

# 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 (Month, Day, Year)
( )	( )		
<b>Attach a copy of birth certificate or passport (mandatory)</b>	7. Place of Birth (City, County, State)		
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 (Last, First, Middle)		
10. Marital Status			Phone: ( )
Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	Address (Street, City, State)		
<b>12. Military Status:</b>			<b>Attach copy of DD 214</b>
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:

<b>13. Education:</b>		<b>Attach diploma or certificate of graduation (mandatory)</b>			
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.					
<b>14. Special Qualifications:</b>					
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.					
<b>15. 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	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:		
<b>16. Family:</b>					
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
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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

17A. Have you ever been terminated, fired, discharged, asked to resign, furloughed, put on inactive status for cause, or subjected to disciplinary action while in any position? Yes  No  If yes, state circumstances:

17B. Have you ever resigned (*quit*) after being informed your employer intended to fire, discharge or terminate you for any reason? Yes  No   
If yes, explain giving name and address of employer, approximate date, and reasons in each case.

**18. Arrest, Detention, and Litigation:** (*Show all arrests including traffic, except parking*).

If the answer to any of these questions is YES, list the date, place, and full details of each incident on Supplement to Personal History Statement.

A. Were you ever a subject of a criminal investigation, issued a summons, detained or arrested by a law enforcement agency? Yes  No

B. Have you ever been convicted of a crime? Yes  No

C. Have you ever been fingerprinted for any reason (*arrest, job applicant, etc.*)? Yes  No

D. Have you ever been convicted of a misdemeanor crime related to domestic violence? Yes  No

A misdemeanor crime of domestic violence means an offense that:

- 1) is a misdemeanor or felony under Federal or State law; and
- 2) has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with the victim as a spouse, parent, or a guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

E. List all traffic citations **ever** received (*except parking*) including the date, place and full details of each incident.

**19. Illicit Drug Use:**

Do you now use, or have you ever used, illicit (*illegal*) drugs, including marijuana? Yes  No

If yes, complete the following:

Name of Drug	Date of last use

**20. Insurance:**

Were you ever rejected as an applicant for any insurance? Yes  No  If yes, explain below.

Reason Rejected	By Whom ( <i>Name and Address</i> )	Date

**21. Residences:** List all residences for the past 10 years, beginning with your present address.

Month and Year		Address	City	State or County	Landlord and Phone No.
From	To				

<b>22. References:</b>				
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
<b>23. Foreign Travel:</b>				
Dates		Country Visited	Purpose of Travel	
From	To			
<b>24. Hobbies &amp; Sports:</b>				
Name		Length of Participation	Level of Proficiency	
<b>25. Organization Membership:</b>				
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 <input type="checkbox"/> No <input type="checkbox"/> If YES, give details:				
27. Have you ever applied for a position with any other governmental agency? Yes <input type="checkbox"/> No <input type="checkbox"/> 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)

Applicant's Signature

Applicant's Printed Name

SWORN TO AND SUBSCRIBED BEFORE ME

this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Notary Public in and for the State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**Supplement to Personal History Statement**

**Applicant Name:** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

Section Number	Additional Information