosure Release**  
**P.L. 2018, c. 5**  
*Effective June 1, 2018*

P.L. 2018, c. 5 concerns school employees and supplements chapter 6 of Title 18A of the New Jersey Statutes. This law prohibits a school district, charter school, nonpublic school, or contracted service provider holding a contract with a school district, charter school, or nonpublic school (collectively referred to as "hiring entity") from employing a person serving in a position which involves regular contact with students unless the hiring entity conducts a review of the employment history of the applicant by contacting former and current employers and requesting information regarding child abuse and sexual misconduct.

The applicant must submit this form for (1) all current employers and (2) to former employers within the last 20 years that were school entities or where the applicant was employed in a position that involved direct contact with children. The applicant will submit completed copies of this form to the hiring entity. The hiring entity will then submit this form to each of the current or former employers for completion of Section 2.

Applicant, please complete the information immediately below and Section 1 of this form and return it to the hiring entity. Please complete additional forms as necessary for each of your current and former employers for the last 20 years that were school entities or where you were employed in a position that involved direct contact with children.

To:

Name of Current or Former Employer: [REDACTED]  No applicable employment

Street Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone Number: [REDACTED]

[REDACTED] is under consideration for a position with [REDACTED]. The individual whose name appears herein has reported previous employment with your entity. As required by P.L. 2018, c. 5, please provide the information requested in Section 2 of this form within 20 days of receipt.

**Section 1: Applicant Certification and Release**

(to be completed by the applicant even if the applicant has no current or prior employment to disclose)

Applicant Name (First, Middle, Last): [REDACTED]

Date of Birth: [REDACTED]

Any former names by which the Applicant has been identified: [REDACTED]

Last 4 digits of Applicant's Social Security Number: [REDACTED]

Approximate dates of employment with the entity listed above: [REDACTED]

Position(s) held: [REDACTED]

Have you (Applicant) ever:

- Yes  No 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 Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from any employment (1) while allegations of child abuse or sexual misconduct were pending or under investigation, or (2) due to an adjudication or finding of child abuse or sexual misconduct?
- Yes  No Had a license, professional license, or certificate suspended, surrendered, or revoked (1) while allegations of child abuse or sexual misconduct were pending or under investigation, or (2) due to an adjudication or finding of child abuse or sexual misconduct?

By signing this form, I (the applicant) certify under penalty of law that the statements made in this form are true, correct, and complete. I understand that willfully providing false information or willfully failing to disclose information required in Section 1 of this form, as required by *N.J.S.A. 18A:6-7.7*, may subject me to discipline up to, and including, termination or denial of employment; may be a violation of *N.J.S.A. 2C:28-3*; and may subject me to a civil penalty of not more than \$500, which shall be collected in proceedings in accordance with the "Penalty Enforcement Law of 1999," *P.L. 1999, c. 274*.

By signing this form, I also hereby authorize the above-named employer to disclose the information requested in Section 2 and release related records pertaining to the disclosures identified in SECTION 2. I understand that pursuant to *N.J.S.A. 18A:6-7.7*, the above-named employer is released from liability that may arise of the disclosure or release of records.

  
Signature of Applicant

  
Date

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### Section 2: Current/Former Employer Verification

(to be completed by the applicant's current employer(s) and all former employers that were school entities or former employers in which the applicant had direct contact with children). Please complete the information below and return this form to the hiring entity.

*N.J.S.A. 18A:6-7.7(b)* provides that a hiring entity shall not employ for pay or contract for the paid services of any person in a position that involved regular contact with students unless the hiring entity conducts a review of the employment history of applicant by contacting those employers listed by the applicant under the provisions of *N.J.S.A. 18A:6-7.7(a)* and collecting the information requested below.

Employing Entity receipt date: 

Received by: 

Applicant's dates of employment: 

Contact phone #: 

To the best of your knowledge, has the applicant ever:

- Yes  No 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 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 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?

[Redacted Signature]

Current/Former Employer Representative Signature

[Redacted Date]

Date

[Redacted Title]

Current/Former Employer Representative Title

**If a current or former employer responds to any Section 2 disclosure in the affirmative, the hiring entity may request additional information regarding the disclosure by requesting that the current or former employer complete the Sexual Misconduct/Child Abuse Disclosure Information Request form within 20 days and attach additional information, including the initial complaint and final report, if any, regarding the incident of child abuse or sexual misconduct. Pursuant to N.J.S.A. 18A:6-7.11, a current or former employer that provides information or records about a current or former employee or applicant shall be immune from criminal and civil liability for the disclosure of the information, unless the information or records provided were knowingly false. The immunity shall be in addition to, and not in limitation of, any other immunity provided by law.**

**The failure of a current or former employer to provide the information requested in Section 2 within the 20-day timeframe required by N.J.S.A. 18A:6-7.9 may be grounds for the automatic disqualification of an applicant from employment with the hiring entity. The hiring entity shall not be liable for any claims brought by an applicant who is not offered employment or whose employment is terminated: (1) because of any information received by the hiring entity from an employer pursuant to N.J.S.A. 18A:6-7.7; or (2) due to the inability of the hiring entity to conduct a full review of the applicant's employment history pursuant to N.J.S.A. 18A:6-7.7.**

Return all completed information to:

Hiring Entity: [Redacted]

Address: [Redacted] Phone #: [Redacted]

City: [Redacted] State: [Redacted] Zip: [Redacted] Fax or Email: [Redacted]

**State of New Jersey**  
**Sexual Misconduct/Child Abuse Disclosure Information Request**  
**P.L. 2018, c. 5**  
*Effective June 1, 2018*

To: Name of Current or Former Employer: [REDACTED]  
Street Address: [REDACTED]  
City, State, Zip: [REDACTED]

The below named applicant is under consideration for a position with our entity. As required by P.L. 2018, c. 5 (N.J.S.A. 18A:6-7.6 *et seq.*), the applicant reported current or previous employment with your entity, and you acknowledged that the applicant:

- Yes  No Was 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.
- Yes  No Was 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 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.

Accordingly, consistent with N.J.S.A. 18A:6-7.10, we ask that you provide additional information, including the initial complaint and final report, if any, to support the affirmative response(s) cited above. If an investigation is pending, please provide an anticipated date of completion. **Please provide the additional information within 20 days.**

Applicant Name (First, Middle, Last): [REDACTED]

Any former names by which the Applicant has been identified: [REDACTED]

Date of Birth: [REDACTED]

Last 4 digits of Applicant's Social Security Number: [REDACTED]

Approximate dates of employment with the entity listed above: [REDACTED]

Position(s) held: [REDACTED]

*\*To be completed by prospective employer*