Instructions to the Applicant



The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of an **APSC Certified Officer**, in accordance with Alaska Police Standards Council (APSC) regulations.

- Please confirm this version is the most current version by checking APSC website: https://dps.alaska.gov/APSC/Agency-Forms
- It is your responsibility to complete this form and provide all required information.
- If filling out hardcopy, please fill out form in blue or black ink or type as indicated by the agency. Do not use pencil.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the last page of this form (page 27) and identify the additional information by the question number.
- Send the completed form to your background investigator or the agency to which you are applying. Do NOT send the form to APSC.

## Disqualification

There are very few *automatic* bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, *deliberate misstatements or omissions* can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.

## **Disclosure of Medically-Related Information**

In accordance with the U.S. Americans with Disabilities Act, and the Genetic Information Nondiscrimination Act (GINA), applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

I have read and I understand the above instructions.						
Signature:	Date:					

	N 1: PERSONAL					AREA STATE			
1. YOUR	FULL NAME	FI	RST			MIDDLE			
100000000000000000000000000000000000000	NAMES YOU HAVE USED OR BEEN KNOW			D NICKNAMES)			Special V	<b>6</b> 10,000,000	
									□ N/A
3. ADDRE	SS WHERE YOU LIVE	College College College	0.500 (6.22	de emisso estados		N-MENTAL CHARLES			
NUMBE	R / STREET					APT / UN	IIT		
CITY						STATE	ZI	Р	
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			-						
	Attach a copy of birth certificate or pplicable certification of naturaliza								
8. CITIZEN	ISHIP		Debistra	Texas Sections	Post City		005000		
Are yo	u a U.S. citizen?							Yes	S No
	TURALIZED, provide your certifica		•						
9. BIRTH F	PLACE (CITY / COUNTY / STATE / COUNTF	RY) 10. BIRTHDATE (MM	(DD/YYYY)	11. SOCIAL SECURIT	Y NUMBER	12. DRIVER'S LICENSE NUMBER:		STATE:	EXPIRES:
13. PHYSIC	CAL DESCRIPTION		with the size for the		1 Authorities				SPECIFIC SANCIACION FOR
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13 1 SCAR	S, MARKS, AND TATOOS (include removed	or altered tatoos)	eta		A TO SAME SO A SAME		and the same	i School von de land	
	•	•							
SECTIO	N 2: RELATIVES AND REFER	RENCES							
14. IMMED	DIATE FAMILY								
• P	rovide all applicable information in	the spaces below.	• Ma	rk "Deceased," if a	ppropriate	e. Mark "N/A" if a cate	gory is no	ot applicabl	е
• If	more spaced is needed, use Sect	ion 15 or continue o	n page 2	7 – reference corre	esponding	numbers.			
Charles of the Control	use / Domestic Partner / Boyfrie		THE RESIDENCE OF THE PARTY OF T					Deceased	□ N/A
NAME		HOME ADDRESS (NUM	MBER / STR	EET / APT)	CIT	Y		STATE Z	P
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		111							
	DATE OF MARRIAGE/REGISTRATION	BIRTHDATE (MM/DD/Y)	YYY)	Is there or has t	here ever	been, a civil or crimin	al restrai	ning or stay	V-3W3V
	(MM/YYYY)					u and this individual?			
14.B For	mer Spouse/Domestic Partner/S	ignificant Other or	Boyfrie	nd/Girlfriend date	ed longer	than three months		Deceased	□ N/A
NAME		HOME ADDRESS (NUM			CITY			STATE ZI	100
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	DATE OF DISSOLUTION	BIRTHDATE (MM/DD/Y)	(1)	Is there or has t	here ever	been, a civil or crimina	al restrai	ning or etc.	/-2\M2\/
	(MM/YYYY) (MM/YYYY)					u and this individual?.			
	(MIMILITI)								100 -000 -000

SECT	ION 2:	RELATIVES	S AND REFE	ERE	NCES d	continued					Service Control
14.C F	arents	Guardians									
L	ist ALL	parents/guard	dians, living o	r de	ceased,	including biologica	al, adoptive, fost	er, step-p	arents, in-laws, etc.		
14.C.1 NAME	Parent	/ Guardian:	☐ Mother		Father HOME A	Step-mother	Step-father	☐ In-la	w Other:	STATE	☐ Deceased
		HOME PHONE		OS TO	MAILING	ADDRESS (IF DIFFERE	ENT)		CITY	STATE	ZIP
		WORK PHONE	Zelova exte	10.00	CELL PH	IONE	EMAIL				
14.C.2 NAME	Parent	/ Guardian:	☐ Mother		Father	Step-mother DDRESS (NUMBER / ST	Step-father	☐ In-la	AND	lovare.	Deceased
INAMIL	SECTION STORY	HOME PHONE				ADDRESS (IF DIFFERE			CITY	STATE	ZIP
		WORK PHONE			CELL PH		EMAIL	18182-1517-1			
14.C.3 NAME	Parent	/ Guardian:	☐ Mother		Father HOME AD	Step-mother DDRESS (NUMBER / ST	Step-father	☐ In-lav	w Other:	STATE	☐ Deceased
		HOME PHONE	A AMERICAN		MAILING	ADDRESS (IF DIFFERE	ENT)		CITY	STATE	ZIP
	11	WORK PHONE		920	CELL PHO	ONE	EMAIL				Andrew State States
14.C.4	Parent	/ Guardian:	☐ Mother		Father	☐ Step-mother	☐ Step-father	☐ In-lav	Profile Control of the Control of th		Deceased
NAME				Lagre	HOME AL	DDRESS (NUMBER / ST	REET / APT)		CITY	STATE	ZIP
		HOME PHONE		15090	MAILING	ADDRESS (IF DIFFERE	NT)	ANGEL VA	CITY	STATE	ZIP
		WORK PHONE	policie de la contra	CODE:	CELL PHO	ONE	EMAIL	READ TO L		SECTION CONTRACTOR OF THE SECTION OF	3421.2342.275.1
14 D B	rothers	/ Sisters									□ N/A
	MANAGEMENT OF THE PARTY OF THE		s, including h	nalf-	siblings,	step-siblings, fost	er-siblings, etc.				
14.D.1	Sibling	Brother	r Sister		Half-bro	other	er Other:				
NAME	A RECEIVED		Α	GE	HOME AD	DRESS (NUMBER / ST	REET / APT)	Pitti JAR	CITY	STATE	ZIP
		HOME PHONE	Mark Color Plant	nes.	MAILING	ADDRESS (IF DIFFERE	NT)	Service of C	CITY	STATE	ZIP
		WORK PHONE	902 P 08/25 a 7 a	13.5	CELL PHO	ONE	EMAIL	1415954	AND CAPACITY OF THE CA		
14.D.2	Sibling	☐ Brother	AND THE PROPERTY OF THE PARTY O	19070-110	Half-bro	THE PROPERTY OF THE PARTY OF THE PARTY.				Contain Contain	
NAME			A	GE	HOME AD	DRESS (NUMBER / ST	REET / APT)	e e constant de la co	CITY	STATE	ZIP
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		WORK PHONE		95	CELL PHO	NE	EMAIL	Construction	lugai gart yan dike	eta ude se set altre também	

SEC	TION 2:	RELATIV	ES AND RE	FERE	NCES continued				
14.D.3	Sibling	j: 🔲 Bro	other Sist	er 🗌	Half-brother	sister  Other:			
NAME	SANGERO		TORCEZAWA SALE	AGE	HOME ADDRESS (NUMBER	/STREET / APT)	CITY	STATE ZIP	
		НОМЕ РНО	NE	Subcession	MAILING ADDRESS (IF DIFF	ERENT)	CITY	STATE ZIP	a znysią.
		WORK PHO	NE .	Pictor School	CELL PHONE	EMAIL			Parket.
44.54	Ciblina	: 🗆 Bro	ther Siste		Half-brother  Half-				Unic Loc
NAME	Sibling	. 🗆 віо	ullei 🔲 Sisti	WOOD DESIGNATION AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN	Half-brother Half-s	AND THE PARTY OF T	CITY	STATE ZIP	
		HOME PHO	NE		MAILING ADDRESS (IF DIFF	ERENT)	CITY	STATE ZIP	Marie E.
		WORK PHO	NE	C48746	CELL PHONE	EMAIL			History Co.
			1 = 7-					n i	
CONTRACTORS	Children							□ N	
					ral, adopted, step, and parent/guardian, if othe		e any other children who	reside with you. Provide the name	
14.E.1	Child:	☐ Son	☐ Daughter		Other:	Biologica	I Parents:		
NAME				AGE	CUSTODIAL PARENT/GUA	ARDIAN (IF OTHER THAN Y	OU)		7250
	DATE OF I	BIRTH		Sheek Sheek	ADDRESS (NUMBER / STR	EET / APT)	CITY	STATE ZIP	Sicili
					CONTACT NUMBER	EMAIL			KING SE
14.E.2	Child:	Son	☐ Daughter		Other:	Biological	Parents:		ente de
NAME	a Sales Sales			AGE	CUSTODIAL PARENT/GUA				Section 2
	DATE OF E	BIRTH	45/2-35/34	o a version	ADDRESS (NUMBER / STRE	EET / APT)	CITY	STATE ZIP	
			1 .		CONTACT NUMBER	EMAIL			1227A
	OL III.	По		and a	O#	District of		NASSA SANSA BURUM 25 MANAGANA MANAGAN ANA ANA ANA ANA ANA ANA ANA ANA A	NEW OF REAL
NAME	Child:	Son	☐ Daughter	AGE	Other: CUSTODIAL PARENT/GUA	Biological RDIAN (IF OTHER THAN Y			Materia L'Halla
	DATE OF E	IRTH	-63546-7146-7	LCMON	ADDRESS (NUMBER / STRE	EET / APT)	CITY	STATE ZIP	
					CONTACT NUMBER	EMAIL			ASSESSORE.
<b>14.E.4</b> NAME	Child:	Son	☐ Daughter	AGE	Other: CUSTODIAL PARENT/GUA	Biological RDIAN (IF OTHER THAN YO			
	DATE OF B	IRTH	Baran Salahan	- 140M	ADDRESS (NUMBER / STRE	EET / APT)	CITY	STATE ZIP	Company 2
					CONTACT NUMBER			and the second s	
					CONTACT NUMBER	EMAIL			12-6

Briefly Street	I 2: RELATIVES AND REPREFERENCES	FERENCES continued						
• Lis	t at least 5 people who know	you well, such as close personal relationd/or co-workers. Do <b>NOT</b> include relation	nships, social ves, employers	and family friends, former sp s, housemates, or any indivi	pouses and significant others, duals listed elsewhere.			
15.1 NAME	E OF REFERENCE	HOME ADDRESS (NUMBER / STREE	T / APT)	CITY	STATE ZIP			
	HOME PHONE	MAILING ADDRESS (NUMBER / STR	EET / SUITE)	CITY	STATE ZIP			
	WORK PHONE	CELL PHONE	EMAIL		e de de la la Vincenti de signatura de Messalli de de la			
	How do you know this per			How long have you known this person?				
15.2 NAME	OF REFERENCE	HOME ADDRESS (NUMBER / STREE	T / APT)	CITY	STATE ZIP			
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entrem.	HOME PHONE	MAILING ADDRESS (NUMBER / STRE	EET / SUITE)	CITY	STATE ZIP			
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	How do you know this pers	son?		How long have you known	this person?			
15.4 NAME	OF REFERENCE	HOME ADDRESS (NUMBER / STREET	HOME ADDRESS (NUMBER / STREET / APT)		STATE ZIP			
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	WORK PHONE	CELL PHONE	EMAIL					
	How do you know this pers	son?		How long have you known	this person?			
15.5 NAME	OF REFERENCE	HOME ADDRESS (NUMBER / STREET	T / APT)	CITY	STATE ZIP			
ON APPER	HOME PHONE	MAILING ADDRESS (NUMBER / STRE	EET / SUITE)	CITY	STATE ZIP			
	WORK PHONE	CELL PHONE	EMAIL					
	How do you know this pers	son?		How long have you known	this person?			
15.6 NAME	OF REFERENCE	HOME ADDRESS (NUMBER / STREET	Γ/APT)	CITY	STATE ZIP			
20202	HOME PHONE	MAILING ADDRESS (NUMBER / STRE	ET / SUITE)	CITY	STATE ZIP			
	WORK PHONE	CELL PHONE	EMAIL	The Market was also and				
	How do you know this pers	ion?		How long have you known this person?				

SECTION 2:	RELATIVES AND REFERENC	ES continued					
15.7 NAME OF	REFERENCE	HOME ADDRESS (NUMBER / STREET / .	APT)	CITY		STATE	ZIP
	HOME PHONE	MAILING ADDRESS (NUMBER / STREET	(/SUITE)	CITY		STATE	ZIP
	WORK PHONE	CELL PHONE	EMAIL			10012120	
	How do you know this person?			How long ha	ve you known this person?		
15.8 NAME OF	REFERENCE	HOME ADDRESS (NUMBER / STREET / /	APT)	CITY		STATE	ZIP
	HOME PHONE	MAILING ADDRESS (NUMBER / STREET	/ SUITE)	CITY		STATE	ZIP
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	How do you know this person?			How long ha	ve you known this person?		
15.9 NAME OF	REFERENCE	HOME ADDRESS (NUMBER / STREET / /	APT)	CITY		STATE	ZIP
Manager.	HOME PHONE	MAILING ADDRESS (NUMBER / STREET	/SUITE)	CITY		STATE	ZIP
	WORK PHONE	CELL PHONE	EMAIL				
	How do you know this person?			How long ha	ve you known this person?		
15.10 NAME OF F	REFERENCE	HOME ADDRESS (NUMBER / STREET / A	APT)	CITY		STATE	ZIP
	HOME PHONE	MAILING ADDRESS (NUMBER / STREET	/ SUITE)	CITY		STATE	ZIP
	WORK PHONE	CELL PHONE	EMAIL				ha wasan na a sa
	How do you know this person?			How long hav	ve you known this person?		
SECTION 3:	EDUCATION					126	
You will certific.	l be required to furnish unopen		proof to supp	ort all of yo	ur educational claims	before	hire or
16. CHECK APPL	ICABLE MM/YYYY ligh School Diploma:	MM/YYYY	WHAT LANG	UAGE(S) DO Y	OU SPEAK?		
17. LIST HIGH SO	CHOOL(S) ATTENDED						art stockerstern
	IGH SCHOOL				FROM (MM/YYYY)	ГО (ММ/Ү	YYY)
PUBLIC/PRIVATE	OR HOMESCHOOL?	CITY	sien sitte Eze		to de la colonia	STATE	
17.2 NAME OF H	IGH SCHOOL		54 7 C.	w. 0.507.50%	FROM (MM/YYYY)	O (MM/Y	YYY)
PUBLIC, PRIVATE,	OR HOMESCHOOL?	CITY				STATE	ale na en primera.

