

# VPSO APPLICATION CHECKLIST

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Date

- ☐ Grantee VPSO job application
- ☐ Proof of Age. Photocopy of one of the following: driver's license, government issued ID, passport (expired is acceptable), or birth certificate.
- ☐ Proof of US citizenship or resident alien status. Photocopy of one of the following: Birth certificate, valid passport [expired is acceptable], resident alien card "Green Card", or see also <https://travel.state.gov/content/travel/en/passports/how-apply/citizenship-evidence.html>
- ☐ High school diploma, GED or equivalent
- ☐ Fingerprint cards (FD-258) *Blue Card; two cards if ink prints to help ensure FBI acceptance*

## *DPS Applicant Forms:*

- ☐ CJIS Security Addendum (CJISD-ITS-DOC-08140-5.9.2)
- ☐ Criminal Records Information Waiver (Rev 03-24)
- ☐ Personal Security Clearance Form and User Agreement (Rev 03-24)
- ☐ VPSO Certification Eligibility Form (Rev 03-24)
- ☐ VPSO Medical Examination Report (Rev 03-24)
- ☐ VPSO Medical History Questionnaire (Rev 03-24)

Optional if applicable:

- ☐ Military records (*copy of DD-214*) if military service
- ☐ Training certificates
- ☐ Other \_\_\_\_\_

**FEDERAL BUREAU OF INVESTIGATION**  
**CRIMINAL JUSTICE INFORMATION SERVICES**  
**SECURITY ADDENDUM**

The goal of this document is to augment the CJIS Security Policy to ensure adequate security is provided for criminal justice systems while (1) under the control or management of a private entity or (2) connectivity to FBI CJIS Systems has been provided to a private entity (contractor). Adequate security is defined in Office of Management and Budget Circular A-130 as “security commensurate with the risk and magnitude of harm resulting from the loss, misuse, or unauthorized access to or modification of information.”

The intent of this Security Addendum is to require that the Contractor maintain a security program consistent with federal and state laws, regulations, and standards (including the CJIS Security Policy in effect when the contract is executed), as well as with policies and standards established by the Criminal Justice Information Services (CJIS) Advisory Policy Board (APB).

This Security Addendum identifies the duties and responsibilities with respect to the installation and maintenance of adequate internal controls within the contractual relationship so that the security and integrity of the FBI’s information resources are not compromised. The security program shall include consideration of personnel security, site security, system security, and data security, and technical security.

The provisions of this Security Addendum apply to all personnel, systems, networks and support facilities supporting and/or acting on behalf of the government agency.

**1.00 Definitions**

1.01 Contracting Government Agency (CGA) – the government agency, whether a Criminal Justice Agency or a Noncriminal Justice Agency, which enters into an agreement with a private contractor subject to this Security Addendum.

1.02 Contractor – a private business, organization or individual which has entered into an agreement for the administration of criminal justice with a Criminal Justice Agency or a Noncriminal Justice Agency.

**2.00 Responsibilities of the Contracting Government Agency.**

2.01 The CGA will ensure that each Contractor employee receives a copy of the Security Addendum and the CJIS Security Policy and executes an acknowledgment of such receipt and the contents of the Security Addendum. The signed acknowledgments shall remain in the possession of the CGA and available for audit purposes. The acknowledgement may be signed by hand or via digital signature (see glossary for definition of digital signature).

**3.00 Responsibilities of the Contractor.**

3.01 The Contractor will maintain a security program consistent with federal and state laws, regulations, and standards (including the CJIS Security Policy in effect when the contract is executed and all subsequent versions), as well as with policies and standards established by the Criminal Justice Information Services (CJIS) Advisory Policy Board (APB).

**4.00 Security Violations.**

4.01 The CGA must report security violations to the CJIS Systems Officer (CSO) and the Director, FBI, along with indications of actions taken by the CGA and Contractor.

