THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Corrections
DIVISION OF ADMINISTRATIVE SERVICES
Human Resource Office

P.O. Box 112000
Juneau, Alaska 99811
Main: 907.465.5489
Alt: 907.465.5494
Fax: 907.465.8531

# DEPARTMENT OF CORRECTIONS

## BACKGROUND PACKET INSTRUCTIONS

This packet contains all the necessary forms to continue the application process for a Correctional Officer or Adult Probation Officer position with the Department of Corrections. The information and documents requested are necessary to meet the requirements of the Alaska Police Standards Council under 13 AAC 85.200-900, verify minimum qualifications, and to determine character fitness and suitability of employment as an Officer.

**This packet must be completed within five (5) business days of application.**

- Do not use corrective tape or white out;
- Write 'N/A' (not applicable) if the question does not pertain to you;
- All sections of the F-3 must be complete including full names, full addresses, contact information, and dates. Dates provided in month/year format (00/0000) are acceptable.
- If you are unable to provide certain information, you must explain in writing why you cannot provide it.

E-mail the completed background packet within five (5) business days of application. Failure to submit your completed packet within the deadline above may result in your conditional job offer being rescinded.

**This packet contains the following:**

1) Background Packet Instructions
2) F-3 Personal History Statement
3) Waiver and Authorization to Release
4) PREA Disclosure Form

**Steps for Completion:**

1) Complete F-3 and attach supporting documentation per the instructions.
    a. Certified HS/GED transcripts
    b. Birth certificate or valid passport
    c. HS Foreign Equivalency Evaluation, if applicable
    d. Naturalization certificate, if applicable
    e. DD-214 form, if applicable (must show date and type of discharge and reason for separation narrative for all periods of service in each branch of the military, such as the DD-214 Long Form and NGB-22 Form)
    f. Military evaluations, if applicable

2) Have the F-3 Personal History Statement and the Waiver and Authorization to Release Information disclosure forms notarized.

3) E-mail entire packet to the Background Unit (do not send directly to APSC).

4) Keep copies of all documents submitted throughout the process.

**Submit Complete Background Packet:**

Email: **doc.backgroundunit@alaska.gov**
Subject Line: [*last name, first name]* BGP

OR

Fax: Attention: Background Unit, DOC
Subject Line: [*last name, first name]* BGP
Fax: 907.465.8531

It is the policy of the Department of Corrections to notify all applicants of the outcome at the conclusion of the hiring process. At no time will specific information regarding an applicant's status during the background process be provided.

FAILURE TO COMPLETE AND RETURN THIS BACKGROUND PACKET WITHIN THE STATED TIMELINE MAY RESULT IN YOUR REMOVAL FROM FURTHER CONSIDERATION OF THE POSITION.

For questions related to your Background Packet, please contact the Background Unit.
Phone: 907.465.5489
Email: doc.backgroundunit@alaska.gov

Alaska Police Standards Council
PO Box 111200
Juneau, Alaska 99811

# Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of an **APSC Certified Officer**, in accordance with Alaska Police Standards Council (APSC) regulations.

- Please confirm this version is the most current version by checking APSC website:
  https://dps.alaska.gov/APSC/Agency-Forms
- It is your responsibility to complete this form and provide all required information.
- If filling out hardcopy, please fill out form in blue or black ink or type as indicated by the agency. Do not use pencil.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. Every page must be initialed at the bottom right.
- If you need more space for any response, use the last page of this form (page 27) and identify the additional information by the question number.
- Send the completed form to your background investigator or the agency to which you are applying. Do NOT send the form to APSC.

**Disqualification**

There are very few ***automatic*** bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, ***deliberate misstatements or omissions*** can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

***BOTTOM LINE*: *You are responsible for providing complete, accurate, and truthful responses.***

**Disclosure of Medically-Related Information**

In accordance with the U.S. Americans with Disabilities Act, and the Genetic Information Nondiscrimination Act (GINA), applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

***I have read and I understand the above instructions***.

**Signature**: _____ **Date**: _____

## SECTION 1: PERSONAL

**1.** YOUR FULL NAME

LAST | FIRST | MIDDLE

**2.** OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES) ☐ N/A

**3.** ADDRESS WHERE YOU LIVE

NUMBER / STREET | APT / UNIT

CITY | STATE | ZIP

**4.** MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)

**5.** CONTACT NUMBERS

CELL | WORK | HOME | OTHER | TYPE:

**6.** CONTACT EMAIL

**7.** LIST **ALL** OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)

- Attach a copy of birth certificate or passport or if applicable certification of naturalization (mandatory)

**8.** CITIZENSHIP

Are you a U.S. citizen? ☐ Yes ☐ No

IF NATURALIZED, provide your certificate number and date, place, and court naturalized

**9.** BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY) | **10.** BIRTHDATE (MM/DD/YYYY) | **11.** SOCIAL SECURITY NUMBER | **12.** DRIVER'S LICENSE NUMBER: STATE: EXPIRES:

**13.** PHYSICAL DESCRIPTION

HEIGHT: | WEIGHT: | HAIR COLOR: | EYE COLOR:

**13.1** SCARS, MARKS, AND TATOOS (*include removed or altered tatoos)*

## SECTION 2: RELATIVES AND REFERENCES

**14.** IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "Deceased," if appropriate. Mark "N/A" if a category is not applicable
- *If more spaced is needed, use Section 15 or continue on page 27 – reference corresponding numbers.*

**14.A Spouse / Domestic Partner / Boyfriend / Girlfriend / Significant Other** ☐ Deceased ☐ N/A

NAME | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP

HOME PHONE | MAILING ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP

WORK PHONE | CELL PHONE | EMAIL

DATE OF MARRIAGE/REGISTRATION (MM/YYYY) | BIRTHDATE (MM/DD/YYYY)

Is there, or has there ever been, a civil or criminal restraining or stay-away order in effect involving you and this individual? ☐ Yes ☐ No

**14.B Former Spouse/Domestic Partner/Significant Other or Boyfriend/Girlfriend dated longer than three months** ☐ Deceased ☐ N/A

NAME | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP

HOME PHONE | MAILING ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP

WORK PHONE | CELL PHONE | EMAIL

DATE OF MARRIAGE/REGISTRATION (MM/YYYY)
DATE OF DISSOLUTION (MM/YYYY) | BIRTHDATE (MM/DD/YYYY)

Is there, or has there ever been, a civil or criminal restraining or stay-away order in effect involving you and this individual? ☐ Yes ☐ No

## SECTION 2: RELATIVES AND REFERENCES *continued*

### 14.C Parents / Guardians

List **ALL** parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc.

**14.C.1 Parent / Guardian:** ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: ☐ Deceased

| NAME | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| HOME PHONE | MAILING ADDRESS (IF DIFFERENT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| WORK PHONE | CELL PHONE | EMAIL |
|---|---|---|
| | | |

**14.C.2 Parent / Guardian:** ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: ☐ Deceased

| NAME | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| HOME PHONE | MAILING ADDRESS (IF DIFFERENT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| WORK PHONE | CELL PHONE | EMAIL |
|---|---|---|
| | | |

**14.C.3 Parent / Guardian:** ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: ☐ Deceased

| NAME | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| HOME PHONE | MAILING ADDRESS (IF DIFFERENT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| WORK PHONE | CELL PHONE | EMAIL |
|---|---|---|
| | | |

**14.C.4 Parent / Guardian:** ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ In-law ☐ Other: ☐ Deceased

| NAME | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| HOME PHONE | MAILING ADDRESS (IF DIFFERENT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| WORK PHONE | CELL PHONE | EMAIL |
|---|---|---|
| | | |

### 14.D Brothers / Sisters ☐ N/A

List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc.

