

Alaska Police Standards Council
 PO Box 111200
 Juneau, AK 99811-1200
 Ph: 907 465-4378
 Email: APSC@alaska.gov

APPLICATION FOR CERTIFICATION

F-7

CHECK ONE:

Police Correctional Probation/Parole Village Police

CHECK ONE:

Basic Intermediate Advanced

1. Name (<i>Last, First, Middle</i>)	2. Social Security Number	3. Date of Birth	4. Sex
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5. Home Address (*Street, City, Zip*)

6. Personal E-mail: _____ 7. Personal Phone: _____

CRIMINAL JUSTICE EXPERIENCE: (*if more space is needed, use page 2.*) **Dates of Employment**

8. Agency (<i>list present agency first</i>)	Address	To	From	Highest Rank

CRIMINAL JUSTICE TRAINING: (*if more space is needed, use page 2.*)

9. Course	Sponsor	Course Hours	Date Completed

ACADEMIC EDUCATION: (*provide official college transcript if application is for Intermediate or Advanced Certificate.*)

10. High School	Location	Dates Attended	Diploma	GED	State

11. College	Location	Major	Dates Attended	Credit Hrs. or Degree

12. Have you ever been arrested? YES NO Have you ever been discharged, asked to resign, or involuntarily terminated from employment? YES NO If answer is YES to either question, show date, disposition, reason and by whom on the 2nd page of this application form.

I swear and attest that I am a citizen of the United States; I have read and subscribed to the Enforcement Code of Ethics or the Alaska Department of Corrections Code of Ethics; I have been employed full-time for the past twelve months with my present employer, if I am applying for a basic certification; and, that I acknowledge the information contained on this form will be used by the council for purposes of determining my eligibility and qualifications for training, employment, and certification.

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 _____, 20_____.

 Applicant

SWORN TO AND SUBSCRIBED BEFORE ME

this _____ day of _____, 20_____.

 Notary Public in and for Alaska

My Commission Expires: _____

CHK#: _____