SEC	CTION 3:	EDUCATION continued							E-WEIGHT ST	
18. L	The second second	DLLEGES AND UNIVERSITIES ATTENDED								
18.1	NAME OF	COLLEGE/UNIVERSITY		FROM (MM/Y	YYY)	TO (M	M/YYYY)	TOTAL UN	TS COMPLETED	
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		ADDRESS (NUMBER / STREET)						IYP	E OF DEGREE EARNED	
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250700	I NAME OF	COLLEGE/UNIVERSITY	a - 10 m is Marie Spierre in the Marie Marie	FROM (MM/Y	YYY)	TO (M	M/YYYY)	TOTAL UNI	TS COMPLETED	Ministra Colonia
18.2	7.11.311.2.01	AND A SECOND SECTION OF CONCERNS			And all Valence	10 (111		TO THE OIL		SEM SYSTEM
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		CITY			S	TATE	ZIP	MAJ	OR / AREA OF STUDY	
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18.4									QTR SYSTEM S	EM SYSTEM
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		CITY	THE RESIDENCE OF THE PARTY OF		S	TATE	ZIP	MAJO	OR / AREA OF STUDY	the House Sta
19. L	IST ALL TR	ADE, VOCATIONAL, AND BUSINESS SCHO	OLS / INSTITUTES ATTEN	DED						THE VIEW SEAT
40.4	NAME OF	TRADE, VOCATIONAL, OR BUSINESS SCHOOL	JINSTITUTE	FR	OM (MM/	YYYY)	TO (MM/YY	YY)	DID YOU COMPLETE THE C	COURSE?
19.1									☐ Yes ☐	No
		CITY		HAR WATER	STATE	TYF	E OF SCHOOL	OR TRAINING		
19.2	NAME OF	TRADE, VOCATIONAL, OR BUSINESS SCHOOL	JINSTITUTE	FR	OM (MM/	YYYY)	TO (MM/YY	YY)	DID YOU COMPLETE THE C	COURSE?
									1.000000	No
		CITY			STATE	TYF	E OF SCHOOL	OR TRAINING		HINESTERN STEEL
20	Намо мон	ever taken an Arrest and/or Firearms	Courses							□ Na
	and the second	rovide the following information:	Course?						Yes	∐ No
	11 1LO, p	A. COURSE PRESENTER NAME	Control Control	okovije Euroka i	A 3420-44	Self to only	LOCATION	(CITY / STAT		Electric Street
								(on the one	A the older have been the last the flow of A feeling within	STORY STANDARD TONGS
		B. COURSE COMPLETION		LESPEND TO	-3.25EX	your the	24-5-8-3-20-259		COMPLETION DATE (N	MM/YYYY)
		Did you successfully complete	the course?				🗆 Y	es 🗌		,
21	Have you	ever attended a Basic Law Enforcem	ent Academy: Police	Corrections	Proha	ation/D	arole Village	Police	□ Vos	□No
	-	rovide the following information:	icht Academy. Tollee,	Corrections	, 1 1006	ation//	arole, village	r olice	les	□ 140
	NAME OF A	A CHANGE SHOULD BE SERVICE TO THE CONTROL OF A CONTROL OF	College Service College Service Service	LED	ON /NAMA	/////	LTO (MM	2222	DID VOLL BACCIODAD	NIATEO.
21.1	NAME OF A	ACADEMY		FR	OM (MM/	YYYY)	TO (MM/	YYYY)	DID YOU PASS/GRAD	
	LOCATION	(CITY, STATE)	I NAME OF	TRAINING OF	ICED / A	CADEM	Y COORDINATO	AB.		No
	LOCATION	COLL, STATE)	NAME OF	TAINING OFF	IOER / A	CADEM	COORDINATO	N. S. A. S.	CONTACT NUMBER	NOTE THE PARTY
19/3/20	NAME OF A	ACADEMY		[ED	OM (MM/	VVVV\	TO (MM/	VVVV	DID VOLLBASSION 1	NIATEO
21.2	INCINIE OF F			FR	OIVI (IVIIVI)	1111)	TO (MIMI/	(1(1)	DID YOU PASS/GRAD	- 2000
	LOCATION	(CITY, STATE)	NAME OF	TRAINING OFF	ICER / A	CADEM	Y COORDINATO	R	CONTACT NUMBER	_ No
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SE	CTION 3: EDUCATION continued					
22.	Have you ever been subject to any disciplinary a from any high school(s), college/university, busin					
	IF YES, describe in detail below. Starting with hig basic course. Include when the disciplinary action	th school, list any and and (s) occurred, name of	all discipli school(s)	nary actions received i and explanation of ci	n any school, education	onal institution, or
SEC	CTION 4: RESIDENCE HISTORY					
The Park of	LIST OF RESIDENCES	。		HILL ENGLISHED		
	List all residences during the last 10 years o	r since age 15.				
	Provide complete addresses (include markers	s such as Street, Drive	, Road, E	ast, West, etc., and un	it/apt number). Do <b>NC</b>	T use PO Boxes.
	<ul> <li>If the residence is a military base, identify namunless you shared individual quarters.</li> </ul>	ne of base in address,	nearest ci	y, state, and zip code	. Do <b>NOT</b> list military b	parracks mates
•	If more space is needed, continue your respon	ise on page 27.				
23,1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / AP	PT)			FROM (MM/YYYY)	TO (MM/YYYY)  Present
	CITY	STATE	ZIP	IF RENTING: PRO	OPERTY MANAGER, RENT	COLLECTOR, OR OWNER
				1 1 1 1		Jan 1997 July 1997
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLL	ECTOR, OR OWNER (NUME	ER / STREE	T / APT / PO BOX)	CONTACT NUI	MBER
	CITY	STATE	ZIP	EMAIL		
	Name(s) of those with whom you live:					
23.2	FORMER ADDRESS (NUMBER / STREET / APT)	CONTRACTOR TO SECURE			FROM (MM/YYYY)	TO (MM/YYYY)
		O BERNANDER OF THE RESERVE	2-X-0317001010			
	CITY	STATE	ZIP	IF RENTING: PRO	DPERTY MANAGER, RENT	COLLECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLL	ECTOR, OR OWNER (NUMB	ER / STREE	( / APT / PO BOX)	CONTACT NUM	MBER
		• • • • • • • • • • • • • • • • • • • •		•		
	CITY	STATE	ZIP	EMAIL	e central de la companya della companya de la companya de la companya della companya della companya de la companya de la companya della compa	Teneralisas octobroste
	Name(s) of those with whom you lived:					
	Reason for moving:					
23.3	FORMER ADDRESS (NUMBER / STREET / APT)		In delica		FROM (MM/YYYY)	TO (MM/YYYY)
	CITY	STATE	ZIP	IF RENTING: PRO	PERTY MANAGER, RENT (	COLLECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLE	ECTOR, OR OWNER (NUMB	ER / STREET	/APT / PO BOX)	CONTACT NUM	IBER
	× .					
	CITY	STATE	ZIP	EMAIL		la La farographica de la Francia de la F
	Name(s) of those with whom you lived:					
	Reason for moving:					

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23.4	FORMER	ADDRESS (NUM	BER / STREET /	APT)					FROM (M	MM/YYYY)	TO (MM/YYYY)
	CITY					STATE	ZIP	IF RENTING: F	PROPERTY M.	ANAGER, RENT CO	DLLECTOR, OR OWNER
	MAILING A	ADDRESS OF PR	OPERTY MANA	GER, RENT COLL	ECTOR, OR OWN	ER (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	BER
	CITY	24.5 S. 194.110		PACHIZ SVA		STATE	ZIP	EMAIL			Barrier Carlo Toronto (1917)
	Name(s	) of those wit	h whom you	lived:							
	Reason	for moving:									
23.5	FORMER	ADDRESS (NUM	BER / STREET /	APT)		Marie A		e de la companya de l	FROM (N	IM/YYYY)	TO (MM/YYYY)
PERMIT	CITY					STATE	ZIP	IF RENTING: F	ROPERTY MA	ANAGER, RENT CO	DLLECTOR, OR OWNER
	MAILING A	ADDRESS OF PR	OPERTY MANAG	GER, RENT COLL	ECTOR, OR OWNE	R (NUMBI	ER / STREET / APT /	PO BOX)	84 (858) (858)	CONTACT NUMB	ER
	CITY			Presidential States	APPLACE TO SEE	STATE	ZIP	EMAIL	Marchet R	Serial India (N.)	
	Name(s	) of those witl	n whom you l	ived:							
		for moving:									
į.	ricason	Tor moving.									
24.1	If more				y provided con se on page 27		rmation.			CONTACT NUMBE	
22.674		CURRENT ADD	DRESS IF DIFFE	RENT (NUMBER /	STREET / APT)		ve establish strikes	CITY	WALESCALES	S	TATE ZIP
		NATURE OF R	ELATIONSHIP (E	.G., RELATIVE, L	ANDLORD, FRIENI	D, HOUSE	MATE ONLY, ETC.)	EMAIL	COLARSON		
24.2	NAME OF	HOUSEMATE		Latin Driver	100 1 Jan 2000	8.885733		20 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	75.02 S / 68	CONTACT NUMB	ER A PROPERTY AND A SECOND
		CURRENT AD	DRESS IF DIFFE	RENT (NUMBER	/ STREET / APT)	No. of Video		CITY	ALCESTICES	268 1977 A 1978 198	STATE ZIP
		NATURE OF R	ELATIONSHIP (I	E.G., RELATIVE, I	ANDLORD, FRIEN	ID, HOUSE	MATE ONLY, ETC.)	EMAIL	S. SAC.		AVELLETING CHEMISTERS
24.3	NAME OF	HOUSEMATE				1, 1,012, 1			1656263	CONTACT NUMB	ER
		CURRENT ADI	DRESS IF DIFFE	RENT (NUMBER	STREET / APT)	Lieners	ier en bestroeit	CITY		CATALOGIA S	TATE ZIP
		NATURE OF R	ELATIONSHIP (E	G., RELATIVE, L	ANDLORD, FRIEN	D, HOUSE	MATE ONLY, ETC.)	EMAIL		00000000000000000000000000000000000000	23 1 Ref. (22 J. A.) (22 J.
24.4	NAME OF I	HOUSEMATE	ere a zapitio	-Sacratical	2000	70.00.2 <u>1</u> %	142 La L.	get 2000 and	Libraria	CONTACT NUMB	ER
(VAL)		CURRENT ADI	DRESS IF DIFFE	RENT (NUMBER	STREET / APT)			CITY		S	TATE ZIP
		NATURE OF R	ELATIONSHIP (E	.G., RELATIVE, L	ANDLORD, FRIEN	D, HOUSE	MATE ONLY, ETC.)	EMAIL		and a consequen	28.30. 13.00 - 0.00

