

17. FINANCIAL STATUS			
LIST ALL BANKRUPTCIES AND DATES:			
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 A SEPARATE SHEET OF PAPER (ATTACHMENT).			
A. WERE YOU EVER A SUBJECT OF A CRIMINAL INVESTIGATION, ISSUED A SUMMONS, DETAINED, OR ARRESTED BY A LAW ENFORCEMENT AGENCY, EVEN AS A JUVENILE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
B. HAVE YOU EVER BEEN CONVICTED OF A CRIME? INCLUDE JUVENILE OFFENSES. YES <input type="checkbox"/> NO <input type="checkbox"/>			
C. HAVE YOU EVER BEEN FINGERPRINTED FOR ANY REASON (ARREST, JOB APPLICATION, ETC.)? YES <input type="checkbox"/> NO <input type="checkbox"/>			
D. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR CRIME OR ANY CRIME RELATED TO DOMESTIC VIOLENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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.			
19. ILLICIT/ILLEGAL DRUG USE: DO YOU NOW USE, OR HAVE YOU EVER USED, ILLICIT (ILLEGAL) DRUGS? (THIS INCLUDES MARIJUANA, SYNTHETIC AND/OR PSEUDO DRUGS, AND ANY USE OF ANOTHER PERSON'S PRESCRIPTION MEDICATION AT ANY TIME FOR ANY REASON).			
YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, COMPLETE THE FOLLOWING			
NAME OF ILLEGAL DRUG OR PRESCRIPTION MEDICATION	MONTH/YEAR OF FIRST USE	MONTH/YEAR OF LAST USE	IF YOU USED ANOTHER'S PRESCRIPTION MEDICATION, EXPLAIN WHY YOU USED IT: RECREATIONAL, PAIN, EXPERIMENTAL, ETC.
20. VEHICLE OPERATOR'S LICENSE (DRIVER'S, COMMERCIAL DRIVER'S LICENSE, ETC.): GIVE THE FOLLOWING INFORMATION CONCERNING ALL VEHICLE OPERATOR'S LICENSES YOU HAVE EVER HELD OR NOW HOLD, BEGINNING WITH YOUR PRESENT LICENSE. INCLUDE ALL STATE, MILITARY AND OVERSEAS LICENSES. IF MORE SPACE IS NEEDED, PLEASE LIST INFORMATION IN SECTION 27.			
KIND OF LICENSE AND NUMBER	PLACE OF ISSUE	DATE OF EXPIRATION	RESTRICTIONS
A. 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 <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN FULLY:			
B. HAVE YOU EVER HAD AUTOMOBILE INSURANCE CANCELLED, WITHDRAWN OR REVOKED OR HAVE YOU EVER BEEN REFUSED AUTOMOBILE INSURANCE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, GIVE DETAILS, INCLUDING REASONS, NAMES OF COMPANIES, DATES, ETC.:			
C. GIVE NAME AND ADDRESS OF THE INSURANCE COMPANY WITH WHOM YOU NOW HAVE AUTOMOBILE INSURANCE:		DESCRIBE YOUR POLICY COVERAGE (FOR EXAMPLE, FULL, LIABILITY ONLY, COLLISION ONLY, ETC.)	
D. LIST ALL TRAFFIC CITATIONS EVER RECEIVED (EXCEPT PARKING) INCLUDING THE DATE, PLACE, AND FULL DETAILS OF EACH INCIDENT			

21. REFERENCES

CHARACTER REFERENCES: DO NOT INCLUDE RELATIVES, 2 MEMBERS OF THE SAME HOUSEHOLD, PERSONS WHO ONLY KNOW YOU ON A PROFESSIONAL BASIS, OR PERSONS LIVING OUTSIDE THE UNITED STATES OR ITS TERRITORIES. DO NOT REPEAT NAMES OF SUPERVISORS OR COWORKERS LISTED IN YOUR WORK HISTORY (PAGE 4). LIST ONLY CHARACTER REFERENCES WHO HAVE KNOWN YOU ON A PERSONAL BASIS FOR AT LEAST 2 YEARS AND WHO HAVE KNOWLEDGE OF YOUR TRAITS, HABITS, CHARACTERISTICS, QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING. LIST A MINIMUM OF THREE (3) CHARACTER REFERENCES, THEIR COMPLETE STREET ADDRESSES, AND YOU MUST PROVIDE 2 PHONE NUMBERS FOR EACH PERSON, EVEN IF ONE IS A MESSAGE PHONE ONLY. INDICATE WHETHER NUMBERS ARE WORK, HOME, CELL, OR MESSAGE.

NAME	YEARS KNOWN	STREET ADDRESS	CITY & STATE	PHONE

22. FOREIGN TRAVEL

DATES (MONTH/YEAR)	COUNTRY TRAVELED TO OR THROUGH FOR ANY REASON	PURPOSE OF TRAVEL

23. HOBBIES & SPORTS

NAME	LENGTH OF PARTICIPATION	LEVEL OF PROFICIENCY

24. ORGANIZATION MEMBERSHIP

YES	NO	
		ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER 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 ANY 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 STATE OR OF ANY 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 NOW OR FORMERLY HELD.

