Unalaska Department of Public Safety POB 370 Unalaska, AK 99692 (907) 581-1233

## UNALASKA DPS PERSONAL HISTORY STATEMENT

GENERAL	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.								
INSTRUCTIONS:	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 Nam	ddle Name 2. Male			
							Female		
3. Other Name(s), Alias(es)	, Nickname	e(s)					Social Security Number		
4. Mailing Address	Street	t	City	State	Э	Zip Code			
Residence Address (if different from maili			ling) City			е	Zip Code		
5. Residence Phone No.			Business Phone No. 6		6. Date of E	ate of Birth ( <i>Month, Day, Year</i> )			
( )			( )						
		7. Pla	ce of Birth ( <i>City, County, State</i> )						
8. U.S. Citizen If Na			Naturalized, Certificate Number Date, Place, and Court						
Yes No No	= 1								
By Birth Naturalized If Naturalized: Naturalized: Naturalization Certificate with Photo (mand	1	10. N	10. Name of Spouse or Significant Other ( <i>Last, First, Middle</i> )						
			Address (Street, City, State)			hone:	( )		
	Address (Street, City, State)								
11. Military Status:						Attach copy of DD 214			
Have you served in the U.S. Armed Forces  Yes		rces?	? If YES, Branch			Serial Number			
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 No 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 $\square$ No $\square$ If yes, complete the following:									
Grade and Service Number			Service and Component  Active				Inactive  Standby		
Organization and Station or Unit and Location Indicate Reserve Obligation if any:									

12. Education:		Attach diploma or certificate of graduation (mandatory)						
A. List all high schools attended. Name	Address	Dates At	ended	Years Completed	Gradı Yes	uated No		
Name				, , , , , , , , , , , , , , , , , , ,				
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.								
13. Special Qualifications:								
A. Have you ever applied for certification or I	peen certified as a law enforcement officer	(corrections, proba	tion, pare	ole, municipal	correction	ns or		
	police officer, etc.)?  Yes  No  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 No If yes, state name of revoking or								
suspending authority, date of revocation or suspension and reason for revocation or suspension.								
14. <b>Vehicle Operator's License</b> ( <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	Expiration		Restrictions			
Have you ever been denied issuance of a license of Yes No If yes, explain fully:	r have you ever had a license or privilege	to drive cancelled, s	uspended	d or revoked?				
Have you ever had automobile insurance cancelled, withdrawn or revoked or have you ever been refused automobile insurance?  Yes  No  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:								

15. Have you ev while in any			irged, asked to resign, fur If yes, state circumst		inactive status	for cause, or s	subjected 1	to disciplinary action	
Yes □	No 🗌		ormed your employer inte		_	nate you for a	any reason'	?	
17. Arrest, Det	ention, and Litig	ation: (Show	v all arrests including traff	fic, except parkin	<i>ig</i> ).				
If the answe	er to any of these of	questions is YE	S, list the date, place, an	d full details of e	ach incident on	Supplement t	to Persona	l History Statement.	
			estigation, issued a summ						
	u ever been convic		<u> </u>	No П	, , , , , ,		5 7		
,			reason ( <i>arrest, job appli</i>	<u> </u>		Yes 🗌	No 🗆		
D. Have yo	u ever been convic	ted of a misde	emeanor crime related to be means an offense that:	domestic violenc	e?	Yes 🗌	No 🗆		
			ederal or State law; and	•					
2) has	, as an element, th ent, or guardian of	ne use or atten the victim, by	npted use of physical force a person with whom the rdian, or by a person simi	victim shares a	child in commo	n, by a persor	n who is co	habiting with the	
E. List all tr	affic citations <b>eve</b>	r received (exc	cept parking) including the	e date, place and	full details of	each incident.			
		`							
19 Illicit Drug	Hee: ( Illicit Drug	Use is not nec	cessarily a disqualifier – pi	roviding false inf	ormation ic)				
			it ( <i>illegal)</i> drugs, including		Yes \( \Bar\) No	П			
	olete the following:		it ( <i>iliegal)</i> urugs, iliciuuliig	g manjuana:	165 🔲 110				
, , ,		Name of Dr	'Ua			Date	of last use		
		Hame of Br	<u> </u>			Date	or last asc		
19. Insurance:									
	ver rejected as an	applicant for a	ny insurance? Yes	7 No □	If yes, explain	below.			
		аррисант тог а	By Whom (Name and Address)					Date	
Reason Rejected			by Whom (Name and Address)					Date	
20. Residences	: List all residence	es for the past	10 years, beginning with	your present ad	dress.				
Month a	nd Year		Address	ity State or County			Landlord and Phone		
From	То		71441 655	C.		State of Cot	arrey	No.	

21. Organiz	ation Momb	parchin:				
ZI. Organiz		The same and the s				
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?				
		questions above, describe the circumstances. Attach additional sheets for a full detailed statement. Specify the nature and extent organization, including office or position held; also include dates, places and credentials currently or formerly held.				
22. 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:						
23. Have you ever applied for a position with any other governmental agency? Yes No If so, give details:						
24. Remark	s:					
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 Unalaska Department of Public Safety. I also authorize UDPS 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 Unalaska Department of Public Safety. 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				
		thisday of,2				
Applicant's S	Signature					
Applicant's P	Printed Nam	Notary Public in and for the State of				
		My Commission Evalves				

Supplement to Personal History Statement					
Applicant Na	ne: Social Security Number				
Section Number	Additional Information				