4.02 Security violations can justify termination of the appended agreement.

4.03 Upon notification, the FBI reserves the right to:

- a. Investigate or decline to investigate any report of unauthorized use;
- b. Suspend or terminate access and services, including telecommunications links. The FBI will provide the CSO with timely written notice of the suspension. Access and services will be reinstated only after satisfactory assurances have been provided to the FBI by the CGA and Contractor. Upon termination, the Contractor's records containing CHRI must be deleted or returned to the CGA.

#### 5.00 Audit

5.01 The FBI is authorized to perform a final audit of the Contractor's systems after termination of the Security Addendum.

#### 6.00 Scope and Authority

6.01 This Security Addendum does not confer, grant, or authorize any rights, privileges, or obligations on any persons other than the Contractor, CGA, CJA (where applicable), CSA, and FBI.

6.02 The following documents are incorporated by reference and made part of this agreement: (1) the Security Addendum; (2) the NCIC 2000 Operating Manual; (3) the CJIS Security Policy; and (4) Title 28, Code of Federal Regulations, Part 20. The parties are also subject to applicable federal and state laws and regulations.

6.03 The terms set forth in this document do not constitute the sole understanding by and between the parties hereto; rather they augment the provisions of the CJIS Security Policy to provide a minimum basis for the security of the system and contained information and it is understood that there may be terms and conditions of the appended Agreement which impose more stringent requirements upon the Contractor.

6.04 This Security Addendum may only be modified by the FBI, and may not be modified by the parties to the appended Agreement without the consent of the FBI.

6.05 All notices and correspondence shall be forwarded by First Class mail to:

Information Security Officer

Criminal Justice Information Services Division, FBI

1000 Custer Hollow Road

Clarksburg, West Virginia 26306

**FEDERAL BUREAU OF INVESTIGATION  
CRIMINAL JUSTICE INFORMATION SERVICES  
SECURITY ADDENDUM**

**CERTIFICATION**

I hereby certify that I am familiar with the contents of (1) the Security Addendum, including its legal authority and purpose; (2) the NCIC Operating Manual; (3) the CJIS Security Policy; and (4) Title 28, Code of Federal Regulations, Part 20, and agree to be bound by their provisions.

I recognize that criminal history record information and related data, by its very nature, is sensitive and has potential for great harm if misused. I acknowledge that access to criminal history record information and related data is therefore limited to the purpose(s) for which a government agency has entered into the contract incorporating this Security Addendum. I understand that misuse of the system by, among other things: accessing it without authorization; accessing it by exceeding authorization; accessing it for an improper purpose; using, disseminating or re-disseminating information received as a result of this contract for a purpose other than that envisioned by the contract, may subject me to administrative and criminal penalties. I understand that accessing the system for an appropriate purpose and then using, disseminating or re-disseminating the information received for another purpose other than execution of the contract also constitutes misuse. I further understand that the occurrence of misuse does not depend upon whether or not I receive additional compensation for such authorized activity. Such exposure for misuse includes, but is not limited to, suspension or loss of employment and prosecution for state and federal crimes.

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Printed Name/Signature of Contractor Employee

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Date

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Printed Name/Signature of Contractor Representative

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Date

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Organization and Title of Contractor Representative



THE STATE  
of ALASKA  
GOVERNOR MIKE DUNLEAVY

Department of Public Safety  
VILLAGE PUBLIC SAFETY OFFICER DIVISION

5700 East Tudor Road  
Anchorage, Alaska 99507-1225  
Main: 907.334.2243  
Fax: 907.337-2059

DEPARTMENT OF PUBLIC SAFETY/CJIS SYSTEMS AGENCY  
VILLAGE PUBLIC SAFETY OFFICER  
CRIMINAL RECORDS INFORMATION WAIVER

**APPLICANT SECTION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Last, First Middle Suffix) (MM/DD/YYYY) (M/F)

Job Title: \_\_\_\_\_ Employing Agency: \_\_\_\_\_

Authorized Recipient for the Employing Agency: \_\_\_\_\_

**WAIVER AGREEMENT**

The Department of Public Safety (DPS) has been designated by the Federal Bureau of Investigation (FBI) as the Criminal Justice Information Services (CJIS) Systems Agency (CSA) for the State of Alaska. I understand that by executing this request, I am agreeing that an investigation into my background through state and federal criminal history repositories, including the search of Alaska Public Safety Information Network (APSIN), National Crime Information Center (NCIC), and the Interstate Identification Index (III) will be conducted. I understand that I will be required to submit my fingerprints in connection with this request. I understand that the results of the investigation will be released to the CSA security personnel and the Village Public Safety Officer (VPSO) Division staff requesting this check on my behalf for use in determining suitability for a VPSO program employment.

