

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 04-24)
- 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**

**Legal Authority for and Purpose and Genesis of the
Security Addendum**

Traditionally, law enforcement and other criminal justice agencies have been responsible for the confidentiality of their information. Accordingly, until mid-1999, the Code of Federal Regulations Title 28, Part 20, subpart C, and the National Crime Information Center (NCIC) policy paper approved December 6, 1982, required that the management and exchange of criminal justice information be performed by a criminal justice agency or, in certain circumstances, by a noncriminal justice agency under the management control of a criminal justice agency.

In light of the increasing desire of governmental agencies to contract with private entities to perform administration of criminal justice functions, the FBI sought and obtained approval from the United States Department of Justice (DOJ) to permit such privatization of traditional law enforcement functions under certain controlled circumstances. In the Federal Register of May 10, 1999, the FBI published a Notice of Proposed Rulemaking, announcing as follows:

1. Access to CHRI [Criminal History Record Information] and Related Information, Subject to Appropriate Controls, by a Private Contractor Pursuant to a Specific Agreement with an Authorized Governmental Agency To Perform an Administration of Criminal Justice Function (Privatization). Section 534 of title 28 of the United States Code authorizes the Attorney General to exchange identification, criminal identification, crime, and other records for the official use of authorized officials of the federal government, the states, cities, and penal and other institutions. This statute also provides, however, that such exchanges are subject to cancellation if dissemination is made outside the receiving departments or related agencies. Agencies authorized access to CHRI traditionally have been hesitant to disclose that information, even in furtherance of authorized criminal justice functions, to anyone other than actual agency employees lest such disclosure be viewed as unauthorized. In recent years, however, governmental agencies seeking greater efficiency and economy have become increasingly interested in obtaining support services for the administration of criminal justice from the private sector. With the concurrence of the FBI's Criminal Justice Information Services (CJIS) Advisory Policy Board, the DOJ has concluded that disclosures to private persons and entities providing support services for criminal justice agencies may, when subject to appropriate controls, properly be viewed as permissible disclosures for purposes of compliance with 28 U.S.C. 534.

We are therefore proposing to revise 28 CFR 20.33(a)(7) to provide express authority for such arrangements. The proposed authority is similar to the authority that already exists in 28 CFR 20.21(b)(3) for state and local CHRI systems. Provision of CHRI under this authority would only be permitted pursuant to a specific agreement with an authorized governmental agency for the purpose of providing services for the administration of criminal justice. The agreement would be required to incorporate a security addendum approved by the Director of the FBI (acting for the Attorney General). The security

addendum would specifically authorize access to CHRI, limit the use of the information to the specific purposes for which it is being provided, ensure the security and confidentiality of the information consistent with applicable laws and regulations, provide for sanctions, and contain such other provisions as the Director of the FBI (acting for the Attorney General) may require. The security addendum, buttressed by ongoing audit programs of both the FBI and the sponsoring governmental agency, will provide an appropriate balance between the benefits of privatization, protection of individual privacy interests, and preservation of the security of the FBI's CHRI systems.

The FBI will develop a security addendum to be made available to interested governmental agencies. We anticipate that the security addendum will include physical and personnel security constraints historically required by NCIC security practices and other programmatic requirements, together with personal integrity and electronic security provisions comparable to those in NCIC User Agreements between the FBI and criminal justice agencies, and in existing Management Control Agreements between criminal justice agencies and noncriminal justice governmental entities. The security addendum will make clear that access to CHRI will be limited to those officers and employees of the private contractor or its subcontractor who require the information to properly perform services for the sponsoring governmental agency, and that the service provider may not access, modify, use, or disseminate such information for inconsistent or unauthorized purposes.

Consistent with such intent, Title 28 of the Code of Federal Regulations (C.F.R.) was amended to read:

§ 20.33 Dissemination of criminal history record information.

- a) Criminal history record information contained in the Interstate Identification Index (III) System and the Fingerprint Identification Records System (FIRS) may be made available:
 - 1) To criminal justice agencies for criminal justice purposes, which purposes include the screening of employees or applicants for employment hired by criminal justice agencies.
 - 2) To noncriminal justice governmental agencies performing criminal justice dispatching functions or data processing/information services for criminal justice agencies; and
 - 3) To private contractors pursuant to a specific agreement with an agency identified in paragraphs (a)(1) or (a)(6) of this section and for the purpose of providing services for the administration of criminal justice pursuant to that agreement. The agreement must incorporate a security addendum approved by the Attorney General of the United States, which shall specifically authorize access to criminal history record information, limit the use of the information to the purposes for which it is provided, ensure the security and confidentiality of the information consistent with these regulations, provide for sanctions, and contain such other provisions as the Attorney General may require. The power

and authority of the Attorney General hereunder shall be exercised by the FBI Director (or the Director's designee).

This Security Addendum, appended to and incorporated by reference in a government-private sector contract entered into for such purpose, is intended to insure that the benefits of privatization are not attained with any accompanying degradation in the security of the national system of criminal records accessed by the contracting private party. This Security Addendum addresses both concerns for personal integrity and electronic security which have been addressed in previously executed user agreements and management control agreements.

A government agency may privatize functions traditionally performed by criminal justice agencies (or noncriminal justice agencies acting under a management control agreement), subject to the terms of this Security Addendum. If privatized, access by a private contractor's personnel to NCIC data and other CJIS information is restricted to only that necessary to perform the privatized tasks consistent with the government agency's function and the focus of the contract. If privatized the contractor may not access, modify, use or disseminate such data in any manner not expressly authorized by the government agency in consultation with the FBI.

**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.

Printed Name/Signature of Contractor Employee

Date

Printed Name/Signature of Contractor Representative

Date

Organization and Title of Contractor Representative



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 04/24**

APPLICANT SECTION:

Name: _____
(Last) (First) (Middle) (Suffix)

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

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: _____

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>

Applicant Initial _____

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

13. COMMENTS/SUMMARY

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									
SECTION A	Have you ever or do you now have any of the following? For "YES" answers, list the question number and supply full details in Section "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									

Answer the following questions. For "YES" answers, list the question number and supply full details in Section B below.	YES	NO
40. Have you ever had or been advised to have an operation?		
41. Have you ever been a patient (committed or voluntary) in a mental hospital?		
42. Have you ever had any other illness, injury, or physical condition not named on this form?		
43. Are you presently under a doctor's care for any condition?		
44. Have you taken any medication during the last 12 months?		
45. Do you have any physical or emotional limitations?		
46. Have you ever been treated or received counseling for drug abuse?		
47. Do you smoke? If "YES", number of packs per day: _____		
48. Do you drink? If "YES", number of drinks per week: _____		
49. Have you had an injury within the last 5 years which caused you to lose time from work?		
50. Have you even been denied employment or insurance for medical reasons?		
51. Have you even been discharged or released from employment or the armed forces for medical or emotional reasons?		
52. Have you ever received or applied for a pension or compensation for disability or injury?		

SECTION B		Please explain all items answered "YES," in this questionnaire; identify question number, date of onset, diagnosis and your present condition.
#	DATE	

Name of Applicant (Printed): _____

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

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: _____

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