SEC		RESIDENCE HISTORY contin	nued	Y ASSAUL				485/4	300
24.5	NAME OF	HOUSEMATE					CONTACT NUM	BER	
		CURRENT ADDRESS IF DIFFERENT (	NI IMRER / STREET / APT)	- since a superior	CITY	o de la companya de l		STATE	7ID
		OUTHER PROPERTY.	NOMBERY OTHER PARTY OF THE PART	All the law research	Citi			SIMIL	ZIF
		NATURE OF RELATIONSHIP (E.G., RE	LATIVE, LANDLORD, FRIEND, HOUSEMATE	ONLY, ETC.)	EMAIL		89.69.093566	SAPACE.	Deter Black Alle
24.6	NAME OF	HOUSEMATE			ALIEL STATE	Editor and	CONTACT NUM	3ER	
		CURRENT ADDRESS IF DIFFERENT (I	NUMBER / STREET / APT)	Albert State State	CITY	NAC A LACANICA	MARKET STATES OF THE	STATE	ZIP
			The second secon						
		NATURE OF RELATIONSHIP (E.G., RE	LATIVE, LANDLORD, FRIEND, HOUSEMATE	ONLY, ETC.)	EMAIL	ALTON CALCU		Charles S	AND REAL PROPERTY.
4.7	NAME OF I	HOUSEMATE					CONTACT NUME	3ER	
		CURRENT ADDRESS IF DIFFERENT (I	NUMBER / STREET / APT)	e statuesta	CITY	Name of the August States	Settle Consistence	STATE	ZIP
							(10,24M2 PL-10001,12C00-11		- Marage Calculation
		NATURE OF RELATIONSHIP (E.G., RE	LATIVE, LANDLORD, FRIEND, HOUSEMATE	ONLY, ETC.)	EMAIL		ARREST SACTOR		
_	Llava vav	aver been evieted as acked to be	anua a maddanaan						
5.	Have you	ever been evicted or asked to le	eave a residence?					Ш	Yes No
6.	Have you	ever left a residence with unpaid	d damage, owing rent, utilities, or o	ther househ	old expens	ses?		🗆 ,	Yes No
	If you had used for List ALL	eve military experience, including each change of duty station an periods of unemployment in ex	cess of 30 days. If more space is	military base	e, assignm	ents, or unit	of assignment.		
•			lain all efforts your have made to fi	nd it on pag	ie 27.				
7.1	NAME OF C	URRENT EMPLOYER OR MILITARY UNI				FF	ROM (MM/YYYY)	TO (	(MM/YYYY)
	ADDRESS (	NUMBER / STREET / SUITE / OR BASE)		Market and	out to be set to	SUPERVISOR	<b>R</b>	Arbelie (Tel	NEST TENDEDONALIS
	CITY	SECTION CONTRACTOR	1374-287 <b>4</b> 0-0875-1887-12876-1887-1887-1887-1	STATE ZIF	2	CONTACT NU	JMBER		EXT
	IOD TITLE /	DANK			Te	MAIL			
	JOB TITLE /	KANK			Michael Stell	MAIL			
	DUTIES / AS	SIGNMENTS			TYPE OF EM	PLOYMENT (CH	ECK ALL THAT AF	PPLY)	adelle en less fat
					☐ FT	PT Te	mp Self-em	nployed	Volunteer
		CO-WORKERS AND PHONE NUMBER			REASON FO	R WANTING TO	LEAVE	Energy.	
	1)		2)						
1									
	Is there a	any reason this employer may m	ake negative statements about you	ı if contacte	d?			🔲 `	Yes No
	IF YES, 6	explain:							

SEC	CTION 5: EXI	PERIENCE AND E	EMPLOYN	MENT continu	ued						
27.2		MPLOYMENT (CHECK A		e of absence	☐ Travel	☐ Oth	ner:			FROM (MM/YYYY)	TO (MM/YYYY)
27.3	NAME OF EMPLO	OYER OR MILITARY UNIT	r de la companya de			1647518	MEST.			FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMI	BER / STREET / SUITE / C	OR BASE)				elenes.		SUPERV	SOR	
	CITY	Markana Kalenda	e i di la comiza	State of State of State		New Section 1	STATE	ZIP	CONTAC	T NUMBER	EXT
	JOB TITLE / RAN	Karamanan	No. 3 (W. 1812)		400000000000000000000000000000000000000	588,500			EMAIL		BEREIT BEREIT
	DUTIES / ASSIGN	MENTS			i runanasi est	PTERMA	a cores			(CHECK ALL THAT APP	
	NAMES OF CO-V	WORKERS AND PHONE N	IUMBER	5.640.000000	Kata Taritak	100 JA 144	NAVEL	REASON FOR		Manual Section of the Control of the	voidine
	1)			2)							
7.4	PERIOD OF UNE	MPLOYMENT (CHECK AR		e of absence	☐ Travel	Oth	ier:			FROM (MM/YYYY)	TO (MM/YYYY)
.5	NAME OF EMPLO	YER OR MILITARY UNIT			80.50 A.26%		1/19/16	270,035,000		FROM (MM/YYYY)	TO (MM/YYYY)
89	ADDRESS (NUME	BER / STREET / SUITE / C	OR BASE)		resident to	120020	E STATE	Thereine was	SUPER	/ISOR	
	CITY		10.000 TAG NE		enfezhikka)	283343	STATE	ZIP	CONTAC	OT NUMBER	EXT
	JOB TITLE / RANK	<	Transaction and the second	SMARTHER NO		Julius Media	Marina		EMAIL	Land in white is a first of	60892228990809
	DUTIES / ASSIGN	MENTS		Santa Barw	Personal Control	75W 25W	Park III.			(CHECK ALL THAT API	
	NAMES OF CO.W.	ORKERS AND PHONE N	IMPED	e con a normal de la companio de la		r entered account of		☐ FT REASON FO		Temp Self-emp	loyed  Volunt
	1)	ORRERS AND FROME IN		2)				REASON FO	IK LEAVING		
6		MPLOYMENT (CHECK AP		NE AVAIGNO		Listeria.	COLORN	New York Control of the	E-SARSON.	FROM (MM/YYYY)	TO (MM/YYYY)
	Student	☐ Between jobs	Leave	e of absence	Travel	Oth	er:				
7	NAME OF EMPLO	YER OR MILITARY UNIT					VI II			FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMB	ER / STREET / SUITE / O	R BASE)	W-9212094555	3-14-52-5,284	219 (11)			SUPERV	ISOR	PER CONTRACTOR NO CONTRACTOR
	CITY	A PROPERTY AND POST OF THE PARTY OF THE PART	C4 (2325) 2540	STATE VINCADED	//X.12411.101	en en la	STATE	ZIP	CONTAC	T NUMBER	EXT
	JOB TITLE / RANK	Constraint of the Section 1997	11.0428 Miles	Preferation and Charles	Market Property	200000000		Charles bet	EMAIL	1882 (1891) (1884 1984) (1	Saladosca Nac
	DUTIES / ASSIGN	MENTS	DATE OF THE	NAMES OF THE PARTY.		837 - Se	e e cyl			(CHECK ALL THAT APP	
-	NAMES OF CO-W	ORKERS AND PHONE NU	JMBER	PRESENTATION OF THE			71 (0.74) C	REASON FO		Temp Self-emp	ioyed   Volunte
	1)		:	2)							
В		PLOYMENT (CHECK API		of absence	☐ Travel	☐ Othe			A CONTRACTOR	FROM (MM/YYYY)	TO (MM/YYYY)