I authorize any law enforcement agency to release the above information to the Department of Public Safety. I also authorize the VPSO Division staff to share the results from the APSIN (Alaska) criminal history record check with the authorized recipient of my employer (listed above). I understand that if I am found to have been convicted of a criminal offense or am found to be a fugitive from justice, it may negatively impact my application for participation in the VPSO program and/or my employment with the agency listed above.

I understand that I will receive a copy of the results from the state and national fingerprint criminal history record check. I further understand that I am entitled to challenge the accuracy and completeness of any information contained in any such report, as outlined in state law under 13 AAC 68 and in federal law under Title 28 Code of Federal Regulations Section 16.34, and that I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

I understand that other than sharing the information as outlined above, no additional release of the results from this criminal history record request is authorized; I also understand that the information from this request will only be used for the authorized purpose outlined above. I certify that the information I have given on this form is true and correct to the best of my knowledge, and by signing below authorize the release and use of the criminal history record information as outlined in this waiver.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**VPSO Division Staff Only:**

One legible fingerprint card\* included with the Personnel Security Clearance Request Form: ☐ Yes ☐ No\*\*

\*Client number on card should be 4003 for Direct APSIN/ARMS Access; 4156 for Building or Non-Direct System Access

\*\*Application cannot be processed

**DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF STATEWIDE SERVICES  
PERSONNEL SECURITY CLEARANCE FORM AND USER AGREEMENT rev 09/23**

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**APPLICANT SECTION:**

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

Date of Birth: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ Sex: (M / F) Driver's License Number: \_\_\_\_\_ State: \_\_\_\_  
(MM) (DD) (YYYY)

Job Title: \_\_\_\_\_ Agency \_\_\_\_\_ City \_\_\_\_\_

Email (required and do **not** use groups emails): \_\_\_\_\_

One Legible Fingerprint Card\*\* Included: ☐ Yes

*\*\*Client number on card should be 4003 for Direct APSIN/ARMS Access.*

**ACCESS AGREEMENT**

I understand that by executing this request, I am agreeing that an investigation into my criminal background, including a search of the Alaska Public Safety Information Network (APSIN), the national criminal history repository, other state criminal history repositories, and the National Crime Information Center (NCIC) will be conducted. I understand that I will be required to submit my fingerprints in connection with this request, and that the results of the investigation will be released to the Department of Public Safety (DPS) Criminal Justice Information Services (CJIS) Programs Unit and the person requesting this clearance on my behalf for use in determining approval, denial, or appeal of the security clearance.

I hereby certify that I am familiar with the contents of (1) the Federal Bureau of Investigation (FBI) CJIS Security Policy; (2) Alaska Statute 12.62; (3) Alaska Administrative Code (AAC) 13 AAC 68.300-345; and the (4) CJIS Systems Agency (CSA) Security Policy and agree to be bound by their provisions. The Department of Public Safety is the CSA for Alaska. I recognize that criminal history record information and related data, by its very nature, is sensitive and has potential for great harm if misused. I acknowledge that access to criminal history record information and related data is therefore limited to the purpose(s) for which the agency has been authorized. I understand that misuse of the system by, among other things: accessing it without authorization; accessing it by exceeding authorization; accessing it for an improper purpose; using, disseminating or re-disseminating information received as a result of direct or indirect access for a purpose other than that directly authorized, may subject me to administrative and criminal penalties. I understand that accessing the system for an appropriate purpose and then using, disseminating, or re-disseminating the information received for another purpose other than what is authorized also constitutes misuse. Such exposure for misuse includes, but is not limited to, suspension or loss of employment and prosecution for state and federal crimes. In addition to any criminal, civil, or employee disciplinary actions that may result from such misuse, if I am found to have violated this agreement, DPS will revoke my security clearance. DPS may consider reinstatement of the clearance upon receipt of the completed Reinstatement Request form and completion of remedial training. DPS reserves the right to permanently revoke my security clearance.

