

## **CHARACTER AND FITNESS SUPPLEMENT INSTRUCTIONS**

As this is a signed affidavit of authenticity, please print, date and sign in ink, and mail to the following address:

Master in Teaching Program  
Whitworth College  
300 W. Hawthorne Road, MS 0701  
Spokane, WA 99251



## CHARACTER AND FITNESS SUPPLEMENT

Whitworth College  
School of Education, Dixon Hall  
Spokane, WA 99251

Please read the following questions carefully and completely before providing information and signing the affidavit. **Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of program entry or removal from the program.**

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS FORM. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH ON A SEPARATE SHEET OF PAPER.

### SECTION I- PERSONAL INFORMATION (please print or type)

1. NAME LAST FIRST MIDDLE	2. MAIDEN NAME
3. ADDRESS	4. DATE OF BIRTH
CITY/STATE/ZIP	5. SOCIAL SECURITY NO. (OPTIONAL)
6. TELEPHONE BUSINESS: ( ) HOME: ( )	7. E-MAIL
8. Please list all former names you have used and approximate dates of use. (If more than three, list on separate sheet of paper.)	
Date	
Date	
Date	

### SECTION II- PROFESSIONAL FITNESS

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you ever held or do you currently hold a Washington education certificate?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you ever held or do you currently hold any education certificate, credential or license authorizing service in the public/private schools in another state, province, territory, or country? If "yes," list the states, provinces, territories, and/or countries:
<input type="checkbox"/>	<input type="checkbox"/>	3. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.
<b>If you answer "yes" to questions 4 through 11 (Section II), on a separate sheet of paper, give a complete explanation, including duties, circumstances, and supporting documentation.</b>		
<input type="checkbox"/>	<input type="checkbox"/>	4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions, revocations, voluntary surrenders, or voidance.)
<input type="checkbox"/>	<input type="checkbox"/>	5. Have you ever been denied or otherwise rejected for cause, an education certificate, credential, or license?
<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever withdrawn an application for any education certificate, credential, or license?
<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever practiced in any educational position in a public school for which you did not hold the appropriate valid educational certificate, credential, or license for that position?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults?
<input type="checkbox"/>	<input type="checkbox"/>	9. Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending?
<input type="checkbox"/>	<input type="checkbox"/>	10. Have you ever been disciplined by a past or present employer because of allegations of misconduct?
<input type="checkbox"/>	<input type="checkbox"/>	11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct?

### SECTION III- CRIMINAL HISTORY

If you answer "yes" to any of the questions 1-5 (Section III), state the following on a separate sheet of paper:

- A detailed statement including what occurred, the nature of the offense, charge or warrant.
- The name and address of the arresting agency.
- The date of the arrest.
- The final disposition, if any.
- If a court was involved, the name and address of the court.
- Provide the complete arrest report and sentence and judgment.
- Complete driving abstract for five years if the arrest was driving related.

NOTE: For questions 1, 2, 3, DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under the influence (DUI) occurring more than 5 years ago.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. In the last 10 years, have you ever been arrested for any crime or violation of the law? (Do NOT include Minor in Possession (MIP)/Minor in Consumption (MIC) occurring more than 2 years ago or Driving Under Influence (DUI/DWI) occurring more than 5 years ago.) (Note: For "yes" responses to 1, 2, 3, even if your case was dismissed or your record was sealed you must answer the question in the affirmative.) You need not list other traffic violations or fines for which a fine or forfeiture of less than \$150 was imposed.
<input type="checkbox"/>	<input type="checkbox"/>	2. In the last 10 years, have you ever been fingerprinted as a result of any arrest for any crime or violation of the law?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the last 10 years, have you ever been convicted of any crime or violation of any law (Note: For the purpose of this question "convicted" includes (1) all instances in which a plea of guilty or nolo contendere is the basis of conviction, (2) all proceedings in which a sentence has been suspended or deferred, (3) or bail forfeiture.) You need not list traffic violations or fines for which a fine or forfeiture of less than \$150 was imposed.
<input type="checkbox"/>	<input type="checkbox"/>	4. Have you ever been convicted of any felony crime?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include Washington State, any other state, province, territory, and/or country.
<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is "yes," identify agency and location (street address, city, state) and the circumstances or details relating to the investigation on a separate piece of paper.

### SECTION IV- FITNESS

If you answer "yes" to any question (Section IV), provide a written explanation on a separate sheet of paper:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you ever exhibited any behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license?
<input type="checkbox"/>	<input type="checkbox"/>	2. In the last 10 years, have you ever engaged in any conduct which resulted in the damage or destruction of property? (For purposes of questions 2 and 3, property includes both real and personal property owned by you or another. Do not list damages done as the result of an automobile accident.)
<input type="checkbox"/>	<input type="checkbox"/>	3. In the last 10 years, have you ever threatened to damage or destroy property?
<input type="checkbox"/>	<input type="checkbox"/>	4. Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as a police officer, armed forces member, or athlete.)

Yes [ ]	No [ ]	5.	Have you ever threatened to do physical injury or harm to any person(s)? (Do not list threats issued as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)
[ ]	[ ]	6.	Do you have a medical condition which in any way impairs or limits your ability to serve in an educational position with reasonable skill and safety?
[ ]	[ ]	7.	If you use chemical substance(s), does this use in any way impair or limit your ability to serve in a certificated role with reasonable skill and safety?
[ ]	[ ]	N/A	If you disclosed a "yes" answer to questions 6 or 7 above, are the limitations or impairments caused by your medical condition(s) or substance abuse reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.
[ ]	[ ]	8.	Do you currently use illegal drugs?
[ ]	[ ]	9.	Have you used illegal drugs in the last year?
		N/A	If you disclosed a "yes" answer to question 9 above, have you successfully completed or are you participating in a supervised rehabilitation program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.
<b>If you answer "yes" to questions 10 or 11, attach copies of any court orders entered in the proceeding.</b>			
Yes [ ]	No [ ]	10.	Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?
[ ]	[ ]	11.	Have you ever been found in any dependency or domestic relation matter to have physically abused any person?
<b>SECTION V- CHARACTER REFERENCES</b>			
List three individuals, not related to you, who will serve as character references.			
NAME		TELEPHONE NUMBER	
		( )	
MAILING ADDRESS		CITY/STATE/ZIP	
NAME		TELEPHONE NUMBER	
		( )	
MAILING ADDRESS		CITY/STATE/ZIP	
NAME		TELEPHONE NUMBER	
		( )	
MAILING ADDRESS		CITY/STATE/ZIP	
<b>AFFIDAVIT</b>			
I, _____, certify (or declare) under the penalty of perjury under the laws of the state of Washington that the foregoing and all information included in the application is true and correct.			
If the information provided or answer(s) to any question on the application or character and fitness supplement changes prior to my being granted certification, I must immediately notify the Office of Education Certification and Placement, Whitworth College, Dixon Hall, Room 303.			
I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of program entry or removal from the program.			
SIGNATURE		DATE	CITY/STATE