**14.D.1 Sibling:** ☐ Brother ☐ Sister ☐ Half-brother ☐ Half-sister ☐ Other:

| NAME | AGE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|---|---|
| | | | | | |

| HOME PHONE | MAILING ADDRESS (IF DIFFERENT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| WORK PHONE | CELL PHONE | EMAIL |
|---|---|---|
| | | |

**14.D.2 Sibling:** ☐ Brother ☐ Sister ☐ Half-brother ☐ Half-sister ☐ Other:

| NAME | AGE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|---|---|
| | | | | | |

| HOME PHONE | MAILING ADDRESS (IF DIFFERENT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| WORK PHONE | CELL PHONE | EMAIL |
|---|---|---|
| | | |

## SECTION 2: RELATIVES AND REFERENCES *continued*

**14.D.3 Sibling:** ☐ Brother ☐ Sister ☐ Half-brother ☐ Half-sister ☐ Other:

| NAME | AGE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|---|---|
| | | | | | |

| HOME PHONE | MAILING ADDRESS (IF DIFFERENT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| WORK PHONE | CELL PHONE | EMAIL |
|---|---|---|
| | | |

**14.D.4 Sibling:** ☐ Brother ☐ Sister ☐ Half-brother ☐ Half-sister ☐ Other:

| NAME | AGE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|---|---|
| | | | | | |

| HOME PHONE | MAILING ADDRESS (IF DIFFERENT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| WORK PHONE | CELL PHONE | EMAIL |
|---|---|---|
| | | |

### 14.E Children ☐ N/A

List **ALL LIVING** children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent/guardian, if other than you.

**14.E.1 Child:** ☐ Son ☐ Daughter ☐ Other: Biological Parents:

| NAME | AGE | CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU) |
|---|---|---|
| | | |

| DATE OF BIRTH | ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| CONTACT NUMBER | EMAIL |
|---|---|
| | |

**14.E.2 Child:** ☐ Son ☐ Daughter ☐ Other: Biological Parents:

| NAME | AGE | CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU) |
|---|---|---|
| | | |

| DATE OF BIRTH | ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| CONTACT NUMBER | EMAIL |
|---|---|
| | |

**14.E.3 Child:** ☐ Son ☐ Daughter ☐ Other: Biological Parents:

| NAME | AGE | CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU) |
|---|---|---|
| | | |

| DATE OF BIRTH | ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| CONTACT NUMBER | EMAIL |
|---|---|
| | |

**14.E.4 Child:** ☐ Son ☐ Daughter ☐ Other: Biological Parents:

| NAME | AGE | CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU) |
|---|---|---|
| | | |

| DATE OF BIRTH | ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

| CONTACT NUMBER | EMAIL |
|---|---|
| | |

## SECTION 2: RELATIVES AND REFERENCES *continued*

**15.** LIST OF REFERENCES

- List at least **5** people who know you well, such as close personal relationships, social and family friends, former spouses and significant others, teachers, military colleagues, and/or co-workers. Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere.

| | | | | | |
|---|---|---|---|---|---|
| **15.1** | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | HOME PHONE | MAILING ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP |
| | WORK PHONE | CELL PHONE | EMAIL | | |
| | How do you know this person? | | How long have you known this person? | | |
| **15.2** | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | HOME PHONE | MAILING ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP |
| | WORK PHONE | CELL PHONE | EMAIL | | |
| | How do you know this person? | | How long have you known this person? | | |
| **15.3** | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | HOME PHONE | MAILING ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP |
| | WORK PHONE | CELL PHONE | EMAIL | | |
| | How do you know this person? | | How long have you known this person? | | |
| **15.4** | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | HOME PHONE | MAILING ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP |
| | WORK PHONE | CELL PHONE | EMAIL | | |
| | How do you know this person? | | How long have you known this person? | | |
| **15.5** | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | HOME PHONE | MAILING ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP |
| | WORK PHONE | CELL PHONE | EMAIL | | |
| | How do you know this person? | | How long have you known this person? | | |
| **15.6** | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | HOME PHONE | MAILING ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP |
| | WORK PHONE | CELL PHONE | EMAIL | | |
| | How do you know this person? | | How long have you known this person? | | |

## SECTION 2: RELATIVES AND REFERENCES *continued*

| | | | | | |
|---|---|---|---|---|---|
| 15.7 | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | HOME PHONE | MAILING ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP |
| | WORK PHONE | CELL PHONE | EMAIL | | |
| | How do you know this person? | | How long have you known this person? | | |
| 15.8 | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | HOME PHONE | MAILING ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP |
| | WORK PHONE | CELL PHONE | EMAIL | | |
| | How do you know this person? | | How long have you known this person? | | |
| 15.9 | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | HOME PHONE | MAILING ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP |
| | WORK PHONE | CELL PHONE | EMAIL | | |
| | How do you know this person? | | How long have you known this person? | | |
| 15.10 | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | HOME PHONE | MAILING ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP |
| | WORK PHONE | CELL PHONE | EMAIL | | |
| | How do you know this person? | | How long have you known this person? | | |

## SECTION 3: EDUCATION

- **You will be required to furnish unopened official transcripts or other proof to support all of your educational claims before hire or certification.**
- *If more space is needed, continue your response on page 27.*

| 16. CHECK APPLICABLE | MM/YYYY | MM/YYYY | WHAT LANGUAGE(S) DO YOU SPEAK? |
|---|---|---|---|
| ☐ High School Diploma: | | ☐ GED: | |

**17.** LIST HIGH SCHOOL(S) ATTENDED

| | | | |
|---|---|---|---|
| 17.1 | NAME OF HIGH SCHOOL | FROM (MM/YYYY) | TO (MM/YYYY) |
| | PUBLIC/PRIVATE OR HOMESCHOOL? | CITY | STATE |
| 17.2 | NAME OF HIGH SCHOOL | FROM (MM/YYYY) | TO (MM/YYYY) |
| | PUBLIC, PRIVATE, OR HOMESCHOOL? | CITY | STATE |



Initial here to verify you have provided complete and accurate information:

## SECTION 3: EDUCATION *continued*

**18.** LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

**18.1**
NAME OF COLLEGE/UNIVERSITY | FROM (MM/YYYY) | TO (MM/YYYY) | TOTAL UNITS COMPLETED ☐ QTR SYSTEM ☐ SEM SYSTEM
ADDRESS (NUMBER / STREET) | TYPE OF DEGREE EARNED
CITY | STATE | ZIP | MAJOR / AREA OF STUDY

**18.2**
NAME OF COLLEGE/UNIVERSITY | FROM (MM/YYYY) | TO (MM/YYYY) | TOTAL UNITS COMPLETED ☐ QTR SYSTEM ☐ SEM SYSTEM
ADDRESS (NUMBER / STREET) | TYPE OF DEGREE EARNED
CITY | STATE | ZIP | MAJOR / AREA OF STUDY

**18.3**
NAME OF COLLEGE/UNIVERSITY | FROM (MM/YYYY) | TO (MM/YYYY) | TOTAL UNITS COMPLETED ☐ QTR SYSTEM ☐ SEM SYSTEM
ADDRESS (NUMBER / STREET) | TYPE OF DEGREE EARNED
CITY | STATE | ZIP | MAJOR / AREA OF STUDY

**18.4**
NAME OF COLLEGE/UNIVERSITY | FROM (MM/YYYY) | TO (MM/YYYY) | TOTAL UNITS COMPLETED ☐ QTR SYSTEM ☐ SEM SYSTEM
ADDRESS (NUMBER / STREET) | TYPE OF DEGREE EARNED
CITY | STATE | ZIP | MAJOR / AREA OF STUDY