I understand that unauthorized disclosure of information about the methodology, operation, or internal structure of APSIN or the computer networks that interface with APSIN may threaten the security of these systems. I will not disclose information about the security measures, access and/or operating procedures, equipment, or programs without specific authorization from the DPS CJIS Systems Officer (CSO). I understand that annual Security Awareness training will have to be completed to maintain a clearance, and that initial training must be completed prior to receiving this security clearance. An annual Security Awareness Training, plus a biennial APSIN exam for all direct access users requires certification and must be completed prior to receiving or maintaining access to CJI systems.

**Direct Access Accounts Only:** If issued a User ID and password, I will not share the password with anyone. I understand that DPS will maintain a record of all direct access account activity for three years; that this record may be used to audit my use of the system(s) at any time; and that this record may be released to my employer for an administrative investigation and/or to a law enforcement agency for a criminal investigation.

I have read, understand, and agree to abide by the terms of this agreement for physical or logical access to the aforementioned criminal justice systems or for access to buildings or computer networks processing CJI from these systems.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**VPSO Certification Eligibility**  
**AS 18.65.672 Basic Standards for Village Public Safety Officer**

- (1) Are you 21 years of age or older? ☐ Yes ☐ No  
*If no, will you be 21 years of age in the next 6 months or less?* ☐ Yes ☐ No
- (2) Are you a citizen of the United States or a residence alien who has demonstrated intent to become a citizen of the United States? ☐ Yes ☐ No
- (3) Do you have a high school diploma, a general educational development diploma or its equivalent? ☐ Yes ☐ No
- (4) Have you been denied a Village Public Safety Officer certification or had a certification revoked? ☐ Yes ☐ No
- (5) Have you been denied a police officer certification, had a certificate revoked, or surrendered a certificate in this state or another jurisdiction? ☐ Yes ☐ No
- (6) Can you satisfy all the following physical requirements established in regulation by the department? ☐ Yes ☐ No
- (a) free from a physical or hearing condition which would adversely affect performance of an essential function of a village public safety officer;
- (b) have normal color discrimination, normal binocular coordination, normal peripheral vision, and corrected visual acuity of 20/30 or better in each eye;
- (c) free from a mental or emotional condition that would adversely affect the performance of an essential function of a village public safety officer.
- (7) Have you ever been convicted, by a civilian court of this state, or the United States, or another state or territory, a tribal court or by a military court, of:
- (a) A felony? ☐ Yes ☐ No
- (b) A misdemeanor? ☐ Yes ☐ No

If you have been convicted of a misdemeanor crime, you may not be automatically disqualified as a VPSO, however withholding the information here may be grounds for ineligibility under AS 18.65.672 (b) (3). If you have been convicted, please provide the charging agency, the charge, date of the charge and date of the conviction and the convicting jurisdiction in the box below. You may attach additional pages if necessary.

- (8) If selected as an applicant for a VPSO position, a background investigation will be completed. This background check will include a fingerprint-based state and federal criminal history check and may include a check of criminal justice or law enforcement records, public records and employment history. Is there anything we may discover which would create a question of good moral character or suitability as a VPSO? If yes, please explain: ☐ Yes ☐ No

I, \_\_\_\_\_ CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND  
(Printed Applicant Name)  
ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I DELIBERATELY CONCEAL OR ENTER FALSE INFORMATION ON THIS FORM, THAT MY NAME MAY BE REMOVED FROM THE ELIGIBLE LIST OR THAT I MAY BE REMOVED FROM MY JOB.