SEC	CTION 5: EXPERIENCE AND EMPLO	YMENT continued					75000000				
27.9	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)				
	ADDRESS (NUMBER / STREET / SUITE / OR BASE		Maria de Ares	27 THE ROLL WILLIAM STORY	SUPERV	ISOR	CONTRACTOR OF THE PROPERTY OF				
		A STATE SECTION OF THE STATE OF THE SECTION OF THE			OO! LIKE	IOOK A VALUE AND A SALES					
	CITY	Not the first considerable to the service of the se	STATE	ZIP	CONTAC	T NUMBER	EXT				
	JOB TITLE / RANK		SECURITY OF	NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	EMAIL						
	DUTIES / ASSIGNMENTS		e de la company			(CHECK ALL THAT APP					
	NAMES OF CO-WORKERS AND PHONE NUMBE					Temp ☐ Self-emp	loyed  Volunteer				
	1)	2)		REASON FOR	LEAVING						
	"	2)									
27.40	PERIOD OF UNEMPLOYMENT (CHECK APPLICAB	-E)	de la constante			FROM (MM/YYYY)	TO (MM/YYYY)				
27.10	☐ Student ☐ Between jobs ☐ Le	eave of absence	er:								
CENT	NAME OF EMPLOYER OR MILITARY UNIT		Service			FROM (MM/YYYY)	TO (MM/YYYY)				
27.11		CONTROL CONTRO				Trom (min/1111)	10 (1111111)				
C KIRCH	ADDRESS (NUMBER / STREET / SUITE / OR BASE				SUPERV	ISOR					
T)	CITY	PECANON, CARONINA NOTAN EARTH WATER STORY	STATE	ZIP	CONTAC	T NUMBER	EXT				
	JOB TITLE / RANK		WELFER !		EMAIL		<b>经验验</b> 证金额				
	DUTIES / ASSIGNMENTS TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)										
	DUTIES / ASSIGNMENTS										
	NAMES OF CO-WORKERS AND PHONE NUMBER		ar Ministra	REASON FOR		Temp Self-empl	loyed   Volunteer				
	1)	2)		KLAGOIVIOK	LLAVING						
	,,	-/									
27.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	Part Annual Control of the Control o		e Zerkelunden e 160		FROM (MM/YYYY)	TO (MM/YYYY)				
	☐ Student ☐ Between jobs ☐ Le	ave of absence  Travel  Oth	er:								
GPA /	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)				
27.13											
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)	College Colleg	erite di	to riskon Light	SUPERVI	SOR	s activities as all the				
	CITY		STATE	ZIP	CONTAC	T NUMBER	EXT				
	JOB TITLE / RANK			el de la vertica de la companya de l	EMAIL	State Commission of Assistance	AND PARKET PRODUCT				
	DUTIES / ASSIGNMENTS					CHECK ALL THAT APP					
-	NAMES OF CO-WORKERS AND PHONE NUMBER		Contratoria	REASON FOR		Temp Self-empl	oyed   Volunteer				
	1)	2)		REASON FOR	LEAVING						
	1)										
07.44	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE	E)	hekder.	The state of the party of the	a linking	FROM (MM/YYYY)	TO (MM/YYYY)				
27.14	☐ Student ☐ Between jobs ☐ Le	ave of absence	er:								

SEC	TION 5: EXPERIENCE AND EMPLOY	MENT continued									
27.15	NAME OF EMPLOYER OR MILITARY UNIT		- 4-				FROM (MM/YYYY)	ТО	(MM/YYYY)		
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)										
	ADDRESS (NOMBER / STREET / SUITE / OR BASE)				LAST TELEFORM	SUPERV	ISOR				
	CITY		STATE	ZIP	COLOR WA	CONTAC	T NUMBER	1.69 1/302	EXT		
	JOB TITLE / RANK		938435536	Estimate (A.	HANALEK	EMAIL	Mortine State and State a	-totako	la come a company a		
	DUTIES / ASSIGNMENTS		nakasité		FT [	PT	(CHECK ALL THAT AP		☐ Volunteer		
	NAMES OF CO-WORKERS AND PHONE NUMBER  1)  REASON FOR LEAVING										
27.16	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE					MILITERA	FROM (MM/YYYY)	ТО	(MM/YYYY)		
	☐ Student ☐ Between jobs ☐ Lea	ve of absence	her:								
27.17	NAME OF EMPLOYER OR MILITARY UNIT			i Sugaria.	21-540-579		FROM (MM/YYYY)	ТО	(MM/YYYY)		
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)		7075.49s.	State Land	MARKET .	SUPERVI	SOR	Y I A I I I	la talika ka		
	CITY		STATE	ZIP	ALL PROPERTY.	CONTAC	TNUMBER		EXT		
	JOB TITLE / RANK		ACCENTION	Red a se	Marin S.	EMAIL	Security Surveys				
	DUTIES / ASSIGNMENTS TYPE OF EMPLOYMENT (CHECK ALL THAT A								No. of the Control of		
							☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer				
	NAMES OF CO-WORKERS AND PHONE NUMBER REASON					EAVING		eran			
	1)	2)									
27.18	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			30.00		177.E. 13	FROM (MM/YYYY)	ТО (	MM/YYYY)		
	☐ Student ☐ Between jobs ☐ Leav	ve of absence	her:								
27.19	NAME OF EMPLOYER OR MILITARY UNIT		ra kon	Market			FROM (MM/YYYY)	TO (	MM/YYYY)		
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)		St. Ball Hell		163 - 18 <b>3</b>	SUPERVI	SOR	r lanest			
	CITY		STATE	ZIP	termina)	CONTACT	NUMBER	Addiso	EXT		
	JOB TITLE / RANK		čely i v igi	S Lebers	100	EMAIL	622544. M3544.	26.000			
	DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)  FT PT Temp Self-employed Volunteer						
	NAMES OF CO-WORKERS AND PHONE NUMBER		arty All		ON FOR L		Temp General	loyeu	Volunteer		
	1)	2)									
edited in	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			1505-10%		STEEL ST	FROM (MM/YYYY)	TO (	MM/YYYY)		
27.20	☐ Student ☐ Between jobs ☐ Leav	ve of absence	ner:								
27.3	Please list your hobbies and sports, include	your length of participation and lev	el of pro	ficiency	/: •	r					

SE	CTION 5: EXI	PERIENCE AND EMPLOYMENT continued	
28.		r been disciplined at work? (This includes written warnings, formal letters of counseling, uspensions, reductions in pay, reassignments, or demotions.)	□No
29.	Have you eve	r been fired, released from probation, or asked to resign from any place of employment?	☐ No
30.	Were you eve	er involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	□No
31.	Have you eve	r quit without giving notice?	☐ No
32.	Have you eve	r resigned in lieu of termination?	☐ No
33.		r been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) r, superior, subordinate or customer?	□No
34.	Were you eve	r the subject of a written complaint at work?	□No
35.	Have you eve	r been counseled at work due to lateness or absences?	□No
36.	Did you ever r	eceive an unsatisfactory performance review?	□No
37.	Have you eve	r sold, released, given away, or used for your own purposes legally confidential information?	□No
38.		r called in sick when you were neither sick nor caring for a sick family member?	□No
39.		ree years, have you missed days or been late to work due to drug or alcohol consumption?	□No
	IF YES, how o	ften?	
40.	Has your work	performance ever been affected by your use of alcohol or drugs?	□No
	IF YES, when	? Name of employer:	
41.		ree years, have you been warned by an employer about your drinking or drug habits and their impact mance?	□No
	IF YES, when	? Name of employer:	
41.1	Have you take or other entitie	n any money or items from a work place or other place (this includes from siblings, parents, friends, businesses, s, etc.)	□No
	If you answere	d "YES" to any of <b>Questions 28–41.1</b> , explain (include when, where, and circumstances (value if applicable) – reference numbers).	

