

PERSONAL HISTORY STATEMENT

GENERAL INSTRUCTIONS: EVERY QUESTION MUST BE ANSWERED. IF THE QUESTION DOES NOT APPLY TO YOU, RESPOND WITH N/A. <u>DO NOT LEAVE ANY SPACE BLANK.</u> IF SPACE AVAILABLE IS INSUFFICIENT TO PROVIDE A COMPLETE ANSWER, USE A SEPARATE SHEET(S) OF PAPER (ATTACHMENT) FOR YOUR ANSWER(S). WHEN USING ATTACHMENT(S): PRECEDE EACH ANSWER WITH THE NUMBER OF THE REFERENCED QUESTION, AND BE SURE TO REFER THE READER TO THE ATTACHMENT IN THE ANSWER PORTION OF THE QUESTION. <u>DO NOT MISREPRESENT OR OMIT</u> A REQUESTED FACT OR ITEM. THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT. THIS APPLICATION IS TREATED AS A WRITTEN TEST. FAILURE TO FOLLOW DIRECTIONS MAY RESULT IN DISQUALIFICATION FROM THE PROCESS. IT IS STRONGLY RECOMMENDED THAT YOU KEEP A COMPLETED COPY OF THIS ENTIRE APPLICATION FOR YOUR RECORDS.								
1. LAST NAME			FIRST NAME		MIDDLE NAME		2. MALE <input type="checkbox"/>	
							FEMALE <input type="checkbox"/>	
3. OTHER NAMES, ALLAS(ES), NICKNAMES(S)							SOCIAL SECURITY NUMBER	
4. MAILING ADDRESS				CITY		STATE		ZIP CODE
PRESENT RESIDENCE ADDRESS				CITY		STATE		ZIP CODE
RESIDENCE PHONE NO.		WORK PHONE NO.		CELL PHONE NO.		EMAIL		
5. DATE OF BIRTH (MONTH, DAY, YEAR)			PLACE OF BIRTH (CITY, COUNTY, STATE)				ATTACH A COPY OF BIRTH CERTIFICATE OR PASSPORT (MANDATORY)	
6. WEIGHT		HEIGHT		EYE COLOR		HAIR COLOR		
7. U.S. CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES: BY BIRTH <input type="checkbox"/> NATURALIZED <input type="checkbox"/>		NATURALIZATION CERTIFICATE #			DATE, PLACE, AND COURT NATURALIZED		
8. MARITAL STATUS: MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> ENGAGED <input type="checkbox"/>		NAME OF SPOUSE OR SIGNIFICANT OTHER (LAST, FIRST, MIDDLE), INCLUDE ANYONE YOU ARE CURRENTLY DATING						
					ADDRESS (STREET, CITY, STATE)		PHONE NO:	
DATE MARRIED:		DATE OF BIRTH:		OCCUPATION:				
9. CHILDREN AND DEPENDENTS LIST ALL OF YOUR CHILDREN, INCLUDING STEPCHILDREN AND ADOPTED, REGARDLESS WITH WHOM THEY RESIDE.								
CHILD'S NAME	DATE OF BIRTH	PLACE OF BIRTH	RESIDENCE ADDRESS	NAME OF BIOLOGICAL PARENTS		RESIDES WITH:		
				FATHER	MOTHER			