Done at \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_,  
(Location) (Day) (Month) (Year)

Applicant Signature

SWORN TO AND SUBSCRIBED before me Notary Public in \_\_\_\_\_  
(State)

(Notary Signature)

(Notary Seal)

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



## VILLAGE PUBLIC SAFETY OFFICER MEDICAL EXAMINATION REPORT

**To Be Completed by a licensed physician, advanced practice registered nurse, or physician assistant**

### INSTRUCTIONS TO EXAMINER:

**Please review Health Questionnaire, before examining the candidate. Do not forward this report until lab results are received. Use section 12 for explanation of details, if necessary.**

Name (Last, First, Middle)

Sex

Male ☐

Female ☐

Birth Date

Height (w/o shoes)

Weight

Social Security Number

### INFORMATION FOR EXAMINER

A physical examination is an essential part of employment as a Village Public Safety Officer (VPSO). The examiner must certify the individual (A) does not have a physical or hearing condition that would adversely affect the performance of the powers and duties of a village public safety officer; (B) has normal color discrimination, normal binocular coordination, normal peripheral vision, and corrected visual acuity of 20/30 or better in each eye; and (C) does not have a mental or emotional condition that would adversely affect the performance of the powers and duties of a village public safety officer, Alaska Statute AS 18.65.672 (5) & 13 AAC 96.080.

A VPSO has the powers of a peace officer in the state of Alaska, AS 18.65.686 and normal duties include:

<ol style="list-style-type: none"><li>1. Sit, walk, stand, and run;</li><li>2. Subdue subjects and secure handcuffs or restraints;</li><li>3. Pursue fleeing subjects;</li><li>4. Quickly enter or exit vehicles;</li><li>5. Lift, carry, and push/pull heavy objects (up to and exceeding 50 pounds);</li><li>6. Climbing over obstacles;</li><li>7. Jumping from elevated surfaces;</li><li>8. Climbing through openings;</li><li>9. Squatting and kneeling;</li><li>10. Repetitive motion of hands, grasping, pinching, and fine manipulation with fingers;</li><li>11. Operate vehicles, watercraft or snow- machines under adverse or extreme conditions;</li><li>12. Intervene in fire and medical emergencies;</li><li>14. Bending/Twisting;</li><li>15. Crawling in confined areas;</li><li>16. Balancing on uneven or narrow surfaces;</li></ol>	<ol style="list-style-type: none"><li>17. Using bodily force and/or power tools to gain forcible entry;</li><li>18. Feeling and detecting objects while performing searches;</li><li>19. Walking over uneven terrain for long periods of time;</li><li>20. Communicate clearly by speech and through reading/writing;</li><li>21. Coherently communicate over radio channels;</li><li>22. Hearing conversations and sounds;</li><li>23. Hear alarm systems, including computer alarms;</li><li>24. Seeing objects at a distance, peripherally, and using depth perception;</li><li>25. Exposure to dust, chemicals, or fumes</li><li>26. Jump down from elevated surfaces;</li><li>27. Conduct visual/audio surveillance;</li><li>28. Observe and distinguish color and characteristics;</li></ol>	<ol style="list-style-type: none"><li>29. Prepare clear, comprehensive reports using keyboards;</li><li>30. Read reports and comprehend legal and other documents;</li><li>31. Administer CPR and basic first aid;</li><li>32. Load, unload, aim, and fire handguns and shotguns;</li><li>33. Read computer screens;</li><li>27. Work in/exposure to inclement weather, cold water, and remote field sites;</li><li>28. Work/travel in boat/small aircraft/helicopters;</li><li>29. Transport arrested persons;</li><li>30. Quickly and securely tie; specific knots in ropes;</li><li>31. Operate specialty equipment such as fire pumps;</li><li>32. Perform administrative duties, including the use of office equipment such as phones, computers, copiers, or scanners.</li></ol>
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## VISION & HEARING