**19.** LIST **ALL** TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED

**19.1**
NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE | FROM (MM/YYYY) | TO (MM/YYYY) | DID YOU COMPLETE THE COURSE? ☐ Yes ☐ No
CITY | STATE | TYPE OF SCHOOL OR TRAINING

**19.2**
NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE | FROM (MM/YYYY) | TO (MM/YYYY) | DID YOU COMPLETE THE COURSE? ☐ Yes ☐ No
CITY | STATE | TYPE OF SCHOOL OR TRAINING

**20.** Have you ever taken an Arrest and/or Firearms Course? ☐ Yes ☐ No
IF YES, provide the following information:

A. COURSE PRESENTER NAME | LOCATION (CITY / STATE)
B. COURSE COMPLETION | COMPLETION DATE (MM/YYYY)
Did you successfully complete the course? ☐ Yes ☐ No

**21.** Have you ever attended a Basic Law Enforcement Academy: Police, Corrections, Probation/Parole, Village Police ☐ Yes ☐ No
IF YES, provide the following information:

**21.1**
NAME OF ACADEMY | FROM (MM/YYYY) | TO (MM/YYYY) | DID YOU PASS/GRADUATE? ☐ Yes ☐ No
LOCATION (CITY, STATE) | NAME OF TRAINING OFFICER / ACADEMY COORDINATOR | CONTACT NUMBER

**21.2**
NAME OF ACADEMY | FROM (MM/YYYY) | TO (MM/YYYY) | DID YOU PASS/GRADUATE? ☐ Yes ☐ No
LOCATION (CITY, STATE) | NAME OF TRAINING OFFICER / ACADEMY COORDINATOR | CONTACT NUMBER



Initial here to verify you have provided complete and accurate information:

## SECTION 3: EDUCATION *continued*

**22.** Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, expulsion, or resignation from any high school(s), college/university, business, trade school, or basic course/academy?..... ☐ Yes ☐ No

IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institution, or basic course. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

## SECTION 4: RESIDENCE HISTORY

**23.** LIST OF RESIDENCES

- List all residences **during the last 10 years or since age 15**.
- Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt number). Do **NOT** use PO Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.
- *If more space is needed, continue your response on page 27.*

**23.1**

| ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT) | | | FROM (MM/YYYY) | TO (MM/YYYY) |
|---|---|---|---|---|
| | | | | **Present** |

| CITY | STATE | ZIP | **IF RENTING:** PROPERTY MANAGER, RENT COLLECTOR, OR OWNER |
|---|---|---|---|
| | | | |

| MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX) | CONTACT NUMBER |
|---|---|
| | |

| CITY | STATE | ZIP | EMAIL |
|---|---|---|---|
| | | | |

Name(s) of those with whom you live:

**23.2**

| FORMER ADDRESS (NUMBER / STREET / APT) | | | FROM (MM/YYYY) | TO (MM/YYYY) |
|---|---|---|---|---|
| | | | | |

| CITY | STATE | ZIP | **IF RENTING:** PROPERTY MANAGER, RENT COLLECTOR, OR OWNER |
|---|---|---|---|
| | | | |

| MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX) | CONTACT NUMBER |
|---|---|
| | |

| CITY | STATE | ZIP | EMAIL |
|---|---|---|---|
| | | | |

Name(s) of those with whom you lived:

Reason for moving:

**23.3**

| FORMER ADDRESS (NUMBER / STREET / APT) | | | FROM (MM/YYYY) | TO (MM/YYYY) |
|---|---|---|---|---|
| | | | | |

| CITY | STATE | ZIP | **IF RENTING:** PROPERTY MANAGER, RENT COLLECTOR, OR OWNER |
|---|---|---|---|
| | | | |

| MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX) | CONTACT NUMBER |
|---|---|
| | |

| CITY | STATE | ZIP | EMAIL |
|---|---|---|---|
| | | | |

Name(s) of those with whom you lived:

Reason for moving:

## SECTION 4: RESIDENCE HISTORY *continued*

**23.4**

| FORMER ADDRESS (NUMBER / STREET / APT) | FROM (MM/YYYY) | TO (MM/YYYY) |
|---|---|---|
| | | |

| CITY | STATE | ZIP | **IF RENTING:** PROPERTY MANAGER, RENT COLLECTOR, OR OWNER |
|---|---|---|---|
| | | | |

| MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX) | CONTACT NUMBER |
|---|---|
| | |

| CITY | STATE | ZIP | EMAIL |
|---|---|---|---|
| | | | |

Name(s) of those with whom you lived:

Reason for moving:

**23.5**

| FORMER ADDRESS (NUMBER / STREET / APT) | FROM (MM/YYYY) | TO (MM/YYYY) |
|---|---|---|
| | | |

| CITY | STATE | ZIP | **IF RENTING:** PROPERTY MANAGER, RENT COLLECTOR, OR OWNER |
|---|---|---|---|
| | | | |

| MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX) | CONTACT NUMBER |
|---|---|
| | |

| CITY | STATE | ZIP | EMAIL |
|---|---|---|---|
| | | | |

Name(s) of those with whom you lived:

Reason for moving:

**24.** LIST OF HOUSEMATES

- Provide contact information for all housemates listed in **Question 23** with whom you have resided **during the past 10 years** or **since age 15**.
- Do **NOT** list anyone for whom you have already provided contact information.
- *If more space is needed, continue your response on page 27.*

**24.1**

| NAME OF HOUSEMATE | CONTACT NUMBER |
|---|---|
| | |

| CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|
| | | | |

| NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) | EMAIL |
|---|---|
| | |

**24.2**

| NAME OF HOUSEMATE | CONTACT NUMBER |
|---|---|
| | |

| CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|
| | | | |

| NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) | EMAIL |
|---|---|
| | |

**24.3**

| NAME OF HOUSEMATE | CONTACT NUMBER |
|---|---|
| | |

| CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|
| | | | |

| NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) | EMAIL |
|---|---|
| | |

**24.4**

| NAME OF HOUSEMATE | CONTACT NUMBER |
|---|---|
| | |

| CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|---|---|---|---|
| | | | |

| NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) | EMAIL |
|---|---|
| | |

## SECTION 4: RESIDENCE HISTORY *continued*

**24.5**

NAME OF HOUSEMATE | CONTACT NUMBER

CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) | CITY | STATE | ZIP

NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) | EMAIL

**24.6**

NAME OF HOUSEMATE | CONTACT NUMBER

CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) | CITY | STATE | ZIP

NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) | EMAIL

**24.7**

NAME OF HOUSEMATE | CONTACT NUMBER

CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT) | CITY | STATE | ZIP

NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) | EMAIL

**25.** Have you ever been evicted or asked to leave a residence? ☐ Yes ☐ No

**26.** Have you ever left a residence with unpaid damage, owing rent, utilities, or other household expenses? ☐ Yes ☐ No

If you answered "YES" to **Questions 25 and/or 26**, explain (include when, where, and circumstances):

## SECTION 5: EXPERIENCE AND EMPLOYMENT

**27.** JOB EXPERIENCE

- List **ALL** jobs you have had in last 10 years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current.)
- If you have military experience, including guard or reserve duty, enter your military base, assignments, or unit of assignment. A separate block is used for each change of duty station and/or deployment.
- List **ALL** periods of unemployment in ***excess of 30 days***. *If more space is needed, continue your response on page 27.*
- *If you cannot locate the information, explain all efforts your have made to find it on page 27.*

**27.1**

NAME OF CURRENT EMPLOYER OR MILITARY UNIT | FROM (MM/YYYY) | TO (MM/YYYY)

ADDRESS (NUMBER / STREET / SUITE / OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER | EXT

JOB TITLE / RANK | EMAIL

DUTIES / ASSIGNMENTS | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)

☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer

NAMES OF CO-WORKERS AND PHONE NUMBER

1) 2)