25. 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

26. HAVE YOU EVER APPLIED FOR ANY POSITION WITH ANY OTHER FEDERAL, STATE, CITY, MUNICIPAL, BOROUGH, OR OTHER GOVERNMENTAL AGENCY? YES NO IF YES, PROVIDE COMPLETE DETAILS, INCLUDING AGENCY NAME, LOCATION, DATES, ALL PORTIONS OF EACH PROCESS IN WHICH YOU PARTICIPATED, OUTCOME, AND/OR PENDING STATUS. PROVIDE A CONTACT NAME AND PHONE NUMBER FOR ANY APPLICATION PROCESSES FOR WHICH YOU HAVE BEEN INTERVIEWED, OR TAKEN A SUBSTANTIAL STEP IN THE PROCESS.

27. REMARKS:

**AUTHORIZATION FOR RELEASE OF INFORMATION
CERTIFICATION OF ACCURACY**

I, _____ AUTHORIZE RELEASE OF ALL INFORMATION PERTAINING TO ME FROM THE RECORDS OF CREDIT BUREAUS, EDUCATIONAL INSTITUTIONS, MILITARY SERVICES, LAW ENFORCEMENT AGENCIES AND PRESENT AND PAST EMPLOYERS, TO MY PROSPECTIVE EMPLOYER AND THE ALASKA POLICE STANDARDS COUNCIL. I ALSO AUTHORIZE THE ALASKA POLICE STANDARDS COUNCIL TO RELEASE TO ANY LAW ENFORCEMENT AGENCY, INFORMATION WHICH 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 SUMMARILY DISCHARGED WITHOUT CAUSE OR HEARING IF ANY OF THE INFORMATION THAT I HAVE PROVIDED CONTAINS ANY MISREPRESENTATION OR FALSIFICATION OR IF ANY REQUESTED INFORMATION HAS BEEN KNOWINGLY OMITTED. I ACKNOWLEDGE THAT INFORMATION ON THIS FORM WILL BE USED BY THE COUNCIL TO DETERMINE MY ELIGIBILITY AND QUALIFICATIONS FOR EMPLOYMENT, TRAINING, AND CERTIFICATION.

A PHOTOCOPY OR ELECTRONIC COPY OF THIS AUTHORIZATION IS AS VALID AS THE ORIGINAL.
THIS AUTHORIZATION DOES NOT EXPIRE UNLESS THE ALASKA POLICE STANDARDS COUNCIL IS NOTIFIED IN WRITING.

I CERTIFY UNDER THE PENALTY OF UNSWORN FALSIFICATION THAT THE FOREGOING IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

DONE AT _____, _____ ON THE _____ DAY OF _____, 2____.

(CITY) (STATE)

SWORN TO AND SUBSCRIBED BEFORE ME

APPLICANT

THIS _____ DAY OF _____, 2____.

NOTARY PUBLIC IN AND FOR THE STATE OF _____

MY COMMISSION EXPIRES _____

FOR AGENCY USE ONLY: SCREENING CHECKLIST:

INITIALS

- IS APPLICANT A U.S. CITIZEN WITH DOCUMENTATION ON FILE? _____
- IS APPLICANT 21 YEARS OF AGE WITH BIRTH CERTIFICATE OR PASSPORT IN FILE? _____
- DOES APPLICANT HAVE A HIGH SCHOOL/GED TRANSCRIPTS ON FILE? _____
- HAS MILITARY SERVICE BEEN VERIFIED WITH DOCUMENTATION IN FILE? _____
- HAS PRIOR CERTIFICATION HISTORY BEEN VERIFIED WITH DOCUMENTATION IN FILE? _____
- IF APPLICANT HAS APPLIED TO OTHER AGENCIES, HAS QUERY BEEN DONE AND DOCUMENTED? _____
- HAS BACKGROUND INVESTIGATION BEEN COMPLETED WITH DOCUMENTATION IN FILE? _____
- HAS FINGERPRINT CARD BEEN SUBMITTED TO ALASKA DEPARTMENT OF PUBLIC SAFETY? _____
- DOES APPLICANT MEET DRUG STANDARDS? _____
- HAS APSIN BEEN CHECKED WITH DOCUMENTATION IN FILE? _____
- HAS NCIC BEEN CHECKED WITH DOCUMENTATION IN FILE? _____
- HAVE MOTOR VEHICLE RECORDS BEEN CHECKED WITH DOCUMENTATION IN FILE? _____
- HAVE CIVIL ACTIONS BEEN QUERIED WITH DOCUMENTATION IN FILE? _____
- HAS APPLICANT PASSED A PHYSICIAN EXAMINATION PERFORMED BY A LICENSED PHYSICIAN WITH DOCUMENTATION IN FILE? _____
- HAS APPLICANT BEEN FOUND TO BE MENTALLY CAPABLE OF OF PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB BY A LICENSES PYSCHIATRIST OR PSYCHOLOGIST (EXCEPT M.C.O.)? _____
- HAS APPLICANT MET ALL STANDARDS AS SET OUT IN 13 AAC.85.010, WITH DOCUMENTATION IN FILE, AS APPROPRIATE? _____