



The College of
St. Scholastica

Student's Full Name (Last, First, Middle): _____

CSS Student ID Number: _____

This form is based off of the Minnesota Department of Education Personnel Licensing's application for licensure.

Clearly circle "YES" or "NO" for each of the following questions. **When necessary, write additional pertinent information in the space provided.**

You must answer **all** questions completely and provide **all** requested information. If you answered "yes" to any of these questions you must provide a written explanation regarding the incident.

1. Have you ever been convicted of a crime?

For purposes of this question, the term "crime" includes a misdemeanor, a gross misdemeanor, a felony or a charge that resulted in a stay of imposition of sentence. **(DWI's and DUI's are included in this definition and should be disclosed.) (DO NOT INCLUDE PETTY MISDEMEANORS.)** The term "conviction" includes a finding of guilty by a jury or judge, an admission of guilt or plea of guilty, or any "no contest" or Alford plea (a plea without an admission of guilt). You are considered convicted whether the sentence is stayed or executed.

- YES - **If you answered "yes," please supply a written explanation.**
- NO

2. Have you ever been referred to a pre-trial diversion program after being arrested?

- YES - Explain.
- NO

3. Have you ever been acquitted or found not guilty of a criminal offense involving sexual conduct, homicide, assault, or any other crime involving violence?

- YES - If you answered "yes," you must explain the offense, date, location, and the law enforcement agency involved.
- NO

4. Are any criminal charges currently pending against you in Minnesota or any other state?

- YES - Explain.
- NO

5. **Have you ever had an education or other occupational license revoked, suspended, or denied in Minnesota or in any other state?**

- YES - Explain.
- NO

7. **Is disciplinary action against ANY license you currently hold pending in another state?**

- YES - If you answered “yes,” you must explain the action or charges, location, date, and agency involved.
- NO

8. **Have you ever resigned from or otherwise left any employment after allegations of misconduct were made against you or when an investigation into those allegations was pending?**

- YES - If you answered “yes,” you must explain the action or charges, location, date, and employer involved.
- NO

9. **Have you ever been a party to a civil settlement, award or agreement of any kind that involved an allegation that involved your sexual conduct?**

- YES - If you answered “yes,” you must explain the situation including date and location of the school district.
- NO

WARNING: FAILURE TO ANSWER ANY OF THE ABOVE QUESTIONS IN A TRUTHFUL MANNER OR FAILURE TO PROVIDE THE INFORMATION REQUESTED COULD LEAD TO DENIAL OF PARTICIPATION IN OR DISCIPLINARY ACTION BEING TAKEN BY THE COLLEGE OF ST. SCHOLASTICA – SCHOOL OF EDUCATION.

CERTIFICATION OF INFORMATION

I certify that all information contained on and submitted with this application is to the best of my knowledge true and accurate. I understand that misrepresentation of facts or falsification of statements or accompanying documentation may result in denial of participation in the College of St. Scholastica – School of Education.

Signature of Applicant _____ Date _____

Complete the next page
only if you answered “yes”
to question 1 or 4.

CONDUCT REVIEW STATEMENT, continued

Complete this page only if you answered "yes" to question 1 or 4 on page four (4) of this form.

CONVICTION/OUTSTANDING CHARGE INFORMATION

COMPLETE A SEPARATE FORM FOR EACH CONVICTION OR OUTSTANDING CHARGE.

YOU MAY PHOTOCOPY THIS FORM.

1. Convicted or currently charged with:

2. Level of offense (check one): Felony Gross Misdemeanor Misdemeanor

3. Date of offense:

1. Name of arresting agency (police, county sheriff, etc.):

2. Court Jurisdiction (i.e., Hennepin County District Court, Mpls., MN):

3. Plea and conditions of probation, if any:

4. Date of release from probation:

5. If still on probation, name and telephone number of probation officer:

_____ - _____
Name Telephone Number

6. Details of the incident:

VERIFICATION/AUTHORIZATION OF INFORMATION

I verify the foregoing information is true and correct. I hereby authorize the above listed courts and law enforcement agencies to release any information concerning me to The College of Saint Scholastica.

Printed Name Date of Birth

Signature Date