F-3C

ALASKA POLICE STANDARDS COUNCIL
PERSONAL HISTORY STATEMENT

State of Alaska, Dept. of Corrections
Div. of Administrative Services
Human Resources
PO Box 112000
Juneau, Alaska 99811
Ph: (907) 465-5492. (907)465-8409

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 ☐ Female ☐
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*)

Attach a copy of birth certificate or passport (mandatory)	7. Place of Birth (*City, County, State*)		
8. Weight	Height	Eye Color	Hair Color
9. U.S. Citizen Yes ☐ No ☐ By Birth ☐ Naturalized ☐ If Naturalized: Naturalization Certificate with Photo (mandatory)	If Naturalized, Certificate Number	Date, Place, and Court	
10. Marital Status Married ☐ Single ☐ Divorced ☐ Widowed ☐	11. Name of Spouse or Significant Other (*Last, First, Middle*) Phone: ( )		
	Address (*Street, City, State*)		

12. **Military Status:**		**Attach copy of DD 214**
Have you served in the U.S. Armed Forces? Yes ☐ No ☐	If YES, Branch	Serial Number
Type of Discharge	Dates of Service From To	Rank

A. While in the military, were you ever a subject of a criminal investigation, issued a summons, detained or arrested or apprehended for an offense which resulted in a trial by deck court or by summary, special or general court-martial, Article 15, captain's mast or an equivalent proceeding?

Yes ☐ No ☐ If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident, using separate sheet to record this information.

B. Are you presently a member of the U.S. Reserve or National or State Guard organization? Yes ☐ No ☐ If yes, complete the following:

Grade and Service Number	Service and Component	Active ☐ Inactive ☐ Standby ☐
Organization and Station or Unit and Location	Indicate Reserve Obligation if any:	

13. **Education:**		**Attach diploma or certificate of graduation (mandatory)**			
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.

14. **Special Qualifications:**

A. Have you ever applied for certification or been certified as a law enforcement officer (*corrections, probation, parole, municipal corrections or police officer, etc.*)?
Yes ☐ No ☐ If yes, list name and location of certification authority, date of issue, and date current certification expires (*if applicable).*

B. Have you ever had a law enforcement certification revoked or suspended? Yes ☐ No ☐ If yes, state name of revoking or suspending authority, date of revocation or suspension and reason for revocation or suspension.

15**. Vehicle Operator's License** (*Drivers, Commercial Drivers License, etc.*): 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 ☐ No ☐
If yes, explain fully:

Have you ever had automobile insurance cancelled, withdrawn or revoked or have you ever been refused automobile insurance?
Yes ☐ No ☐ If yes, give details, including reasons, names of companies, dates, etc.:

Give name and address of the insurance company with whom you now have automobile insurance:	Policy coverage:

16. **Family:**

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
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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 (*Name and Address*)	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				

22. References:

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

23. Foreign Travel:

Dates		Country Visited	Purpose of Travel
From	To		

24. Hobbies & Sports:

Name	Length of Participation	Level of Proficiency

25. Organization Membership:

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 ☐ No ☐ If YES, give details:

27. Have you ever applied for a position with any other governmental agency? Yes ☐ No ☐ 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