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Reference Check Release Pursuant to Utah State Law 53A-15-1511 and 34-42-1, by selecting "Yes" on this question I authorize Grand County School District to contact current and previous employers and authorize them to disclose information regarding any employment action taken or discipline imposed against me for the physical abuse or sexual abuse of a child or student as well as information about my job performance, professional conduct or evaluations. I understand that if an LEA (Local Education Agency) or other employer in good faith discloses information that is within the scope of this release, the LEA or other employer is immune from civil and/or criminal liability based upon the applicable law. I acknowledge that by not marking "Yes" on this question, I cannot be considered for employment with Grand County School District.

Yes, I authorize Grand County to contact current and previous employers

Signature \_\_\_\_\_

Date \_\_\_\_\_

**REFERENCE CHECKS Employment References – required by 53A-6-401**

***For a potential employee/volunteer who has worked in a qualifying position during the last three years, the LEA is required to request that the potential volunteer's qualifying position employer(s) disclose information regarding any employment action taken or discipline imposed for the physical or sexual abuse of a child or student by the potential volunteer.***

***You must ask and answer all three questions of each employment reference.  
You must attempt at least 3 times to contact a reference and document your attempts.***

1. Employer: \_\_\_\_\_ Date(s) \_\_\_\_\_ Called: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Supervisor Called: \_\_\_\_\_ Date contacted reference: \_\_\_\_\_

Are they eligible for rehire?  Yes  No Would they rehire them?  Yes  No

Any employment action or discipline for physical abuse and/or sexual abuse?  Yes  No

NOTES: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Date(s) \_\_\_\_\_ Called: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Supervisor Called: \_\_\_\_\_ Date contacted reference: \_\_\_\_\_

Are they eligible for rehire?  Yes  No Would they rehire them?  Yes  No

Any employment action or discipline for physical abuse and/or sexual abuse?  Yes  No

NOTES: \_\_\_\_\_

Can only use a Supervisor or Human Resources for employment references.

**Utah Code 53A-6-401 states the following:**

"Child" means an individual who is younger than 18 years old.

"Physical Abuse" means the same as that term as defined in Section 78A-6-105: abuse that results in physical injury to a child.

"Qualifying Position" means paid employment that requires the employee to directly care for, supervise, control, or have custody of a child.

"Sexual abuse" means that same as that term is defined in Section 78A-6-105:

- (a) An act or attempted act of sexual intercourse, sodomy, incest, or molestation directed towards a child; or
- (b) Engaging in any conduct with a child that would constitute an offense under any of the following, regardless of whether the person who engages in the conduct is actually charged with, or convicted of, the offense:
  - (i) Title 76, Chapter 5, Part 4, Sexual Offenses;
  - (ii) Child bigamy, Section 76-7-101.5;
  - (iii) Incest, Section 76-7-102;
  - (iv) Lewdness, Section 76-9-702;
  - (v) Sexual battery, Section 76-9-702.1;
  - (vi) Lewdness involving a child, Section 76-9-702.5; or
  - (vii) Voyeurism, Section 76-9-702.7

"Student" means an individual who:

- (i) Is enrolled in an LEA in any grade from preschool through grade 12; or
- (ii) Receives special education services from an LEA under the Individuals with Disabilities Education Act, 20

U.S.C. Sec. 1400 et seq.

Principal or Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

**ADDITIONAL INFORMATION** (Please give any addition information which will assist us in reaching a true estimate of your qualifications.)

**Please answer the following questions in handwritten form.** (please feel free to attach additional page for answers)

1. What is your personal mission statement as a child therapist?
  
2. Why are you interested in working in a school setting?
  
3. What is your greatest strength as a therapist?
  
4. What is your greatest weakness as a therapist?
  
5. How do you handle a client who isn't making progress?
  
6. What experience do you have working with multidisciplinary teams?
  
7. What experiences do you have working with children and families in poverty?

**AFFIRMATION:**

I certify that all statements made in this application are true and correct, and that any misstatement of material facts may subject me to disqualification or dismissal. Also, I authorize investigation of all statements made in this application.

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