10. MILITARY STATUS:		ATTACH COPY OF DD-214			
ARE YOU A CURRENT OR FORMER MEMBER OF THE US ARMED FORCES? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, BRANCH(ES)			
TYPE OF DISCHARGE		DATE OF SERVICE(S) FROM: TO:		RANK	
<p>A. WHILE IN THE MILITARY, WERE YOU EVER A SUBJECT OF A CRIMINAL INVESTIGATION, ISSUED A SUMMONS, DETAINED OR ARRESTED FOR AN OFFENSE? YES <input type="checkbox"/> NO <input type="checkbox"/> USE A SEPARATE SHEET OF PAPER TO EXPLAIN EACH INCIDENT AND OUTCOME OR DISPOSITION. HAVE YOU EVER HAD AN ARTICLE 15, CAPTAIN'S MAST, TRIAL BY DECK COURT, OR A SUMMARY, SPECIAL OR GENERAL COURT-MARTIAL, OR AN EQUIVALENT PROCEEDING? YES <input type="checkbox"/> NO <input type="checkbox"/> USE A SEPARATE SHEET OF PAPER AND INCLUDE: DATE, PLACE, ENFORCING AUTHORITY, TYPE OF COURT-MARTIAL, CHARGE, AND TYPE OF ACTION TAKEN.</p>					
<p>B. ARE YOU PRESENTLY A MEMBER OF THE U.S. RESERVE OR NATIONAL OR STATE GUARD ORGANIZATION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, COMPLETE THE FOLLOWING</p>					
GRADE OR RANK		SERVICE AND COMPONENT		ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> STANDBY <input type="checkbox"/>	
ORGANIZATION AND STATION OR UNIT AND LOCATION				INDICATE RESERVE OBLIGATION IF ANY	
11. EDUCATION		ATTACH OFFICIAL TRANSCRIPT OF GRADUATION (MANDATORY) (A PHOTOCOPY WILL NOT BE ACCEPTED); IF YOU ATTENDED A NON-PUBLIC SCHOOL, ONLINE SCHOOL, AND/OR WERE HOME-SCHOOLED, YOU <u>MUST</u> PROVIDE PROOF OF ACCREDITATION.			
A. LIST ALL HIGH SCHOOLS ATTENDED					
NAME	STREET ADDRESS	DATES ATTENDED	YEARS COMPLETED	GRADUATED YES/NO	PUBLIC, PRIVATE, ONLINE, OR HOME-SCHOOLED?
HIGHER EDUCATION		ATTACH OFFICIAL TRANSCRIPTS OF GRADUATION AND FOR ALL SCHOOLS OR CLASSES YOU HAVE ENROLLED IN (MANDATORY FOR CREDIT) (A PHOTOCOPY WILL NOT BE ACCEPTED). IF YOU ATTENDED A NON-PUBLIC SCHOOL OR ONLINE SCHOOL, YOU MUST PROVIDE PROOF OF ACCREDITATION.			
B. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED					
NAME	STREET ADDRESS	DATES ATTENDED	CREDIT HOURS EARNED	LIST DEGREE(S) RECEIVED	PUBLIC, PRIVATE, ONLINE, OR HOME-SCHOOL?
MAJOR AND MINOR COLLEGE COURSES					
<p>C. LIST VOCATIONAL OR TECHNICAL TRAINING. LIST ALL LAW ENFORCEMENT TRAINING. GIVE THE NAME FOR EACH AND THE LOCATION OF SCHOOL, DATES ATTENDED, SUBJECTS STUDIED, CERTIFICATE, AND ANY OTHER PERTINENT DATA. INCLUDE COLLEGE COURSES IN CRIMINAL JUSTICE OR LAW ENFORCEMENT.</p>					
<p>12. DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHAT LANGUAGE(S) DO YOU SPEAK?</p>					
<p>HOW FLUENTLY? FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> EXCELLENT <input type="checkbox"/></p>					

13. SPECIAL QUALIFICATIONS AND SKILLS

A. HAVE YOU EVER APPLIED FOR CERTIFICATION OR BEEN CERTIFIED AS A LAW ENFORCEMENT OFFICER (CORRECTIONAL, PROBATION, PAROLE, OR POLICE OFFICER, ETC.)?
 YES NO IF YES, LIST NAME AND LOCATION OF CERTIFICATION AUTHORITY, DATE OF ISSUE, AND DATE OF EXPIRATION (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, AND REASON(S)

C. INDICATE TYPE OF SPECIAL LICENSE SUCH AS PILOT, VESSEL, RADIO OPERATOR, ETC., SHOWING LICENSING AUTHORITY WHERE THE LICENSE WAS FIRST ISSUED, AND DATE CURRENT LICENSE EXPIRES (EXCEPT VEHICLE OPERATOR'S LICENSE).

D. SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE. (FOR EXAMPLE, SCIENTIFIC OR PROFESSIONAL DEVICES, COMMUNICATIONS OR NAVIGATIONAL EQUIPMENT).

E. APPROXIMATE NUMBER OF WORDS PER MINUTE:
 TYPING: _____ RATE YOUR COMPUTER SKILLS: _____

F. SPECIAL QUALIFICATIONS NOT COVERED IN APPLICATION. (FOR EXAMPLE, YOUR MOST IMPORTANT PUBLICATIONS (DO NOT SUBMIT COPIES UNLESS REQUESTED); YOUR PATENTS OR INVENTIONS; PUBLIC SPEAKING AND PUBLICATIONS EXPERIENCE; MEMBERSHIPS IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC; AND HONORS AND FELLOWSHIPS RECEIVED).

14. FAMILY AND CLOSE RELATIONSHIPS

A. LIST IN ORDER GIVEN, SHOWING RELATIONSHIP, PARENTS, GUARDIANS, STEPPARENTS, PARENTS-IN-LAWS, SPOUSE, BROTHERS, AND SISTERS. INCLUDE: ALL PERSONS WHOM YOU HAVE HAD A SERIOUS RELATIONSHIP OR WHO YOU DATED FOR A PERIOD OF 3 MONTHS OR MORE; LIVED WITH; HAVE A CHILD WITH; ROOMMATES FOR EXTENDED PERIODS OF TIME; ETC. ALL EX-SPOUSES **MUST BE LISTED AND A CONTACT PHONE NUMBER MUST BE PROVIDED FOR EACH**

RELATIONSHIP / PHONE NUMBER	NAME	PRESENT ADDRESS IF LIVING
FATHER		
MOTHER		

B. NATURALIZATION AND CITIZENSHIP: THIS INFORMATION **MUST BE PROVIDED FOR EACH PERSON TO WHOM IT APPLIES. IF ANY PERSON IN SECTION "A" OF THIS QUESTION IS NOT A U.S. CITIZEN BY BIRTH PROVIDE THE FOLLOWING INFORMATION; IF ALL ARE U.S. CITIZENS BY BIRTH, WRITE "N/A"**

NAME	DATE OF BIRTH	PLACE OF BIRTH	PORT OF ENTRY	ALIEN REGISTRATION #	NATURALIZATION CERTIFICATE #	PLACE OF ISSUANCE

15. RESIDENCES: LIST ALL RESIDENCES FOR THE PAST 10 YEARS, BEGINNING WITH YOUR PRESENT ADDRESS. ACCOUNT FOR ALL PLACES YOU HAVE LIVED DURING THE PAST 10 YEARS, INCLUDING WHILE ATTENDING COLLEGE AND MILITARY DEPLOYMENTS. FULL LANDLORD NAMES AND PHONE NUMBERS MUST BE PROVIDED (INCLUDING THE MILITARY HOUSING AUTHORITY ON EACH POST). IF YOU LIVED WITH FRIENDS OR RELATIVES INDICATE THEIR RELATIONSHIP TO YOU AND LIST THEIR NAME AND PHONE NUMBER.

