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| **PERSONAL AND PROFESSIONAL FITNESS** |
| Name NU ID Number   1. Have you ever had a professional license, certiﬁcate, permit, credential, or other document authorizing the practice of a profession suspended, revoked, voided, denied, rejected, or voluntarily surrendered?   YES NO  ***If yes, attach a written statement that fully explains the facts and where this occurred.***   1. Are you currently the subject of any inquiry or investigation by any law enforcement agency, prosecutor’s ofﬁce, governmental body, or licensing agency? YES NO   ***If yes, attach a written statement that fully explains the facts and where this is occurring.***   1. Is any action currently pending against you by any law enforcement agency, prosecutor’s ofﬁce, governmental body, or licensing agency? YES NO   ***If yes, attach a written statement that fully explains the facts and where this is occurring.***   1. Have you ever been found guilty of a felony or misdemeanor or entered a plea of guilty or no contest to a felony or misdemeanor in any criminal, drug, or juvenile court? Minor trafﬁc infractions and misdemeanor convictions for Driving Under the Inﬂuence or Minor in Possession of Alcohol need not be reported.   YES NO  ***If yes, complete Criminal Charges Self-Reporting Form. This form can be found in the forms section of the Applicant Manual or downloaded from the NDE website at*** [***www.nde.state.ne.us***](http://www.nde.state.ne.us/) ***click on Teacher Certiﬁcation.***   1. Is an order or determination currently in effect by a court or any other governmental body which ﬁnds you to be any of the following: a mentally ill and dangerous person; mentally incompetent to stand trial; acquitted of criminal charges because of insanity; an incapacitated person in need of a guardian; or unable to manage your property due to mental illness, mental deﬁciency, chronic use of drugs or chronic intoxication?   YES NO  ***If yes, attach a copy of the order and a written statement that fully explains the facts and where this occurred.***   1. Are you currently an inpatient or resident in a mental health facility due to a determination by a qualiﬁed mental health professional? YES NO   ***If yes, please attach a written statement that fully explains the facts and where this is occurring.***   1. Are you a US citizen? YES NO   ***If no, complete the United States Citizenship Attestation Form.*** |
| **DECLARATION, AUTHORIZATION AND SIGNATURE**  I declare that the information furnished herein is true, correct, and complete to the best of my knowledge. I hereby grant the permission and authorize the University of Nebraska-Lincoln to verify all responses with any mental health facil-ity or governmental agency and to obtain and review all records maintained by any criminal justice agency, including a criminal history record information check, regarding any of my criminal charges or convictions, to verify my lawful presence in the United States, and to contact previous employers for information regarding the term of my employment. I hereby release, discharge, and exonerate the University of Nebraska-Lincoln, its employees, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing of such records and informa-tion. I understand that any material submitted in connection with this application will become the property of the University of Nebraska-Lincoln, will be considered a public record and will not be returned. I understand that inaccurate information submitted in support of an application shall be cause for dismissal and may result in criminal prosecution.  Dated this day of , 20 Signature |
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