

## PERSONAL HISTORY STATEMENT

## GENERAL INSTRUCTIONS:

Hand write or hand print an answer to EVERY QUESTION. If question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the number of the referenced block. 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. Alias(es), Nickname(s), Maiden Name, Other Changes in Name						Social Security Number	
4. Present Residence Address		Street or RFD		City or Post Office		State	
						Zip Code	
Residence Telephone No. ( )				Business Telephone No. ( )			
5. Date of Birth (Month, Day, Year)		Place of Birth (City, County, State)				Attach a copy of birth certificate or baptismal certificate	
6. Weight		Height		Color of Eyes		Color of Hair	
7. U.S. Citizen		Native Born		Naturalized, Certificate No.		Date, Place, and Court	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>					
8. Marital Status:							
Married <input type="checkbox"/>		Single <input type="checkbox"/>		Engaged <input type="checkbox"/>		Separated <input type="checkbox"/>	
				Divorced <input type="checkbox"/>		Widowed <input type="checkbox"/>	
Name of Fiancee (if applicable)				Address (Street, City, State)			
Information concerning marriages:							
When		Where		Who Officiated		Spouse's Social Security Number:	
						Spouse's Name (Wife's Maiden Name)	
Name and present address of spouse(s) if divorced or separated:							
Name				Address			
Name				Address			
9. If ever separated, annulled, or divorced, indicate below the following information:							
Separated, Annulled or Divorced (State Which)		Date of Order or Decree		By Whom		Where Issued (Court & State)	
						Offending Party As Decreed By Law	
						Reason	
10. Children and Dependents:							
A. List all of your children, including stepchildren and adopted ones, and give the following information:							
Name		Birth		Residence		Supported By Whom	
		Date		Address		With Whom	
		Place					
B. Other dependents. If you claim income tax exemptions for support of dependents other than spouse and children, provide the following information:							
Name		Address		Relationship		Percent Support Provided	

## 11. Military Status:

Have you served in the U.S. Armed Forces? Yes ☐ No ☐ If Yes, Branch \_\_\_\_\_: Serial Number \_\_\_\_\_: Type of Discharge \_\_\_\_\_

Date of Service: From \_\_\_\_\_ To \_\_\_\_\_

A. While in the military, were you ever arrested for an offense which resulted in a trial by deck court or by summary, special or general court-martial?

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 ☐ No ☐ If yes, complete the following:

Grade and Service No.

Service and Component

Organization and Station or Unit and Location

Active ☐ Inactive ☐ Standby ☐

Indicate Reserve Obligation if any:

## 12. Education:

A. List all high schools attended. Attach diploma or certificate of graduation.

Name	Location	Dates Attended	Years Completed	Graduated	
				Yes	No

B. Higher education. List information below for all colleges or universities attended. Attach transcript or diploma from all institutions of higher education attended.

Name and Location of College or University	Dates Attended		Credit Hours		Degree Rec'd.	Year Rec'd.
	From	To	Semester	Quarter		

Major and Minor College Courses:


C. Other schools or training (trade, vocational, business, or military). Give for each the name and location of school, dates attended, subjects studied, certificate, and any other pertinent data.


## 13. Language Other Than English: Enter language and indicate your knowledge of each by placing "X" in proper column.

Language	Reading			Speaking			Understanding			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair



**14. Special Qualifications and Skills:**

A. Indicate type of special license such as pilot, vessel, radio operator, etc., showing licensing authority where the licenses was first issued, and date current license expires. (Except vehicle operator's license).

B. Special skills you possess and machines and equipment you can use. (For example, scientific or professional devices, communications or navigational equipment).

C. Approximate number of words per minute:      Typing      Shorthand

D. Special qualifications not covered in application. (For example, your most important publications (do not submit copies unless requested); your patents or inventions; public speaking and publications experience; membership in professional or scientific societies, etc.; and honors and fellowships received.)

**15. Vehicle Operator's License (Driver's, Chauffeur's, etc.). Give the following information concerning any vehicle operator's license you have held or now hold.**

Kind of License	Place of Issue	Date of Expiration	Restrictions

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?    Yes ☐    No ☐

Explain fully:

Have you ever had automobile insurance 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.