MONTH AND YEAR		STREET ADDRESS	CITY	STATE OR COUNTRY	LANDLORD AND PHONE NO.
FROM	TO				

16. BEGINNING WITH YOUR MOST RECENT JOB, LIST YOUR WORK HISTORY FOR THE PAST TEN (10) YEARS. USE A SEPARATE BLOCK FOR EACH ENTRY. YOU MUST ACCOUNT FOR THE ENTIRE 10-YEAR PERIOD, INCLUDING ALL PART-TIME, TEMPORARY OR SEASONAL EMPLOYMENT, AND ALL PERIODS OF UNEMPLOYMENT. MILITARY ENLISTMENTS MUST INCLUDE A SEPARATE BLOCK FOR EACH CHANGE OF DUTY STATION, EACH DEPLOYMENT, ETC. YOU MUST PROVIDE FIRST AND LAST NAMES FOR ALL SUPERVISORS AND COWORKERS. "N/A" IS ONLY APPROPRIATE IF YOU HAD NO COWORKERS. (FOR EXAMPLE, YOU WORKED SOLELY WITH YOUR SUPERVISOR OR ENTIRELY ALONE). LIST THE MONTH/YEAR FOR YOUR START/STOP DATES FOR EACH SECTION. PROVIDE ALL REQUIRED INFORMATION EVEN IF THE BUSINESS NO LONGER EXISTS. IF YOU CANNOT LOCATE INFORMATION REQUIRED IN THIS SECTION, USE A SEPARATE PIECE OF PAPER TO THOROUGHLY EXPLAIN ALL EFFORTS YOU HAVE MADE TO FIND IT. IF YOU BELIEVE YOU WILL RUN OUT OF ROOM ON THIS FORM, MAKE COPIES OF THE BLANK FORM PRIOR TO FILLING THIS INFORMATION OUT AND USE THE COPIES OF THE FORM TO COMPLETE THIS SECTION.

FROM DATE (MONTH/YEAR)	NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER		REASON FOR LEAVING?	JOB TITLE
TO DATE (MONTH/YEAR)			DESCRIPTION OF DUTIES	
SALARY	FULL NAME OF SUPERVISOR	PHONE NUMBER	FULL NAME OF COWORKER	PHONE NUMBER
FROM DATE (MONTH/YEAR)	NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER		REASON FOR LEAVING?	JOB TITLE
TO DATE (MONTH/YEAR)			DESCRIPTION OF DUTIES	
SALARY	FULL NAME OF SUPERVISOR	PHONE NUMBER	FULL NAME OF COWORKER	PHONE NUMBER
FROM DATE (MONTH/YEAR)	NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER		REASON FOR LEAVING?	JOB TITLE
TO DATE (MONTH/YEAR)			DESCRIPTION OF DUTIES	
SALARY	FULL NAME OF SUPERVISOR	PHONE NUMBER	FULL NAME OF COWORKER	PHONE NUMBER
FROM DATE (MONTH/YEAR)	NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER		REASON FOR LEAVING?	JOB TITLE
TO DATE (MONTH/YEAR)			DESCRIPTION OF DUTIES	
SALARY	FULL NAME OF SUPERVISOR	PHONE NUMBER	FULL NAME OF COWORKER	PHONE NUMBER
FROM DATE (MONTH/YEAR)	NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER		REASON FOR LEAVING?	JOB TITLE
TO DATE (MONTH/YEAR)			DESCRIPTION OF DUTIES	
SALARY	FULL NAME OF SUPERVISOR	PHONE NUMBER	FULL NAME OF COWORKER	PHONE NUMBER
FROM DATE (MONTH/YEAR)	NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER		REASON FOR LEAVING?	JOB TITLE
TO DATE (MONTH/YEAR)			DESCRIPTION OF DUTIES	
SALARY	FULL NAME OF SUPERVISOR	PHONE NUMBER	FULL NAME OF COWORKER	PHONE NUMBER
FROM DATE (MONTH/YEAR)	NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER		REASON FOR LEAVING?	JOB TITLE
TO DATE (MONTH/YEAR)			DESCRIPTION OF DUTIES	
SALARY	FULL NAME OF SUPERVISOR	PHONE NUMBER	FULL NAME OF COWORKER	PHONE NUMBER
FROM DATE (MONTH/YEAR)	NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER		REASON FOR LEAVING?	JOB TITLE
TO DATE (MONTH/YEAR)			DESCRIPTION OF DUTIES	
SALARY	FULL NAME OF SUPERVISOR	PHONE NUMBER	FULL NAME OF COWORKER	PHONE NUMBER

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 (EXCEPT MILITARY)? YES NO IF YES, STATE CIRCUMSTANCES:

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? YES <input type="checkbox"/> NO <input type="checkbox"/>			
B. HAVE YOU EVER BEEN CONVICTED OF A CRIME? 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:

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, OR PAROLE 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 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 MET ALL STANDARDS AS SET OUT IN 13 AAC.85.010, WITH DOCUMENTATION IN FILE, AS APPROPRIATE?	_____