REASON FOR WANTING TO LEAVE

Is there any reason this employer may make negative statements about you if contacted? ☐ Yes ☐ No

IF YES, explain:

## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

**27.2**

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) | FROM (MM/YYYY) | TO (MM/YYYY)

☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:

**27.3**

NAME OF EMPLOYER OR MILITARY UNIT | FROM (MM/YYYY) | TO (MM/YYYY)

ADDRESS (NUMBER / STREET / SUITE / OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER | EXT

JOB TITLE / RANK | EMAIL

DUTIES / ASSIGNMENTS | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)

☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer

NAMES OF CO-WORKERS AND PHONE NUMBER | REASON FOR LEAVING

1) 2)

**27.4**

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) | FROM (MM/YYYY) | TO (MM/YYYY)

☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:

**27.5**

NAME OF EMPLOYER OR MILITARY UNIT | FROM (MM/YYYY) | TO (MM/YYYY)

ADDRESS (NUMBER / STREET / SUITE / OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER | EXT

JOB TITLE / RANK | EMAIL

DUTIES / ASSIGNMENTS | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)

☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer

NAMES OF CO-WORKERS AND PHONE NUMBER | REASON FOR LEAVING

1) 2)

**27.6**

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) | FROM (MM/YYYY) | TO (MM/YYYY)

☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:

**27.7**

NAME OF EMPLOYER OR MILITARY UNIT | FROM (MM/YYYY) | TO (MM/YYYY)

ADDRESS (NUMBER / STREET / SUITE / OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER | EXT

JOB TITLE / RANK | EMAIL

DUTIES / ASSIGNMENTS | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)

☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer

NAMES OF CO-WORKERS AND PHONE NUMBER | REASON FOR LEAVING

1) 2)

**27.8**

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) | FROM (MM/YYYY) | TO (MM/YYYY)

☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:



Initial here to verify you have provided complete and accurate information:

## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

**27.9**

NAME OF EMPLOYER OR MILITARY UNIT | FROM (MM/YYYY) | TO (MM/YYYY)

ADDRESS (NUMBER / STREET / SUITE / OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER | EXT

JOB TITLE / RANK | EMAIL

DUTIES / ASSIGNMENTS | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)

☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer

NAMES OF CO-WORKERS AND PHONE NUMBER | REASON FOR LEAVING

1) 2)

**27.10**

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) | FROM (MM/YYYY) | TO (MM/YYYY)

☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:

**27.11**

NAME OF EMPLOYER OR MILITARY UNIT | FROM (MM/YYYY) | TO (MM/YYYY)

ADDRESS (NUMBER / STREET / SUITE / OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER | EXT

JOB TITLE / RANK | EMAIL

DUTIES / ASSIGNMENTS | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)

☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer

NAMES OF CO-WORKERS AND PHONE NUMBER | REASON FOR LEAVING

1) 2)

**27.12**

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) | FROM (MM/YYYY) | TO (MM/YYYY)

☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:

**27.13**

NAME OF EMPLOYER OR MILITARY UNIT | FROM (MM/YYYY) | TO (MM/YYYY)

ADDRESS (NUMBER / STREET / SUITE / OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER | EXT

JOB TITLE / RANK | EMAIL

DUTIES / ASSIGNMENTS | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)

☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer

NAMES OF CO-WORKERS AND PHONE NUMBER | REASON FOR LEAVING

1) 2)

**27.14**

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) | FROM (MM/YYYY) | TO (MM/YYYY)

☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:

## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

**27.15**

NAME OF EMPLOYER OR MILITARY UNIT | FROM (MM/YYYY) | TO (MM/YYYY)

ADDRESS (NUMBER / STREET / SUITE / OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER | EXT

JOB TITLE / RANK | EMAIL

DUTIES / ASSIGNMENTS | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)

☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer

NAMES OF CO-WORKERS AND PHONE NUMBER | REASON FOR LEAVING

1) 2)

**27.16**

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) | FROM (MM/YYYY) | TO (MM/YYYY)

☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:

**27.17**

NAME OF EMPLOYER OR MILITARY UNIT | FROM (MM/YYYY) | TO (MM/YYYY)

ADDRESS (NUMBER / STREET / SUITE / OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER | EXT

JOB TITLE / RANK | EMAIL

DUTIES / ASSIGNMENTS | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)

☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer

NAMES OF CO-WORKERS AND PHONE NUMBER | REASON FOR LEAVING

1) 2)

**27.18**

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) | FROM (MM/YYYY) | TO (MM/YYYY)

☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:

**27.19**

NAME OF EMPLOYER OR MILITARY UNIT | FROM (MM/YYYY) | TO (MM/YYYY)

ADDRESS (NUMBER / STREET / SUITE / OR BASE) | SUPERVISOR

CITY | STATE | ZIP | CONTACT NUMBER | EXT

JOB TITLE / RANK | EMAIL

DUTIES / ASSIGNMENTS | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)

☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer

NAMES OF CO-WORKERS AND PHONE NUMBER | REASON FOR LEAVING

1) 2)

**27.20**

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) | FROM (MM/YYYY) | TO (MM/YYYY)

☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:

27.3 Please list your hobbies and sports, include your length of participation and level of proficiency:



Initial here to verify you have provided complete and accurate information:

**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

**28.** Have you ever been disciplined or placed on administrative leave at work? This includes but is not limited to, written warnings, letters of counseling, reprimands, suspensions, reductions in pay, reassignments, demotions or internal investigations ☐ Yes ☐ No

**29.** Have you ever been fired, released from probation, or asked to resign from any place of employment? ☐ Yes ☐ No

**30.** Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? ☐ Yes ☐ No

**31.** Have you ever quit without giving notice? ☐ Yes ☐ No

**32.** Have you ever resigned in lieu of termination? ☐ Yes ☐ No

**33.** Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? ☐ Yes ☐ No

**34.** Were you ever the subject of a written complaint at work? ☐ Yes ☐ No

**35.** Have you ever been counseled at work due to lateness or absences? ☐ Yes ☐ No

**36.** Did you ever receive an unsatisfactory performance review? ☐ Yes ☐ No

**37.** Have you ever sold, released, given away, or used for your own purposes legally confidential information? ☐ Yes ☐ No

**38.** Have you ever called in sick when you were neither sick nor caring for a sick family member? ☐ Yes ☐ No

IF YES, how many sick days have you used in the past five years which were not due to illness? _____ Days

**39.** *In the **past three years,*** have you missed days or been late to work due to drug or alcohol consumption? ☐ Yes ☐ No

IF YES, how often?

**40.** Has your work performance ever been affected by your use of alcohol or drugs? ☐ Yes ☐ No

IF YES, when? Name of employer:

**41.** *In the **past three years***, have you been warned by an employer about your drinking or drug habits and their impact on your performance? ☐ Yes ☐ No

IF YES, when? Name of employer:

**41.1** Have you taken any money or items from a work place or other place (this includes from siblings, parents, friends, businesses, or other entities, etc.) ☐ Yes ☐ No

If you answered "YES" to any of **Questions 28–41.1**, explain (include when, where, and circumstances (value if applicable) – *reference corresponding numbers*).

## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

42. Have you ***ever*** applied for ***any*** position at a law enforcement or corrections agency (city, county, state, village/tribal, or federal)? ☐ Yes ☐ No

- If you answered "YES" **to Question 42,** list **EVERY** agency you have applied to, starting with the most recent.
- Give complete and accurate addresses.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- *If more space is needed, continue your response on page 27.*

**42.1**

| NAME OF LAW ENFORCEMENT OR CORRECTIONS AGENCY | | | | DATE APPLIED (MM/YYYY) |
|---|---|---|---|---|
| | | | | |
| ADDRESS (NUMBER / STREET) | | | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) | |
| | | | | |
| CITY | STATE | ZIP | CONTACT NUMBER | EXT |
| | | | | |
| POSITION APPLIED FOR | | EMAIL | | |
| | | | | |

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrawn ☐ List Expired ☐ Disqualified, Reason:

**42.2**

| NAME OF LAW ENFORCEMENT OR CORRECTIONS AGENCY | | | | DATE APPLIED (MM/YYYY) |
|---|---|---|---|---|
| | | | | |
| ADDRESS (NUMBER / STREET) | | | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) | |
| | | | | |
| CITY | STATE | ZIP | CONTACT NUMBER | EXT |
| | | | | |
| POSITION APPLIED FOR | | EMAIL | | |
| | | | | |

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrawn ☐ List Expired ☐ Disqualified, Reason:

**42.3**

| NAME OF LAW ENFORCEMENT OR CORRECTIONS AGENCY | | | | DATE APPLIED (MM/YYYY) |
|---|---|---|---|---|
| | | | | |
| ADDRESS (NUMBER / STREET) | | | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) | |
| | | | | |
| CITY | STATE | ZIP | CONTACT NUMBER | EXT |
| | | | | |
| POSITION APPLIED FOR | | EMAIL | | |
| | | | | |

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrawn ☐ List Expired ☐ Disqualified, Reason:

## SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

**42.4**

NAME OF LAW ENFORCEMENT OR CORRECTIONS AGENCY | DATE APPLIED (MM/YYYY)

ADDRESS (NUMBER / STREET) | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)

CITY | STATE | ZIP | CONTACT NUMBER | EXT

POSITION APPLIED FOR | EMAIL

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrawn ☐ List Expired ☐ Disqualified, Reason:

**42.5**

NAME OF LAW ENFORCEMENT OR CORRECTIONS AGENCY | DATE APPLIED (MM/YYYY)

ADDRESS (NUMBER / STREET) | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)

CITY | STATE | ZIP | CONTACT NUMBER | EXT

POSITION APPLIED FOR | EMAIL

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrawn ☐ List Expired ☐ Disqualified, Reason:

**42.6**

NAME OF LAW ENFORCEMENT OR CORRECTIONS AGENCY | DATE APPLIED (MM/YYYY)

ADDRESS (NUMBER / STREET) | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)

CITY | STATE | ZIP | CONTACT NUMBER | EXT

POSITION APPLIED FOR | EMAIL

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrawn ☐ List Expired ☐ Disqualified, Reason:

**42.7**

NAME OF LAW ENFORCEMENT OR CORRECTIONS AGENCY | DATE APPLIED (MM/YYYY)

ADDRESS (NUMBER / STREET) | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)

CITY | STATE | ZIP | CONTACT NUMBER | EXT

POSITION APPLIED FOR | EMAIL

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's Oral ☐ Conditional Offer

STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrawn ☐ List Expired ☐ Disqualified, Reason:

**42.8** Have you ever applied for certification or been certified as a law enforcement officer? ..... ☐ Yes ☐ No

If yes, list name and location of certification authority, date of issue, and date of expiration (if applicable).

**42.9** Have you ever had a law enforcement certification revoked, suspended, or have been disqualified for certification? ..... ☐ Yes ☐ No

If yes, state name of certification authority, date of decision, and reason(s).



Initial here to verify you have provided complete and accurate information:

## SECTION 6: MILITARY EXPERIENCE

- You will be required to furnish your DD-214, NGB-22, or other proof to support all your military claims.

**43.** Are you required to register for the Selective Service? ☐ Yes ☐ No

IF YES, and you have registered, provide your Selective Registration number and date of registration:

IF NO, explain:

**44.** Have you ever attempted to enlist or served in the military? ☐ Yes ☐ No

**45.** If you answered "YES" to Question 44, include the following service information:

| BRANCH OF SERVICE | FROM (MM/YYYY) | TO (MM/YYYY) |
|---|---|---|
| | | |

TYPE OF DISCHARGE

☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Other than Honorable) ☐ Bad Conduct ☐ Dishonorable

Separation Code (1–4) if applicable – *refer to your DD-214:*

If denied entry, declined, or otherwise disallowed from enlistment, list reason:

**46.** Are you currently participating in one of the following?

☐ Military Reserve ☐ National Guard IF CHECKED, date obligation ends (MM/DD/YY):

**47.** Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, article 15, company punishment, counseling statement)? ☐ Yes ☐ No

**48.** Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? ☐ Yes ☐ No

**49.** Have you ever taken military property without permission for personal use, to sell, or to give away? ☐ Yes ☐ No

If you answered "YES" to any of **Questions 47–49**, explain (include dates and circumstances).

## SECTION 7: FINANCIAL

**50.** INCOME AND EXPENSES

- For each of the following questions (**50A, B, C**), fill in the amounts to the nearest dollar.
- For **Question 50C:** Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.

A) From your employer(s), what is your take-home monthly income? $ _____ per month

B) Do you have other sources of income? (IF YES, fill in amount and explain.) ☐ Yes ☐ No $ _____ per month

Explain:

C) How much do you spend each month? $ _____ per month

**51.** Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? ☐ Yes ☐ No

**52.** Have any of your bills ever been turned over to a collection agency? ☐ Yes ☐ No

**53.** Have you ever had purchased goods repossessed? ☐ Yes ☐ No

**54.** Have your wages or Alaska permanent fund dividend ever been garnished? ☐ Yes ☐ No

**55.** Have you ever been delinquent on income or other tax payments? ☐ Yes ☐ No

**56.** Have you ever failed to file income tax or cheated/lied on an income tax form? ☐ Yes ☐ No

## SECTION 7: FINANCIAL *continued*

| | | | |
|---|---|---|---|
| 57. | Have you ever had an employment bond refused? | ☐ Yes | ☐ No |
| 58. | Have you ever avoided paying any lawful debt by moving away? | ☐ Yes | ☐ No |
| 59. | Have you ever defaulted on (failed to pay) a loan or failed to pay any citation/ticket? | ☐ Yes | ☐ No |
| 60. | Have you ever borrowed money to pay for a gambling debt? | ☐ Yes | ☐ No |
| | If yes, do you currently have any outstanding debts as a result of gambling? | ☐ Yes | ☐ No |
| 61. | Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? | ☐ Yes | ☐ No |
| 62. | Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? | ☐ Yes | ☐ No |
| 63. | Have you written three or more bad checks (including insufficient fund checks or on a closed account) in a one-year period? | ☐ Yes | ☐ No |

If you answered "YES" to any of **Questions 51–63**, explain (include when, where, and why – *reference corresponding numbers*).

## SECTION 8: LEGAL

### ▶ Disclosure of Arrests and Convictions

- This section requires you to report detentions, arrests, and convictions, including diversion programs, suspended imposition of sentences, and offenses that may have been pardoned or expunged. As an officer applicant, you are required to disclose this information.
- *If more space is needed, continue your response on page 27.*

64. Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? ☐ Yes ☐ No

IF YES, explain each incident:

| | CHARGE | APPROX DATE (MM/YYYY) | ARRESTING OR DETAINING AGENCY |
|---|---|---|---|
| 64.1 | | | |

EXPLANATION AND DISPOSITION

| | CHARGE | APPROX DATE (MM/YYYY) | ARRESTING OR DETAINING AGENCY |
|---|---|---|---|
| 64.2 | | | |

EXPLANATION AND DISPOSITION

## SECTION 8: LEGAL *continued*

| | CHARGE | APPROX DATE (MM/YYYY) | ARRESTING OR DETAINING AGENCY |
|---|---|---|---|
| 64.3 | | | |

EXPLANATION AND DISPOSITION

| | | | |
|---|---|---|---|
| 65. | Have you ever been placed on court probation or parole? | ☐ Yes | ☐ No |
| 66. | Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? | ☐ Yes | ☐ No |
| 67. | Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? | ☐ Yes | ☐ No |
| 68. | Have the police ever been called to your home for any reason? | ☐ Yes | ☐ No |
| 69. | Have you or your spouse/partner ever been referred to Child Protective Services? | ☐ Yes | ☐ No |
| 70. | Have you ever been the respondent of an emergency protective order/restraining order/stalking/stay-away order? | ☐ Yes | ☐ No |
| 71. | Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? | ☐ Yes | ☐ No |
| 72. | Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? | ☐ Yes | ☐ No |
| 73. | Have you ever been required to repay any welfare payments, unemployment compensation, Alaska permanent fund dividend, or other state or federal assistance? | ☐ Yes | ☐ No |
| 74. | Have you ever filed a false insurance or workers' compensation claim? | ☐ Yes | ☐ No |

If you answered "YES" to any of **Questions 65–74**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*).