### 1. VISUAL ACUITY

#### DISTANCE

Uncorrected: R20/\_\_\_\_ L20/\_\_\_\_ B20/\_\_\_\_

Corrected: R20/\_\_\_\_ L20/\_\_\_\_ B20/\_\_\_\_

#### NEAR VISION

Uncorrected: R20/\_\_\_\_ L20/\_\_\_\_ B20/\_\_\_\_

Corrected: R20/\_\_\_\_ L20/\_\_\_\_ B20/\_\_\_\_

### 1. HORIZONTAL FIELD OF VISION

Right:\_\_\_\_ Left:\_\_\_\_ Both: \_\_\_\_

Check if Present:

Scotoma: ☐ \_\_\_\_

Quadrantanopia (large blind spot): \_\_\_\_

### 2. COLOR PERCEPTION (ISHIHARA COLOR PLATES MUST BE USED) (Note any deficiencies)

Red:\_\_\_\_ Green: \_\_\_\_

Yellow:\_\_\_\_ Color Plates: \_\_\_\_

☐ Vision capable of distinguishing basic color groups against a favorable background

### 4. VISION CORRECTION

None:\_\_\_\_ Spectacles: \_\_\_\_

Hard contact Lenses: \_\_\_\_

Soft Contact Lenses: \_\_\_\_

Required if uncorrected vision is 20/80 or more.

### 5. HEARING: (AUDIOMETER MUST BE USED)

	500HZ	1000HZ	2000HZ	3000HZ
dbL	____	____	____	____
dbR	____	____	____	____
Hearing aid used? ____		Note any abnormalities under section 13.		

6. Head (Note any defect, disease or injury involving eyes, ears, nose, mouth and throat.)

## 7. CARDIOVASCULAR SYSTEM

TYPE OF ACTION	BLOOD PRESSURE	PULSE RATE	SOUNDS	RHYTHM
A. At rest				
B. After moderate exercise				
C. Two minutes after exercise				
D. Circulation to extremities			E. Note any abnormality	
F. Pulmonary Function				
G. Nervous system ( <i>describe any pathology or abnormal reflexes</i> )				

## 8. MENTAL HEALTH CONDITIONS

Does the applicant have a diagnosed mental health disorder? ☐ Yes ☐ No  
If yes what disorder?

## 9. ABDOMEN

Masses <input style="margin-left: 100px;" type="checkbox"/> <input style="margin-left: 100px;" type="checkbox"/>			
Tenderness			
Hernia			
Genito-Urinary System ( <i>note any abnormalities</i> )			
<b>10. MUSCULO - SKELETAL</b>			
<i>(Test by bending, stooping, squatting, also by head, arm, and finger motions.)</i>			
Spine:	Mobility	Symmetry	Posture
Upper Extremities:	Limited function		
Lower Extremities:	Limited function		
Skin ( <i>scars, varicosities, disease, abnormalities - nature and severity</i> )			
<b>11. CONTAGIOUS DISEASES</b>			
Does the applicant have contagious hepatitis?			
Does the applicant have contagious tuberculosis?			
<b>12. LABORATORY</b>			
Urinalysis	SP Gravity	ALB	Sugar
Is the applicant Suicidal?      Yes      No			
Is the applicant oriented to time and place? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>13. COMMENTS/SUMMARY</b>

#### 14. CERTIFICATION: Examiner, Please Read Carefully

Are there any physical, mental or emotional conditions which in your opinion suggest further examination? \_\_\_\_\_ If yes, please explain:

After reviewing the VPSO job duties on page 1 of this form, do you have any reservations about the applicant's ability to physically and/or mentally perform these job duties? \_\_\_\_\_ If yes, please explain:

The information contained on this form will be used by the State of Alaska to determine the applicant's eligibility for employment and certification as a Village Public Safety Officer (VPSO).

By signing this form, you are certifying that the applicant named below can perform the duties listed on page one of this form, with or without reasonable accommodations, and can do so under all conditions including inclement weather, and while wearing personal protective equipment such as helmets, safety glasses, a six (6) pound duty belt and four (4) pound ballistic vest.

