

ALASKA POLICE STANDARDS COUNCIL

PERSONAL HISTORY STATEMENT

State of Alaska, Dept. of Admin.
 Div. of Personnel/Labor Relations
 Special Recruitment Unit
 PO Box 110201
 Juneau, Alaska 99811-0201
 Ph: (907) 465-5492

GENERAL INSTRUCTIONS: Hand write or hand print an answer to EVERY QUESTION. If the question does not apply to you, respond with N/A. Use the attached Supplement to Personal History Statement sheet if space available is insufficient to complete a section. DO NOT MISREPRESENT OR OMIT a requested fact since the statements made herein are subject to verification to determine your qualifications for employment.

1. Last Name		First Name		Middle Name		2. Male <input type="checkbox"/>	
						Female <input type="checkbox"/>	
3. Other Name(s), Alias(es), Nickname(s)						Social Security Number	
4. Mailing Address		Street		City		State	
						Zip Code	
Residence Address (if different from mailing)		City		State		Zip Code	
5. Residence Phone No.		Business Phone No.		6. Date of Birth (<i>Month, Day, Year</i>)			
()		()					
Attach a copy of birth certificate or passport (mandatory)		7. Place of Birth (<i>City, County, State</i>)					
8. Weight		Height		Eye Color		Hair Color	
9. U.S. Citizen		If Naturalized, Certificate Number		Date, Place, and Court			
Yes <input type="checkbox"/> No <input type="checkbox"/>							
By Birth <input type="checkbox"/> Naturalized <input type="checkbox"/>							
If Naturalized: Naturalization Certificate with Photo (mandatory)		11. Name of Spouse or Significant Other (<i>Last, First, Middle</i>)					
10. Marital Status		Phone: ()					
Married <input type="checkbox"/> Single <input type="checkbox"/>		Address (<i>Street, City, State</i>)					
Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>							
12. Military Status:						Attach copy of DD 214	
Have you served in the U.S. Armed Forces?		If YES, Branch		Serial Number			
Yes <input type="checkbox"/> No <input type="checkbox"/>							
Type of Discharge		Dates of Service		Rank			
		From To					
A. While in the military, were you ever a subject of a criminal investigation, issued a summons, detained or arrested or apprehended for an offense which resulted in a trial by deck court or by summary, special or general court-martial, Article 15, captain's mast or an equivalent proceeding?							
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident, using separate sheet to record this information.							
B. Are you presently a member of the U.S. Reserve or National or State Guard organization? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete the following:							
Grade and Service Number		Service and Component		Active <input type="checkbox"/> Inactive <input type="checkbox"/> Standby <input type="checkbox"/>			
Organization and Station or Unit and Location				Indicate Reserve Obligation if any:			

13. Education:		Attach diploma or certificate of graduation (mandatory)			
A. List all high schools attended. Name	Address	Dates Attended	Years Completed	Graduated Yes No	
B. List vocational, technical or employer provided law enforcement training attended. Give for each the name and location of school, dates attended, subjects studied, certificate, and any other pertinent data. Include college courses in Criminal Justice or Law Enforcement.					
14. Special Qualifications:					
A. Have you ever applied for certification or been certified as a law enforcement officer (<i>corrections, probation, parole, municipal corrections or police officer, etc.</i>)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list name and location of certification authority, date of issue, and date current certification expires (<i>if applicable</i>).					
B. Have you ever had a law enforcement certification revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state name of revoking or suspending authority, date of revocation or suspension and reason for revocation or suspension.					
15. Vehicle Operator's License (<i>Drivers, Commercial Drivers License, etc.</i>): Give the following information concerning any vehicle operator's license you have held or currently hold, beginning with your present license.					
Type of License and Number	Place of Issue	Date of Expiration	Restrictions		
Have you ever been denied issuance of a license or have you ever had a license or privilege to drive cancelled, suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain fully:					
Have you ever had automobile insurance cancelled, withdrawn or revoked or have you ever been refused automobile insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details, including reasons, names of companies, dates, etc.:					
Give name and address of the insurance company with whom you now have automobile insurance:				Policy coverage:	
16. Family:					
List in the order given, showing relationship (parents, guardians, stepparents, foster parents, parents-in-law, spouse, brothers, and sisters). Include any others you have resided with or with whom a close relationship existed or exists.					
Relationship / Date	Name	Present Address, if living			
Father					
Mother					
If any person listed above is not a U.S. Citizen by birth, give their date and place of birth, the date and port of entry, alien registration number, naturalization certificate number, and place of issuance.					