### ▶ Involvement in Criminal Acts – Part 1

75. Have you committed any of the following acts at any time in your life?

- You **MUST** include any acts committed at any time after you were first employed in law enforcement, including as a reserve officer, Police Explorer/Police Cadet.
- **NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it**.

| | | | |
|---|---|---|---|
| 75.1 | Animal abuse and/or neglect | ☐ Yes | ☐ No |
| 75.2 | Annoying, obscene, or harassing contacts by telephone or other electronic communication device; including "sexting" or sending/receiving/sharing personally intimate photos of self or others | ☐ Yes | ☐ No |

**SECTION 8: LEGAL** *continued*

| | | | |
|---|---|---|---|
| 75.3 | Assault, Battery (use of force or violence upon another or placing another in fear),or accused of assault or battery | ☐ Yes | ☐ No |
| 75.4 | Brandishing a weapon or discharging a firearm in violation of city, state, or federal laws | ☐ Yes | ☐ No |
| 75.5 | Carrying a concealed weapon without a permit | ☐ Yes | ☐ No |
| 75.6 | Contributing to the delinquency of a minor | ☐ Yes | ☐ No |
| 75.7 | Defrauding an innkeeper or theft of services (not paying for food, a room at a hotel/motel or campground, or taxi service) | ☐ Yes | ☐ No |
| 75.8 | Driving or operating a vehicle under the influence of alcohol and/or drugs | ☐ Yes | ☐ No |
| 75.9 | Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) | ☐ Yes | ☐ No |
| 75.10 | Filing a false police report | ☐ Yes | ☐ No |
| 75.11 | Hit & run collision (no injuries) | ☐ Yes | ☐ No |
| 75.12 | Illegal gambling | ☐ Yes | ☐ No |
| 75.13 | Illegal hunting and/or fishing (for example, without a license, out of season) | ☐ Yes | ☐ No |
| 75.14 | Impersonating a peace officer (pretending to be a police officer) | ☐ Yes | ☐ No |
| 75.15 | Indecent exposure and/or lewd or obscene conduct | ☐ Yes | ☐ No |
| 75.16 | Intentionally writing a bad check | ☐ Yes | ☐ No |
| 75.17 | Joyriding (using a car or other vehicle without owner's permission) | ☐ Yes | ☐ No |
| 75.18 | Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy) | ☐ Yes | ☐ No |
| 75.19 | Petty theft (value up to $250, including shoplifting/switching price tags) | ☐ Yes | ☐ No |
| 75.20 | Possession or consumption of alcohol as a minor | ☐ Yes | ☐ No |
| 75.21 | Possession of falsified or altered identification, including use of another person's ID (for any reason) | ☐ Yes | ☐ No |
| 75.22 | Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.) | ☐ Yes | ☐ No |
| 75.23 | Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors; include legalized prostitution, whether inside the U.S. or not) | ☐ Yes | ☐ No |
| 75.24 | Reckless driving | ☐ Yes | ☐ No |
| 75.25 | Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police) | ☐ Yes | ☐ No |
| 75.26 | Trespassing | ☐ Yes | ☐ No |
| 75.27 | Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage) | ☐ Yes | ☐ No |
| 75.28 | Any other act amounting to a misdemeanor | ☐ Yes | ☐ No |

- If you answered "YES" to **ANY** of the item(s) in **Question 75**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 75.5) for each explanation.*
- *If more space is needed, continue your response on page 27.*



Initial here to verify you have provided complete and accurate information:

## SECTION 8: LEGAL *continued*

### ▶ Involvement in Criminal Acts – Part 2

76. ***At any time in your life***, have you ***EVER*** committed any of the following acts?

**NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

| | | | |
|---|---|---|---|
| 76.1 | Arson (intentionally destroying property by setting a fire) | ☐ Yes | ☐ No |
| 76.2 | Felony Assault (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death, caused a person injury by using a dangerous instrument, or been accused of felony assault? | ☐ Yes | ☐ No |
| 76.3 | Blackmail or extortion | ☐ Yes | ☐ No |
| 76.4 | Burglary (entering a structure or vehicle to commit theft or other crime) | ☐ Yes | ☐ No |
| 76.5 | Child molestation (performing unlawful acts with a child, inappropriate touching of a child) | ☐ Yes | ☐ No |
| 76.6 | Elder abuse and/or neglect (physical and/or financial) | ☐ Yes | ☐ No |
| 76.7 | Embezzlement (theft of money or other valuables entrusted to you) | ☐ Yes | ☐ No |
| 76.8 | Felony drunk driving | ☐ Yes | ☐ No |
| 76.9 | Rape (including sexual contact, penetration without consent, or statutory rape) | ☐ Yes | ☐ No |
| 76.10 | Forgery (falsifying any type of document, check certificate, license, currency, etc.) | ☐ Yes | ☐ No |
| 76.11 | Fraudulent use of a credit, ATM, debit, and/or check card | ☐ Yes | ☐ No |
| 76.12 | Theft (value of over $250, or any firearm) | ☐ Yes | ☐ No |
| 76.13 | Hit & run (with injuries) | ☐ Yes | ☐ No |
| 76.14 | Hate crime | ☐ Yes | ☐ No |
| 76.15 | Illegal sex acts | ☐ Yes | ☐ No |
| 76.16 | Insurance fraud | ☐ Yes | ☐ No |
| 76.17 | Murder, homicide, manslaughter, or attempted murder | ☐ Yes | ☐ No |
| 76.18 | Perjury (lying under oath) | ☐ Yes | ☐ No |
| 76.19 | Possession of an explosive/destructive device | ☐ Yes | ☐ No |
| 76.20 | Robbery (theft from another person using a weapon, force, or fear) | ☐ Yes | ☐ No |
| 76.21 | Stalking | ☐ Yes | ☐ No |
| 76.22 | Theft of a vehicle and/or vehicle parts | ☐ Yes | ☐ No |
| 76.23 | Viewing and/or possessing child pornography (including distributing or creating) | ☐ Yes | ☐ No |
| 76.24 | Bigamy or Polygamy, married to more than one person at the same time | ☐ Yes | ☐ No |
| 76.25 | Any other act amounting to a felony | ☐ Yes | ☐ No |
| 76.26 | Have you ever been an inmate or resident in any type of correctional institution (halfway house, jail, prison, juvenile center, etc)? | ☐ Yes | ☐ No |

**SECTION 8: LEGAL** *continued*

- If you answered "YES" to **ANY** of the item(s) in **Question 76**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 76.3) for each explanation.*
- *If more space is needed, continue your response on page 27.*

### ▶ Illegal Use of Drugs

- For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; the illegal use of "controlled substances," and includes the illegal use of any substance for the purpose of getting "high."
- Your responses should include — ***but not be limited to*** — your use of any of the following:

- ▶ Amphetamines / Methamphetamines *(Uppers, Speed, Crank, etc)*
- ▶ Barbiturates (*Downers)*
- ▶ Cocaine / Crack Cocaine
- ▶ Designer Drugs *(Ecstasy, Synthetic Heroin, Spice, etc.)*
- ▶ GHB *(Date Rape Drug)*
- ▶ Hallucinogens *(Peyote, LSD, Mushrooms)*
- ▶ Hashish / Hashish Oil
- ▶ Heroin / Opium
- ▶ Marijuana *(with or without a prescription)*
- ▶ Mescaline
- ▶ Morphine
- ▶ PCP / Angel Dust
- ▶ Quaaludes
- ▶ Steroids
- ▶ Tetrahydrocannabinal (THC)
- ▶ Glue, paint, or any substance containing toluene

77. ***Within the past twelve months***, have you used any drug(s) indicated above or any other illegal substances? ..... ☐ Yes ☐ No

IF YES, give details including ***drug(s) used***, ***most recent date used***, and ***circumstances***:

78. ***Prior to the past twelve months:***

☐ I have ***never*** used any drug recreationally.