**16. Family:**

List in the order given, showing relationship, parents, guardians, stepparents, foster parents, parents-in-law, brothers, and sisters. Include any others you have resided with or whom a close relationship existed or exists.

Relationship	Name	Present Address if Living
Father		
Mother		

If any person listed above is not a U.S. citizen by birth, give the date and place of his 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 years, including part-time, temporary or seasonal employment, and all periods of unemployment.**

From Date	Name and Address of Employer	Why would you leave?	Job Title
To Date		Description of Your Duties	
Salary	Name of Supervisor	Name of Co-worker	

From Date	Name and Address of Employer	Why did you leave?	Job Title
To Date	Description of Your Duties		
Salary	Name of Supervisor	Name of Co-worker	
From Date	Name and Address of Employer	Why did you leave?	Job Title
To Date	Description of Your Duties		
Salary	Name of Supervisor	Name of Co-worker	
From Date	Name and Address of Employer	Why did you leave?	Job Title
To Date	Description of Your Duties		
Salary	Name of Supervisor	Name of Co-worker	
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To Date	Description of Your Duties		
Salary	Name of Supervisor	Name of Co-worker	
From Date	Name and Address of Employer	Why did you leave?	Job Title
To Date	Description of Your Duties		
Salary	Name of Supervisor	Name of Co-worker	
From Date	Name and Address of Employer	Why did you leave?	Job Title
To Date	Description of Your Duties		
Salary	Name of Supervisor	Name of Co-worker	

Have you ever been discharged, asked to resign, furloughed, put on inactive status for cause, or subjected to disciplinary action while in any position (except military)?

Yes ☐ No ☐ If yes, state circumstances:

Have you ever resigned (quit) after being informed your employer intended to discharge (fire) you for any reason? Yes ☐ No ☐

If yes, explain, giving name and address of employer, approximate date, and reasons in each case.



**18. Financial Status:****A. Resources**

Income from any source other than your principal occupation? Yes ☐ No ☐ How much?  
How often? \_\_\_\_\_ The source? \_\_\_\_\_

Do you own any real property? Yes ☐ No ☐ Value: \$ \_\_\_\_\_

Location: \_\_\_\_\_

Insurance coverage and amount of premium? \_\_\_\_\_

Amount of mortgage? \_\_\_\_\_ Amount and frequency of payments: \_\_\_\_\_

Mortgage holder: \_\_\_\_\_

Do you own any bonds, government or other? Yes ☐ No ☐ Value: \$ \_\_\_\_\_

Do you own any stock? Yes ☐ No ☐ Value: \$ \_\_\_\_\_

Do you have a bank account? Savings ☐ Checking ☐ Approximate amount: \$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_

**B. Obligations**

Give names and addresses of the individuals, companies, or others to whom you are indebted and the extent of your debt (including any loans on which you are co-maker).

Name and Address of Creditor	Telephone Number	Kind of Debt	Amount

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

A. Have you even been arrested or detained by a law enforcement agency? Yes ☐ No ☐

B. Have you (or your spouse) been involved in any court action, CIVIL or CRIMINAL? Include all traffic violations in this state or elsewhere. Yes ☐ No ☐

C. Have you even been fingerprinted for any reason (arrest, job applicant, etc.)? Yes ☐

If the answer to any of the above questions is YES, list below the date, place, and full details of each incident.

**20. A. 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	Number of times used	Date of last use

**20. B. Insurance. Indicate all insurance policies issued in your name (life, health, mortgage, etc.)**

Type	Name and Address of Company	Date of Issue
At Time of Issue—Your Age:	Amount of Premium	Percentage of Premium You Pay
Residence:		
Type	Name and Address of Company	Date of Issue
At Time of Issue—Your Age:	Amount of Premium	Percentage of Premium You Pay

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

Reason Rejected	By Whom (Name and Address)	Date





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

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

28. Remarks:

I 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, or parole officer.

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

Done at \_\_\_\_\_, Alaska on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Applicant

SWORN TO AND SUBSCRIBED BEFORE ME

this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Notary Public in and for Alaska

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