SEC	CTION 5: EXPERIENCE AND EMPLOYMENT continued								
42.	Have you ever applied for any position at a law enforcement or corrections agency (city, county, state, village/tribal, or federal)?								
	<ul> <li>If you answered "YES" to Question 42, list EVERY agency you have applied to, starting with the most recent.</li> <li>Give complete and accurate addresses.</li> <li>All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.</li> <li>If more space is needed, continue your response on page 27.</li> </ul>								
42.1	NAME OF LAW ENFORCEMENT OR CORRECTIONS AGENCY  DATE APPLIED (MM/YYYY)								
	ADDRESS (NUMBER / STREET)  BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)								
	CITY STATE ZIP CONTACT NUMBER EXT								
	POSITION APPLIED FOR EMAIL								
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:  STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief's Oral Conditional Offer  STATUS: Hired On Eligibility List Withdrawn List Expired Disqualified, Reason:								
42.2	NAME OF LAW ENFORCEMENT OR CORRECTIONS AGENCY  DATE APPLIED (MM/YYYY)								
	ADDRESS (NUMBER / STREET)  BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)  CITY  STATE   ZIP   CONTACT NUMBER   EXT								
	POSITION APPLIED FOR EMAIL								
42.3	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:  STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief's Oral Conditional Offer STATUS: Hired On Eligibility List Withdrawn List Expired Disqualified, Reason:  NAME OF LAW ENFORCEMENT OR CORRECTIONS AGENCY								
	ADDRESS (NUMBER / STREET)  BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)								
	CITY STATE ZIP CONTACT NUMBER EXT								
	POSITION APPLIED FOR  EMAIL  CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:  STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief's Oral Conditional Offer								
	STATUS: Hired On Eligibility List Withdrawn List Expired Disqualified, Reason:								

SEC	TION 5: EXPERIENCE AND EMPLOYMENT continued									
42.4	NAME OF LAW ENFORCEMENT OR CORRECTIONS AGENCY				DATE APPLIED (MM/	YYYY)				
	ADDRESS (NUMBER / STREET)	BACKGROUND	BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)							
	CITY	STATE	ZIP	CONTACT NUM	BER	EXT				
	POSITION APPLIED FOR		EMAIL		entrance in venture areas success					
	POSITION APPLIED FOR		EMAIL	AMERICANS AND AND A						
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:	are a construir	Editor (1952)		Section 1	N. STACKS STORAGE				
	STEP: Application Written Physical Ability Oral			50 to 100 to	nief's Oral 🔲 Con	ditional Offer				
	STATUS: Hired On Eligibility List Withdrawn List Expire	d Disq	ualified, Rea	ison:						
42.5	NAME OF LAW ENFORCEMENT OR CORRECTIONS AGENCY			到是明显视的社会技术情報	DATE APPLIED (MM/	YYYY)				
	ADDRESS (NUMBER / STREET)	16,401,2675,400	and the second second	I BACKGROUND I	NVESTIGATOR'S NAME	(IE KNOWN)				
				Brokokoko	TVEOTION ON O WAIME	(III KINOVIN)				
	CITY	STATE	ZIP	CONTACT NUME	BER	EXT				
	POSITION APPLIED FOR		EMAIL			ESTERNACIONE				
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:		ON PERMIT		Kanada Nebesa dan Malabasa As	TAGEST CALCULATED				
	STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief's Oral Conditional Offer									
	STATUS: Hired On Eligibility List Withdrawn List Expired	d Disq	ualified, Rea	ason:						
42.6	NAME OF LAW ENFORCEMENT OR CORRECTIONS AGENCY	io di atau	2368646		DATE APPLIED (MM/	(YYY)				
42.6										
	ADDRESS (NUMBER / STREET)			BACKGROUND	NVESTIGATOR'S NAME	(IF KNOWN)				
	CITY	STATE	ZIP	CONTACT NUME	BER	EXT				
	POSITION APPLIED FOR	ND:basabaja.	EMAIL		MENTALLISM NEWSFILM	1000 5 04 15 10 10 10 10				
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:  STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief's Oral Conditional Offer									
	STATUS: Hired On Eligibility List Withdrawn List Expire			-storied=lealianated decid settle	iller's Oral	ultional Offer				
Mark of the	NAME OF LAW ENFORCEMENT OR CORRECTIONS AGENCY	a Dioqu	admica, reca		DATE APPLIED (MM/Y	YYY)				
42.7										
40.00	ADDRESS (NUMBER / STREET)	Mail Silvates		BACKGROUND II	NVESTIGATOR'S NAME	(IF KNOWN)				
	CITY	STATE	ZIP	CONTACT NUMB	ER	EXT				
	POSITION APPLIED FOR		EMAIL							
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:									
	STEP: Application Written Physical Ability Oral				ief's Oral Cond	ditional Offer				
	STATUS: Hired On Eligibility List Withdrawn List Expired	d L Disqu	alified, Reas	son:						
42.8	Have you ever applied for certification or been certified as a law enforce					Yes No				
	If yes, list name and location of certification authority, date of issue, and	date of expi	ration (if ap	plicable).						
42.0	Have you ever had a law enforcement certification revoked, suspended	I, or have be	en disqual	ified for certificatio	n?	Yes No				
42.9	If yes, state name of certification authority, date of decision, and reason	n(s).								

SE	CTION 6: MILITARY EXPERIENCE
	You will be required to furnish your DD-214, NGB-22, or other proof to support all your military claims.
43.	Are you required to register for the Selective Service?
	IF YES, and you have registered, provide your Selective Registration number and date of registration:
	IF NO, explain:
44.	Have you ever attempted to enlist or served in the military?
45.	If you answered "YES" to Question 44, include the following service information:
	BRANCH OF SERVICE FROM (MM/YYYY) TO (MM/YYYY)
	TYPE OF DISCHARGE
	☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Other than Honorable) ☐ Bad Conduct ☐ Dishonorable
	Separation Code (1–4) if applicable – refer to your DD-214:
	If denied entry, declined, or otherwise disallowed from enlistment, list reason:
46.	Are you currently participating in one of the following?
	☐ Military Reserve ☐ National Guard ☐ IF CHECKED, date obligation ends (MM/DD/YY):
47.	Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, article 15, company punishment, counseling statement)?
48.	Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?
49.	Have you ever taken military property without permission for personal use, to sell, or to give away?
	If you answered "YES" to any of Questions 47–49, explain (include dates and circumstances).
SE(	CTION 7: FINANCIAL
B 17874	INCOME AND EXPENSES
	For each of the following questions (50A, B, C), fill in the amounts to the nearest dollar.
	For Question 50C: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car
	maintenance, entertainment, etc., as well as any other obligations you may have.
	A) From your employer(s), what is your take-home monthly income? \$ per month
	B) Do you have other sources of income? (IF YES, fill in amount and explain.)
	Explain:
	C) How much do you spend each month?\$ per month
	C) How much do you spend each month?
51.	Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?
52.	Have any of your bills ever been turned over to a collection agency?
53.	Have you ever had purchased goods repossessed? Yes No
54.	Have your wages or Alaska permanent fund dividend ever been garnished?
55.	Have you ever been delinquent on income or other tax payments?
56.	Have you ever failed to file income tax or cheated/lied on an income tax form?