☐ I have tried or used one or more drugs, but only under ***limited*** circumstances *(for example, experimentation, at parties, concerts, special events, etc.)*

IF YOU CHECKED BOX 2, give details including ***drug(s) used***, ***most recent date used***, and ***circumstances*:**

## SECTION 8: LEGAL *continued*

**79.** Have you ***EVER*** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription, and the licensed cultivation, manufacture, transportation, or sale of marijuana or marijuana products:

☐ Sold ☐ Manufactured ☐ Delivered ☐ Purchased ☐ Given ☐ Furnished ☐ Cultivated ☐ Transported ☐ Held for Another

IF ANY ITEM IS CHECKED, give details including ***drug(s) involved***, ***over what time period(s)***, and ***circumstances***.

**80.** During the ***past five years***, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? ..... ☐ Yes ☐ No

IF YES, explain:

## SECTION 9: MOTOR VEHICLE OPERATION

**81.** Current Driver's License:

| STATE OF ISSUE | LICENSE NUMBER | EXPIRATION DATE (MM/DD/YYYY) | NAME UNDER WHICH LICENSE WAS GRANTED |
|---|---|---|---|
| | | | |

**82.** List other states where you have been licensed to operate a motor vehicle:

| STATE OF ISSUE | LICENSE NUMBER (IF KNOWN) | TYPE OF LICENSE | NAME UNDER WHICH LICENSE WAS GRANTED |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**83.** Have you ever been refused a driver's license by any state? ..... ☐ Yes ☐ No

IF YES, explain (include when, where, and circumstances):

**84.** Has your driver's license ever been suspended or revoked? ..... ☐ Yes ☐ No

IF YES, explain (include when, where, and circumstances):

**85.** List your current liability insurance on your vehicle(s).

| | | | | | |
|---|---|---|---|---|---|
| **85.1** | TYPE OF COVERAGE<br>☐ Insured ☐ Bonded ☐ Cash Deposit | VEHICLE MAKE | YEAR (YYYY) | VEHICLE LICENSE | |
| | INSURANCE COMPANY | POLICY NUMBER | | | EXPIRATION DATE (MM/DD/YYYY) |
| | ADDRESS (NUMBER/STREET) | CITY | STATE | ZIP | CONTACT NUMBER |

## SECTION 9: MOTOR VEHICLE OPERATION *continued*

**85.2**

| TYPE OF COVERAGE | VEHICLE MAKE | YEAR (YYYY) | VEHICLE LICENSE |
|---|---|---|---|
| ☐ Insured ☐ Bonded ☐ Cash Deposit | | | |

| INSURANCE COMPANY | POLICY NUMBER | EXPIRATION DATE (MM/DD/YYYY) |
|---|---|---|
| | | |

| ADDRESS (NUMBER/STREET) | CITY | STATE | ZIP | CONTACT NUMBER |
|---|---|---|---|---|
| | | | | |

**85.3**

| TYPE OF COVERAGE | VEHICLE MAKE | YEAR (YYYY) | VEHICLE LICENSE |
|---|---|---|---|
| ☐ Insured ☐ Bonded ☐ Cash Deposit | | | |

| INSURANCE COMPANY | POLICY NUMBER | EXPIRATION DATE (MM/DD/YYYY) |
|---|---|---|
| | | |

| ADDRESS (NUMBER/STREET) | CITY | STATE | ZIP | CONTACT NUMBER |
|---|---|---|---|---|
| | | | | |

**86.** List ALL violation citations (including traffic tickets) you have received ***within the past seven years,*** regardless if they were reduced or expunged.

**86.1**

| NATURE OF VIOLATION | LOCATION (STREET) | CITY | STATE |
|---|---|---|---|
| | | | |

| DATE VIOLATION OCCURRED (MM/YYYY) | ACTION TAKEN |
|---|---|
| | ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed |

**86.2**

| NATURE OF VIOLATION | LOCATION (STREET) | CITY | STATE |
|---|---|---|---|
| | | | |

| DATE VIOLATION OCCURRED (MM/YYYY) | ACTION TAKEN |
|---|---|
| | ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed |

**86.3**

| NATURE OF VIOLATION | LOCATION (STREET) | CITY | STATE |
|---|---|---|---|
| | | | |

| DATE VIOLATION OCCURRED (MM/YYYY) | ACTION TAKEN |
|---|---|
| | ☐ Not Guilty ☐ Fined ☐ Traffic School ☐ Dismissed |

**87.** Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply):

☐ Failed to Appear ☐ Failed to Complete Traffic School ☐ Failed to Pay the Required Fine

IF CHECKED, explain circumstances:

**88.** Have you been involved as the driver in a motor vehicle accident ***within the past seven years***? ..... ☐ Yes ☐ No

IF YES, give details below.

**88.1**

| DATE OF ACCIDENT (MM/YYYY) | LOCATION (STREET) | CITY | STATE |
|---|---|---|---|
| | | | |

| POLICE REPORT | LAW ENFORCEMENT AGENCY AND CASE/INCIDENT NUMBER | AT FAULT? | WAS THE ACCIDENT? |
|---|---|---|---|
| ☐ Yes ☐ No | | ☐ Yes ☐ No | ☐ Injury ☐ Non-injury |



Initial here to verify you have provided complete and accurate information:

## SECTION 9: MOTOR VEHICLE OPERATION *continued*

| | | | | |
|---|---|---|---|---|
| **88.2** | DATE OF ACCIDENT (MM/YYYY) | LOCATION (STREET) | CITY | STATE |
| | POLICE REPORT ☐ Yes ☐ No | LAW ENFORCEMENT AGENCY AND CASE/INCIDENT NUMBER | AT FAULT? ☐ Yes ☐ No | WAS THE ACCIDENT? ☐ Injury ☐ Non-injury |
| **88.3** | DATE OF ACCIDENT (MM/YYYY) | LOCATION (STREET) | CITY | STATE |
| | POLICE REPORT ☐ Yes ☐ No | LAW ENFORCEMENT AGENCY AND CASE/INCIDENT NUMBER | AT FAULT? ☐ Yes ☐ No | WAS THE ACCIDENT? ☐ Injury ☐ Non-injury |

**89.** Have you ever driven a vehicle without being lawfully licensed and/or without having auto insurance, as required by law? ..... ☐ Yes ☐ No

| IF YES, GIVE REASON | FROM (MM/YYYY) | TO (MM/YYYY) |
|---|---|---|
| | | |

**90.** Have you ever been refused automobile liability insurance or a bond, or had them cancelled? ..... ☐ Yes ☐ No

| IF YES, GIVE REASON | DATE (MM/YYYY) |
|---|---|
| | |

| INSURANCE COMPANY |
|---|
| |

## SECTION 10: OTHER TOPICS

**91.** Have you ever been issued, refused, or required to relinquish a permit to carry a concealed weapon? ..... ☐ Yes ☐ No

**92.** Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?..... ☐ Yes ☐ No

**93.** Have you ever hit or physically overpowered a spouse or romantic partner? ..... ☐ Yes ☐ No

**94.** ***Since the age of 15***, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?..... ☐ Yes ☐ No

**95.** Are you now, or have you ever been, a member or affiliated with any organization or association which advocated the overthrow of the United States government by force, violence, or other unconstitutional means, or which has the policy of advocating or approving acts of force or violence to deny other persons their rights under the Constitution of the United States or of this state? ..... ☐ Yes ☐ No

**95.1** Have you ever pushed, punched, slapped, shoved, threatened, or injured someone or been injured yourself, in a domestic violence incident? ☐ Yes ☐ No

If you answered "YES" to any of **Questions 91–95.1**, give details including dates and circumstances – *reference corresponding numbers*).