17. Employment: Begin with your most recent job and list your work history for the past TEN (10) years, including part-time, temporary or seasonal employment and all periods of unemployment. List all periods of retirement, education, lengthy travel, etc.

From Date	Name and Address of Employer (including zip code)		Reason for leaving?	Job Title
To Date			Description of Duties	
Salary	Name of Supervisor	Phone	Name of Co-worker	Phone
From Date	Name and Address of Employer (including zip code)		Reason for leaving?	Job Title
To Date	Description of Duties			
Salary	Name of Supervisor	Phone	Name of Co-worker	Phone
From Date	Name and Address of Employer (including zip code)		Reason for leaving?	Job Title
To Date	Description of Duties			
Salary	Name of Supervisor	Phone	Name of Co-worker	Phone
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From Date	Name and Address of Employer (including zip code)		Reason for leaving?	Job Title
To Date	Description of Duties			
Salary	Name of Supervisor	Phone	Name of Co-worker	Phone

17. Employment: (Continued)				
From Date	Name and Address of Employer (including zip code)		Reason for leaving?	Job Title
To Date	Description of Duties			
Salary	Name of Supervisor	Phone	Name of Co-worker	Phone
From Date	Name and Address of Employer (including zip code)		Reason for leaving?	Job Title
To Date	Description of Duties			
Salary	Name of Supervisor	Phone	Name of Co-worker	Phone
From Date	Name and Address of Employer (including zip code)		Reason for leaving?	Job Title
To Date	Description of Duties			
Salary	Name of Supervisor	Phone	Name of Co-worker	Phone
From Date	Name and Address of Employer (including zip code)		Reason for leaving?	Job Title
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To Date	Description of Duties			
Salary	Name of Supervisor	Phone	Name of Co-worker	Phone

22. References:

CHARACTER REFERENCES (do not include relatives, former employers, or persons living outside the United States or its Territories). List only character references who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors or co-workers from page 3. List a minimum of three (3) character references with home and work phone numbers.

Name	Years Known	Street	City & State	Phone

23. Foreign Travel:

Dates		Country Visited	Purpose of Travel
From	To		

24. Hobbies & Sports:

Name	Length of Participation	Level of Proficiency

25. Organization Membership:

Yes	No	
		Are you now or have you ever been a member of or affiliated with any organization or association which, according to your knowledge at the time of your membership, advocated the overthrow of the government of the United States or of this state by force, violence, or other unconstitutional means, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or of this state?
		If so, was your membership in or affiliation with the organization or association with the specific intent to achieve the overthrow of the government of the United States or of this state by force, violence or other unconstitutional means, or to commit acts of force or violence to deny other persons their rights under the Constitution of the United States or of this state?

If YES to either of the questions above, describe the circumstances. Attach additional sheets for a full detailed statement. Specify the nature and extent of association with each organization, including office or position held; also include dates, places and credentials currently or formerly held.

26 Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be assigned or which might require further explanation? Yes No If YES, give details:

27. Have you ever applied for a position with any other governmental agency? Yes No If so, give details:

ALASKA POLICE STANDARDS COUNCIL
OFFICIAL INFORMATION RELEASE

28. Remarks:

I authorize release of all information pertaining to me from the records of educational institutions, military services, law enforcement agencies and present and past employers, to the State of Alaska, Department of Corrections, and the Alaska Police Standards Council. I also authorize the Alaska Police Standards Council to release to any law enforcement agency, information that the council obtains regarding my qualifications to be a police, corrections, probation, parole or municipal corrections officer.

I further agree and consent in advance to being denied certification if any of the information that I have provided contains any misrepresentation or falsification or if any requested information has been knowingly omitted.

I understand a copy of this section will be provided to persons releasing information to the Department of Corrections and the Alaska Police Standards Council. To assist in obtaining necessary information, I am providing my social security number: _____.

I certify under penalty of PERJURY that the foregoing is true and accurate to the best of my knowledge.

Done at _____, _____, on the _____ day of _____, 2____.

(City) (State)

SWORN TO AND SUBSCRIBED BEFORE ME

Applicant's Signature

this _____ day of _____, 2____.

Applicant's Printed Name

Notary Public in and for the State of _____

My Commission Expires: _____