I hereby certify that I have completed a physical examination and have reviewed the Medical History Questionnaire form for: \_\_\_\_\_

**(Applicant's Name Here)**

This applicant is found to be:

**("Physically capable" or "Not physically capable" MUST BE CHECKED**

☐

**BELOW)** Physically capable of performing the essential functions of a VPSO.

☐

Not physically capable of performing the essential functions of a VPSO.

**("Mentally capable" or "Not Mentally capable" MUST BE CHECKED BELOW)**

☐

Mentally capable of performing the essential functions of a VPSO.

☐

Not mentally capable of performing the essential functions of a VPSO.

**EXAMINER'S SIGNATURE (MANDATORY)**

**EXAMINER'S NAME, ADDRESS & TELEPHONE #**

**DATE:**



# Village Public Safety Officer

## **Medical History Questionnaire**

Applicant Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Date completed: \_\_\_\_\_

This personal and medical history questionnaire must be completed and submitted to the State of Alaska VPSO Division office before employing an individual as a VPSO, AS 18.65.674.

Note to potential employer: Paper or electronic copies of this form should be maintained in a separate file to ensure confidentiality.



## MEDICAL HISTORY QUESTIONNAIRE

**COMPLETE THIS FORM PRIOR TO YOUR PHYSICAL EXAMINATION AND  
GIVE IT TO THE EXAMINER AT THE TIME OF EXAMINATION.**

CANDIDATE'S NAME (Last, First, Middle)				ADDRESS			
DATE OF BIRTH		AGE		CURRENT OCCUPATION			
HIRING AGENCY							
<b>SECTION A</b>	Have you ever or do you now have any of the following? For "YES" answers, list the question number and supply full details in <b>Section "B"</b> on page 2. If the condition required hospitalization, check the corresponding 'HOSP' box.						
CONDITION	YES	NO	HOSP	CONDITION	YES	NO	HOSP
1. Head injury				21. Skin condition			
2. Any defects of bones or joints including amputations, broken bones or dislocations				22. Any complications from childhood diseases			
3. Back trouble or back pain				23. Sensitivity to dust			
4. Pernicious anemia, leukemia				24. Other allergies			
5. Rheumatism or arthritis				25. Cancer or malignancy			
6. Trick or locked knee/knee injury				26. Tumor, growth, or cyst			
7. Foot trouble				27. Polio			
8. Eye injury, surgery, or disease				28. Rheumatic fever			
9. Have you ever worn glasses /contact lenses				29. Heart trouble (including circulatory)			
10. Hard of hearing or hearing problems				30. High or low blood pressure			
11. Headaches				31. Varicose veins			
12. Mental illness or nervous breakdown				32. Diabetes or sugar in urine			
13. Addiction to drugs or alcohol				33. Colitis			
14. Fainting or dizzy spells, epilepsy				34. Gall bladder trouble			
15. Hepatitis, jaundice, liver ailment				35. Kidney or bladder trouble			
16. Disorder of the nervous system				36. Hemorrhoids or piles			
17. Tuberculosis or lung disease				37. Rupture or hernia			
18. Shortness of breath or asthma				38. Mononucleosis			
19. Any type of blood disorder				39. Any contagious disease			
20. Bronchitis							



<b>MEDICAL EXAMINER CONSULTATION</b> (for any of the questions answered "yes", identify the question number and complete examiner's name and address information.)			
	<b>DATE</b>	<b>EXAMINER</b>	<b>ADDRESS (Number, Street, City, State, Zip)</b>

By signing below, I \_\_\_\_\_ (printed name) certify to the best of my knowledge and belief all the information on this form is correct. I understand that failure to report completely and accurately may result in my disqualification for the employment and/or certification as a Village Public Safety Officer.

Signed in (city and state): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by (Printed Name): \_\_\_\_\_ Signature: \_\_\_\_\_

<b>HEALTH QUESTIONNAIRE REVIEWED BY (Printed Name):</b>	<b>EXAMINER'S NAME, ADDRESS, AND TELEPHONE #</b>
<b>EXAMINER'S SIGNATURE</b> _____ <b>DATE</b> _____	