Initial here to verify you have provided complete and accurate information:

## SECTION 11: CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

**96.** I, _____(full name and date of birth) authorize release of all information pertaining to me from the records of credit bureaus, educational institutions, military services, law enforcement agencies and present and past employers, to my prospective employer and the Alaska Police Standards Council. I also authorize the Alaska Police Standards Council to release to any law enforcement agency, information which the council obtains regarding my qualifications to be a police, corrections, probation/ parole, village police, or municipal corrections officer.

I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

I further agree and consent in advance to being summarily discharged without cause or hearing if any of the information that I have provided contains any misrepresentation or falsification or if any requested information has been knowingly omitted. I acknowledge that information on this form will be used by the council to determine my eligibility and qualifications for employment, training, and certification.

A photocopy or electronic copy of this authorization is as valid as the original.
This authorization does not expire unless the Alaska Police Standards Council is notified in writing.

I swear and affirm, under penalty of Perjury (AS 11.56.200) and/or Unsworn Falsification (AS 11.56.210), that the information provided in this Personal History Statement is true and accurate to the best of my knowledge.

Done at _____on the ___day of _____ , _____.

(City), (State)

_____

Applicant

Sworn and Subscribed before me

This_____ day of _____ , _____.

_____

Notary Public in and for the state of _____

My commission expires _____

**Use the following page to continue any of your responses. Be sure to reference corresponding numbers.**



Initial here to verify you have provided complete and accurate information:

## ADDITIONAL COMMENTS

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). *Reference the corresponding questions and/or specific items.*
- You may print copies of this page as needed. If you are filling in this page online, continue on the next page.

**ADDITIONAL COMMENTS**

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). *Reference the corresponding questions and/or specific items.*
- This page is a continuation of page 27.

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

**Department of Corrections**
DIVISION OF ADMINISTRATIVE SERVICES
Human Resource Office
P.O. Box 112000
Juneau, AK 99811
Main: 907.465.8409
Fax: 907.465.8531

# WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

NAME:_____

DOB: _____ SSN: _____

_____ initial

I authorize the Department of Corrections, its employees and agents to make a full and complete inquiry of any and all individuals or entities regarding my background, whether of a public, private, or confidential nature, including obtaining copies of any and all records and/or documents which the Department deems necessary for a full and complete background investigation. These may include, but are not limited to: official personnel files; attendance records; evaluations; educational records; credit reports; military service; and criminal and law enforcement records. I understand that the intent of this RELEASE OF INFORMATION is to allow the Department to pursue a complete investigation into my background and personal history in order to process my application for employment with the Department of Corrections.

_____ initial

I authorize and direct you to release such information and I release any individual from any and all liability or damage of any nature which may be a result of compliance, or any attempt to comply with this authorization.

_____ initial

Copies of this completed form will be furnished to individuals in order to obtain information regarding your background to determine your suitability to be a Correctional Officer and/or Probation Officer. I understand that I am voluntarily providing personal information to assist in conducting a full and complete background investigation. By not providing the required information or signed release, I am voluntarily suspending, terminating, or forfeiting my opportunity for employment.

_____ initial

I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the Department of Corrections and retained by them in confidence unless I authorize its release.

_____ initial

I also understand that if the Department of Corrections obtains information during this investigation or during other steps in the application process regarding criminal conduct, this information may be provided to the applicable law enforcement agency.

This WAIVER AND AUTHORIZATION TO RELEASE INFORMATION expires in one (1) year from the date of signature unless otherwise noted.

APPLICANT SIGNATURE:_____DATE:_____

The above named individual appeared before me this date and having identified himself/herself, signed the above Informed Consent form in my presence.

Done at _____, _____ on the _____ day of _____, 20____.
CITY STATE

**SWORN TO AND SUBSCRIBED BEFORE ME**

Notary _____
My Commission Expires: _____

# PREA Employment Disclosure

***Pursuant to the Prison Rape Elimination Act of 2003 (PREA)***

It is necessary that all Department of Corrections employees, contract staff, and volunteers be carefully screened prior to employment. This includes a review of all prior employment/service with employers that house or provide services to offenders, youths, vulnerable persons, or others in a correctional facility, juvenile facility, residential treatment center, nursing home, personal care program, group home, etc.

Have you ever been employed by or otherwise provided services on a contract or volunteer basis in a prison, jail, lockup, community confinement facility, juvenile facility or other facilities in which you provided care or treatment for the mentally ill, disabled or mentally challenged, chronically ill, or handicapped, residential care or treatment facilities for juveniles; facility that provided skilled nursing, short or long-term care or custodial or residential care?

- ☐ Yes – Specify all
- ☐ No

| **Facility Name** | | | |
|---|---|---|---|
| | | | |
| **Position Title** | **Location (City, State)** | **Start/End Date (00/0000)** | **Facility Contact Phone** |
| | | | |

| **Facility Name** | | | |
|---|---|---|---|
| | | | |
| **Position Title** | **Location (City, State)** | **Start/End Date (00/0000)** | **Facility Contact Phone** |
| | | | |

| **Facility Name** | | | |
|---|---|---|---|
| | | | |
| **Position Title** | **Location (City, State)** | **Start/End Date (00/0000)** | **Facility Contact Phone** |
| | | | |

| **Facility Name** | | | |
|---|---|---|---|
| | | | |
| **Position Title** | **Location (City, State)** | **Start/End Date (00/0000)** | **Facility Contact Phone** |
| | | | |

| Facility Name | | | |
|---|---|---|---|
| | | | |
| **Position Title** | **Location (City, State)** | **Start/End Date (00/0000)** | **Facility Contact Phone** |
| | | | |

| Facility Name | | | |
|---|---|---|---|
| | | | |
| **Position Title** | **Location (City, State)** | **Start/End Date (00/0000)** | **Facility Contact Phone** |
| | | | |

| Facility Name | | | |
|---|---|---|---|
| | | | |
| **Position Title** | **Location (City, State)** | **Start/End Date (00/0000)** | **Facility Contact Phone** |
| | | | |

| Facility Name | | | |
|---|---|---|---|
| | | | |
| **Position Title** | **Location (City, State)** | **Start/End Date (00/0000)** | **Facility Contact Phone** |
| | | | |

## Acknowledgment and Release

I understand that a background check will be conducted including, but not limited to, prior employment and contract/volunteer service. I understand that, if hired, untruthful or misleading answers or deliberate omissions may be cause for rejection of my application and removal of my name for consideration for employment with the Department of Corrections. By signing this form, I am acknowledging that the information provided above is accurate and complete and giving my authorization to the release of my information.

_____ _____

Print Name PCN #

_____ _____

Signature Date