SE	CTION 7: FINANCIAL continued							
57.	Have you ever had an employment bond refused?	□No						
58.	Have you ever avoided paying any lawful debt by moving away?	□No						
59.	Have you ever defaulted on (failed to pay) a loan or failed to pay any citation/ticket?	□No						
60.	Have you ever borrowed money to pay for a gambling debt?	□ No						
	If yes, do you currently have any outstanding debts as a result of gambling?	☐ No						
61.	Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? Yes	☐ No						
62.	. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?							
63.	. Have you written three or more bad checks (including insufficient fund checks or on a closed account) in a one-year period? Yes No							
	If you answered "YES" to any of Questions 51–63, explain (include when, where, and why – reference corresponding numbers).							
050								
	CTION 8: LEGAL Disclosure of Arrests and Convictions							
64.	offenses that may have been pardoned or expunged. As an officer applicant, you are required to disclose this information.  If more space is needed, continue your response on page 27.  Have you EVER been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code							
	of Military Justice)?	□ No						
64.1	CHARGE APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY							
	EXPLANATION AND DISPOSITION	etalogi (Paris						
5. \$ Acc.	CHARGE [APPROX DATE (MM/YYYY)   ARRESTING OR DETAINING AGENCY							
64.2		MANAGEMENT OF THE PROPERTY OF						
	EXPLANATION AND DISPOSITION	And no Comm						

SEC	CTION 8: LEGAL continued
64.3	CHARGE APPROX DATE (MM/YYYY) ARRESTING OR DETAINING AGENCY
304000	EXPLANATION AND DISPOSITION
65.	Have you ever been placed on court probation or parole?
66.	Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?
67.	Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity,
	support, etc.)?
68.	Have the police ever been called to your home for any reason?
69.	Have you or your spouse/partner ever been referred to Child Protective Services?
	Have you ever been the respondent of an emergency protective order/restraining order/stalking/stay-away order? Yes No
	Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?
	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?
	Have you ever been required to repay any welfare payments, unemployment compensation, Alaska permanent fund dividend, or other state or federal assistance?
74.	Have you ever filed a false insurance or workers' compensation claim?
	If you answered "YES" to any of <b>Questions 65–74</b> , explain (include court case or document, dates, and circumstances – <i>reference corresponding numbers</i> ).
► In	volvement in Criminal Acts – Part 1
75.	Have you committed any of the following acts at any time in your life?
•	You <b>MUST</b> include any acts committed at any time after you were first employed in law enforcement, including as a reserve officer, Police Explorer/Police Cadet.
•	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.
75.1	Animal abuse and/or neglect
75.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device; including "sexting" or sending/receiving/sharing personally intimate photos of self or others

Page 20

SEC	TION 8: LEGAL continued	
75.3	Assault, Battery (use of force or violence upon another or placing another in fear), or accused of assault or battery	□ No
75.4	Brandishing a weapon or discharging a firearm in violation of city, state, or federal laws	□ No
75.5	Carrying a concealed weapon without a permit	☐ No
75.6	Contributing to the delinquency of a minor	☐ No
75.7	Defrauding an innkeeper or theft of services (not paying for food, a room at a hotel/motel or campground, or taxi service) 🗌 Yes	□No
75.8	Driving or operating a vehicle under the influence of alcohol and/or drugs	□No
75.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	□No
75.10	Filing a false police report	□No
75.11	Hit & run collision (no injuries)	□No
75.12	Illegal gambling	□No
75.13	Illegal hunting and/or fishing (for example, without a license, out of season)	□ No
75.14	Impersonating a peace officer (pretending to be a police officer)	□ No
75.15	Indecent exposure and/or lewd or obscene conduct	☐ No
75.16	Intentionally writing a bad check	☐ No
75.17	Joyriding (using a car or other vehicle without owner's permission)	☐ No
75.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	☐ No
75.19	Petty theft (value up to \$250, including shoplifting/switching price tags)	☐ No
75.20	Possession or consumption of alcohol as a minor	☐ No
75.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	☐ No
75.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	☐ No
75.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors; include legalized prostitution, whether inside the U.S. or not)	☐ No
75.24	Reckless driving	☐ No
75.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	□No
75.26	Trespassing	☐ No
75.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	☐ No
75.28	Any other act amounting to a misdemeanor	☐ No
•	If you answered "YES" to <b>ANY</b> of the item(s) in <b>Question 75</b> , fully explain circumstances, including dates, names of individuals involved and resolution. Reference the corresponding number (e.g., 75.5) for each explanation.	d,
•	If more space is needed, continue your response on page 27.	12

SEC	TION 8: LEGAL continued							
<b>&gt;</b> 1	► Involvement in Criminal Acts – Part 2							
76.	76. At any time in your life, have you EVER committed any of the following acts?							
	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.							
76.1	Arson (intentionally destroying property by setting a fire)	□No						
76.2	Felony Assault (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death, caused a person injury by using a dangerous instrument, or been accused of felony assault?	□No						
76.3	Blackmail or extortion Yes	☐ No						
76.4	Burglary (entering a structure or vehicle to commit theft or other crime)	☐ No						
76.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	□ No						
76.6	Elder abuse and/or neglect (physical and/or financial)	□No						
76.7	Embezzlement (theft of money or other valuables entrusted to you)	☐ No						
76.8	Felony drunk driving	☐ No						
76.9	Rape (including sexual contact, penetration without consent, or statutory rape)	□ No						
76.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	□No						
76.11	Fraudulent use of a credit, ATM, debit, and/or check cardYes	☐ No						
76.12	Theft (value of over \$250, or any firearm)	☐ No						
76.13	Hit & run (with injuries)	□ No						
76.14	Hate crime Yes	☐ No						
76.15	Illegal sex acts Yes	☐ No						
76.16	Insurance fraud Yes	□No						
76.17	Murder, homicide, manslaughter, or attempted murder	☐ No						
76.18	Perjury (lying under oath) Yes	□No						
76.19	Possession of an explosive/destructive device Yes	☐ No						
76.20	Robbery (theft from another person using a weapon, force, or fear)	☐ No						
76.21	Stalking	☐ No						
76.22	Theft of a vehicle and/or vehicle parts	☐ No						
76.23	Viewing and/or possessing child pornography (including distributing or creating)	□ No						
76.24	Bigamy or Polygamy, married to more than one person at the same time	□ No						
76.25	Any other act amounting to a felony	□ No						
76.26	Have you ever been an inmate or resident in any type of correctional institution (halfway house, jail, prison, juvenile center, etc)?	□ No						

SECTION 8: LEGAL continued	
<ul> <li>If you answered "YES" to ANY of the item(s) in Question 76, fully expland resolution. Reference the corresponding number (e.g., 76.3) for each of the space is needed, continue your response on page 27.</li> </ul>	ain circumstances, including dates, names of individuals involved, ach explanation.
▶ Illegal Use of Drugs	
<ul> <li>Your responses should include — but not be limited to — your use of at Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc)</li> <li>Barbiturates (Downers)</li> <li>Cocaine / Crack Cocaine</li> <li>Designer Drugs (Ecstasy, Synthetic Heroin, Spice, etc.)</li> <li>GHB (Date Rape Drug)</li> <li>Hallucinogens (Peyote, LSD, Mushrooms)</li> <li>Hashish / Hashish Oil</li> <li>Heroin / Opium</li> <li>Within the past twelve months, have you used any drug(s) indicated ab</li> </ul>	Includes the illegal use of any substance for the purpose of getting "high." any of the following:  Marijuana (with or without a prescription)  Mescaline  Morphine  PCP / Angel Dust  Quaaludes  Steroids  Tetrahydrocannabinal (THC)  Glue, paint, or any substance containing toluene
IF YES, give details including drug(s) used, most recent date used, and	d circumstances:
78. Prior to the past twelve months:	
☐ I have <i>never</i> used any drug recreationally.	
☐ I have tried or used one or more drugs, but only under <i>limited</i> circum events, etc.)	nstances (for example, experimentation, at parties, concerts, special
IF YOU CHECKED BOX 2, give details including drug(s) used, most rec	ent date used, and circumstances:

SE	CTION 8: I	_EGA	AL continued									
79.	Have you drugs with	EVEF out a	Rengaged in any prescription, and	of the activities list the licensed cultiva	ed below involvation, manufact	ving drugs, narc ture, transporta	cotics or illeg tion, or sale	al subst of mariju	ances, uana or	ncluding r marijuana	narijuana and/or p products:	orescription
	□ s	old	Manufactured	Delivered	Purchased	Given [	Furnished		ultivate	d 🗌 Tra	nsported 🗌 Held	for Another
	IF ANY IT	EM IS	CHECKED, give	details including a	lrug(s) involve	ed, over what t	ime period(	(s), and	circum	stances.		
80.				you associated wit							□vaa	Пи
	IF YES, ex			tics, and/or illegall	y useu prescrip	nion medication	18 ?					∐ No
	11 120,00	piaii i.										
											- 112	
SEC	CTION 9: N	ЮТС	R VEHICLE OP	ERATION		And the Control						
81.	Current Dri											
	STATE OF IS	SUE	LICENSE NUMBER		EXPIRATION DAT	E (MM/DD/YYYY)	NAME UNDER	R WHICH I	LICENSE	WAS GRANT	ED	Essent leasure
82.				een licensed to op			_					
	STATE OF IS	SUE	LICENSE NUMBER (I	F KNOWN)	TYPE OF LICENSE	Entratic Manual 1443	NAME UNDER	R WHICH I	LICENSE	WAS GRANT	ED	DELYECUSE MENALUSA
83.				er's license by any							Yes	☐ No
	IF YES, exp	olain (	(include when, wh	ere, and circumsta	inces):							
0.4	Has your dr	iver's	license ever heer	n suspended or rev	roked?						\( \sqrt{Yes}	П No
				ere, and circumsta		••••••	••••••		•••••	•••••	Tes	
					,							
85.				on your vehicle(s).		<b>(</b> E		VE15 :-	000	VELICA - :	OF NOT	
85.1	TYPE OF CO			Cash Deposit	VEHICLE MAR	(E	Tibyetik 18i	YEAR (YY	(11)	VEHICLE LIC	JENSE	and the second second
	INSURANCE	COMPA	and the second control of		MERCHANIS	POLICY N	UMBER	ALEXT COL			EXPIRATION DATE	(MM/DD/YYYY)
	ADDRESS (N	IMPE	P/STREET\		CITY			STATE	ZID		CONTACT NUMBER	
	ADDRESS (N	JIVIDEP	WOTNEET/		CITY		ALCOHOL DOM	SIMIE	ZIP		CONTACT NUMBER	E21 ('21' Ly 2'

APSC Form F-3

SEC	CTION 9: MOTOR VEHICLE OPERATION contil	nued							
AL .	TYPE OF COVERAGE	VEHICLE	MAKE		YEAR (Y)	YY)	VEHICLE LI	CENSE	
85.2	☐ Insured ☐ Bonded ☐ Cash Deposit								
	INSURANCE COMPANY		a rend	POLICY NUMBER	Miles · Alta	(181)		EXPIRATION DATE (	MM/DD/YYYY)
	ADDRESS (NUMBER/STREET)	CITY	No.		STATE	ZIP		CONTACT NUMBER	
8/15/15	TYPE OF COVERAGE	VEHICLE	MAKE		YEAR (Y)	YY)	VEHICLE LI	CENSE	
85.3	☐ Insured ☐ Bonded ☐ Cash Deposit								
	INSURANCE COMPANY			POLICY NUMBER	Secretary.		144250	EXPIRATION DATE (	MM/DD/YYYY)
	ADDRESS (NUMBER/STREET)	CITY			STATE	ZIP	A CONTRACT	CONTACT NUMBER	
86.	List ALL violation citations (including traffic tickets)	ou have rece	ived with	hin the past seven	vears. re	gardle	ss if they v	vere reduced or ex	nunged
STREET	NATURE OF VIOLATION	001000000000000000000000000000000000000		(STREET)	3 3 3 3 3 3 3 3 3	CITY	and the same of the	The state of the s	STATE
86.1			200/1101			J. 11			SIMIL
0.500	DATE VIOLATION OCCURRED (MM/YYYY)	ACTION TAKEN	Michael Co		Assets a series				Strangerstär reiten
	,		ot Guilty	☐ Fined		Traffi	c School	☐ Dismiss	sed
5,084	NATURE OF VIOLATION	Alteria de Calcina	LOCATION	(STREET)		CITY	The state of the state of		STATE
86.2									
OPT CHEST	DATE VIOLATION OCCURRED (MM/YYYY)	ACTION TAKEN	e de la composição		etteres e	l Casta			Salar Salar
		□ N	ot Guilty	Fined		Traffi	c School	☐ Dismiss	sed
No.	NATURE OF VIOLATION		LOCATION	(STREET)	Maria da	CITY			STATE
86.3									
	DATE VIOLATION OCCURRED (MM/YYYY)	ACTION TAKEN	Mark Separa			OXIGERAL			ent delet sen
		L N	ot Guilty	Fined		Traffi	c School	Dismiss	sed
0.7	Has a traffic citation ever resulted in a warrant or ca	used your dri	or's lies	ana ta ha withhald d	us to the	fallowi	na (abaak	all that apply).	
07.									
		led to Compl	ete Traffi	c School	ailed to P	ay the	Required F	ine	
	IF CHECKED, explain circumstances:								
				V					
88. H	lave you been involved as the driver in a motor vehi	cle accident	within th	e past seven years	?			Yes	☐ No
- 1	F YES, give details below.								
5416	DATE OF ACCIDENT (MM/YYYY) LOCATION (STREET)	TON SEED LOW		enterference en	CITY	MELLA			STATE
88.1									
	POLICE REPORT LAW ENFORCEMENT AGE	NCY AND CASE/I	NCIDENT N	IUMBER	AT FAULT?		WAS	THE ACCIDENT?	20.826V.
	Yes No				Yes		10	☐ Injury ☐ Non	i-injury

SECT	TION 9: MOTOR VEHICLE OP	ERATION continued				
		ATION (STREET)	CITY			STATE
1		ENFORCEMENT AGENCY AND CASE/INCIDE	_		WAS THE ACCIDENT?	STORES OF S
-	☐ Yes ☐ No	TION (OTDEST)		Yes   No	☐ Injury ☐ Nor	
88.3	DATE OF ACCIDENT (MM/YYYY) LOCA	ATION (STREET)	CITY			STATE
2	POLICE REPORT LAW	ENFORCEMENT AGENCY AND CASE/INCIDEN	_	Yes No	WAS THE ACCIDENT?	n-injury
89. H	lave you ever driven a vehicle wit	hout being lawfully licensed and/or w	ithout having auto insurance	e, as required by		
la	BW?					☐ No
	IF YES, GIVE REASON TO (MM/YYYY) TO (MM/YYYY)					
90. H	lave you ever been refused autor	nobile liability insurance or a bond, or	had them cancelled?		Yes	☐ No
	IF YES, GIVE REASON DATE (MM/YYYY)					
		INSURANCE COMPANY				
SEC	TION 10: OTHER TOPICS					92035
ASSESSED IN						
700	Have you ever been issued, refused, or required to relinquish a permit to carry a concealed weapon?					
th	Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?					
						□No
94. S	Since the age of 15, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?					□No
g	Are you now, or have you ever been, a member or affiliated with any organization or association which advocated the overthrow of the United States government by force, violence, or other unconstitutional means, or which has the policy of advocating or approving acts of force or violence to deny other persons their rights under the Constitution of the United States or of this state?					
95.1 H	ave you ever pushed, punched, s	lapped, shoved, threatened, or injure	d someone or been injured y	yourself, in a dor	mestic violence incident	?
lf	you answered "YES" to any of Q	uestions 91–95.1, give details includ	ing dates and circumstances	s – reference co	rresponding numbers).	

SEC	TION 11: CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION						
96.	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, village police, or municipal corrections officer.						
	I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.						
	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 swear and affirm, under penalty of Perjury (AS 11.56.200) and/or Unsworn Falsification (AS 11.56.210), that the information provided in this Personal History Statement is true and accurate to the best of my knowledge.						
Done at on theday of ,							
	(City), (State)						
	Applicant						
	Sworn and Subscribed before me This day of						
	Notary Public in and for the state of My commission expires						

Use the following page to continue any of your responses. Be sure to reference corresponding numbers.

## **ADDITIONAL COMMENTS**

• Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). Reference the corresponding questions and/or specific items.

You may print copies of this page as needed. If you are filling in this page online, continue on the next page.

## **ADDITIONAL COMMENTS**

Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). Reference the corresponding questions and/or specific items.

• This page is a continuation of page 27.