



F-5 APPLICATION FOR BASIC TRAINING

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

ACADEMY SELECTION

ALET
 APSC Recertification
 Lateral
 APD Academy
 UAF CTC Academy
 MCO Academy
 Other

If APSC Recertification or Lateral Academy is selected has reciprocity approval already been received Y N If No has completed F22 and documents been submitted in ACADIS: Y N

ENTER ACADEMY NUMBER BELOW. FOR DATES PUT THE ACTUAL DATES ATTENDED TO REFLECT IF THEY ATTENDED A COMPLETE, LATERAL, RECERTIFICATION, OR ANY OTHER TYPE OF ACADEMY

Academy Class Number:		Complete Academy Dates: From		To
Name (Last, First, Middle)		Agency:		
Date of Birth:	Agency Contact Name:		Agency Contact Email:	
Rank:	Vehicle Operator's License Number: Expiration Date:			
Height:	Weight:	Date of Hire:	Applicant Agency Email Address:	
Date of Last Physical Examination:		Limitations Indicated by Physical Exam:		
Current Assignment:		Previous Basic Law Enforcement Training:		

REQUIRED HIRING DOCUMENTS

Check each box for all documents submitted. All boxes must be checked prior to application unless red annotation shows it is not required.

Health Questionnaire (F-2A) Psychological Examination Report (F-11) *Unless an MCO*
 Medical Exam Report (F-2B) Police Reciprocity Verification Form (F-22) *all required training documents (Only for applicants attending the APSC Recertification or Lateral Academy)*
 Personal History Statement (F-3)

APPLICANT SECTION

1. Have you ever been convicted of a firearms violation? Yes No

2. Have you ever been convicted of any felony or a crime, which limits or prevents you from possessing a firearm? Yes No

I release the sponsoring agency and other departments officially connected or associated with this training program from liability in case of illness or accident. I acknowledge that 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 swear and affirm, under penalty or PERJURY, that the foregoing is true and accurate to the best of my knowledge.

Done at _____, Alaska on the _____ day of _____, 20_____.

Applicant Signature: _____

SWORN TO AND SUBSCRIBED before me on this

_____ day of _____, 20_____.

Notary Stamp Here

Notary Public in and for Alaska

My Commission Expires: _____

DEPARTMENT HEAD

I certify that this applicant has met the minimum employment standards and approve this application.

Department Head Signature Printed Name/Title Date

APSC Use: