



## 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. Every page must be initialed at the bottom right.
- 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:** \_\_\_\_\_

**SECTION 1: PERSONAL**

<b>1. YOUR FULL NAME</b>				
LAST	FIRST	MIDDLE		
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)				<input type="checkbox"/> N/A
3. ADDRESS WHERE YOU LIVE				
NUMBER / STREET			APT / UNIT	
CITY		STATE	ZIP	
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)				
5. CONTACT NUMBERS				
CELL	WORK	HOME	OTHER	TYPE:
6. CONTACT EMAIL		7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)		
<ul style="list-style-type: none"> <li>Attach a copy of birth certificate or passport or if applicable certification of naturalization (mandatory)</li> </ul>				
8. CITIZENSHIP				
Are you a U.S. citizen? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
IF NATURALIZED, provide your certificate number and date, place, and court naturalized				
9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)	10. BIRTHDATE (MM/DD/YYYY)	11. SOCIAL SECURITY NUMBER	12. DRIVER'S LICENSE NUMBER: STATE: EXPIRES:	
13. PHYSICAL DESCRIPTION				
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:	
13.1 SCARS, MARKS, AND TATOOS (include removed or altered tatoos)				

**SECTION 2: RELATIVES AND REFERENCES**

<b>14. IMMEDIATE FAMILY</b>						
<ul style="list-style-type: none"> <li>Provide all applicable information in the spaces below. • Mark "Deceased," if appropriate. Mark "N/A" if a category is not applicable</li> <li>If more spaced is needed, use Section 15 or continue on page 27 – reference corresponding numbers.</li> </ul>						
<b>14.A Spouse / Domestic Partner / Boyfriend / Girlfriend / Significant Other</b>					<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP		
HOME PHONE	MAILING ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP		
WORK PHONE	CELL PHONE	EMAIL				
DATE OF MARRIAGE/REGISTRATION (MM/YYYY)	BIRTHDATE (MM/DD/YYYY)	Is there, or has there ever been, a civil or criminal restraining or stay-away order in effect involving you and this individual? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>14.B Former Spouse/Domestic Partner/Significant Other or Boyfriend/Girlfriend dated longer than three months</b>					<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP		
HOME PHONE	MAILING ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP		
WORK PHONE	CELL PHONE	EMAIL				
DATE OF MARRIAGE/REGISTRATION DATE OF DISSOLUTION (MM/YYYY) (MM/YYYY)	BIRTHDATE (MM/DD/YYYY)	Is there, or has there ever been, a civil or criminal restraining or stay-away order in effect involving you and this individual? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				

**SECTION 2: RELATIVES AND REFERENCES** *continued*

**14.C Parents / Guardians**

List **ALL** parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc.

**14.C.1 Parent / Guardian:**  Mother  Father  Step-mother  Step-father  In-law  Other:  Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		

**14.C.2 Parent / Guardian:**  Mother  Father  Step-mother  Step-father  In-law  Other:  Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		

**14.C.3 Parent / Guardian:**  Mother  Father  Step-mother  Step-father  In-law  Other:  Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		

**14.C.4 Parent / Guardian:**  Mother  Father  Step-mother  Step-father  In-law  Other:  Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL		

**14.D Brothers / Sisters**

N/A

List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc.

**14.D.1 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other:

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE		CELL PHONE	EMAIL		

**14.D.2 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other:

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE		MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
WORK PHONE		CELL PHONE	EMAIL		

**SECTION 2: RELATIVES AND REFERENCES** *continued*

<b>14.D.3 Sibling:</b> <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other:					
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL			

<b>14.D.4 Sibling:</b> <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other:					
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE	CELL PHONE	EMAIL			

<b>14.E Children</b>	<input type="checkbox"/> N/A
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List **ALL LIVING** children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent/guardian, if other than you.

<b>14.E.1 Child:</b> <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: <span style="float: right;">Biological Parents:</span>					
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
DATE OF BIRTH	ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
CONTACT NUMBER		EMAIL			

<b>14.E.2 Child:</b> <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: <span style="float: right;">Biological Parents:</span>					
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
DATE OF BIRTH	ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
CONTACT NUMBER		EMAIL			

<b>14.E.3 Child:</b> <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: <span style="float: right;">Biological Parents:</span>					
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
DATE OF BIRTH	ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
CONTACT NUMBER		EMAIL			

<b>14.E.4 Child:</b> <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: <span style="float: right;">Biological Parents:</span>					
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
DATE OF BIRTH	ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
CONTACT NUMBER		EMAIL			

**SECTION 2: RELATIVES AND REFERENCES** *continued*

**15. LIST OF REFERENCES**

- List at least **5** people who know you well, such as close personal relationships, social and family friends, former spouses and significant others, teachers, military colleagues, and/or co-workers. Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere.

15.1	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			
	How do you know this person?			How long have you known this person?		
15.2	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			
	How do you know this person?			How long have you known this person?		
15.3	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			
	How do you know this person?			How long have you known this person?		
15.4	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			
	How do you know this person?			How long have you known this person?		
15.5	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			
	How do you know this person?			How long have you known this person?		
15.6	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			
	How do you know this person?			How long have you known this person?		

**SECTION 2: RELATIVES AND REFERENCES** *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			
	How do you know this person?			How long have 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	
	WORK PHONE	CELL PHONE	EMAIL			
	How do you know this person?			How long have you known this person?		
15.9	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			
	How do you know this person?			How long have you known this person?		
15.10	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			
	How do you know this person?			How long have you known this person?		

**SECTION 3: EDUCATION**

- You will be required to furnish unopened official transcripts or other proof to support all of your educational claims before hire or certification.
- If more space is needed, continue your response on page 27.

16. CHECK APPLICABLE	MM/YYYY	MM/YYYY	WHAT LANGUAGE(S) DO YOU SPEAK?
<input type="checkbox"/> High School Diploma:		<input type="checkbox"/> GED:	

17. LIST HIGH SCHOOL(S) ATTENDED			
17.1	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
	PUBLIC/PRIVATE OR HOMESCHOOL?	CITY	STATE
17.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
	PUBLIC, PRIVATE, OR HOMESCHOOL?	CITY	STATE

**SECTION 3: EDUCATION** *continued*

**18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED**

18.1	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM				
18.2	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM				
18.3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM				
18.4	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY
<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM				

**19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED**

19.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.2	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	<input type="checkbox"/> Yes <input type="checkbox"/> No

20. Have you ever taken an Arrest and/or Firearms Course? .....  Yes     No

IF YES, provide the following information:

A. COURSE PRESENTER NAME	LOCATION (CITY / STATE)
B. COURSE COMPLETION	COMPLETION DATE (MM/YYYY)
Did you successfully complete the course?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Have you ever attended a Basic Law Enforcement Academy: Police, Corrections, Probation/Parole, Village Police.....  Yes     No

IF YES, provide the following information:

21.1	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.2	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 3: EDUCATION** *continued*

22. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, expulsion, or resignation from any high school(s), college/university, business, trade school, or basic course/academy?.....  Yes  No

IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institution, or basic course. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

**SECTION 4: RESIDENCE HISTORY**

23. LIST OF RESIDENCES

- List all residences **during the last 10 years or since age 15**.
- Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt number). Do **NOT** use PO Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.
- *If more space is needed, continue your response on page 27.*

23.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
					<b>Present</b>
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
	CITY	STATE	ZIP	EMAIL	
Name(s) of those with whom you live:					
23.2	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
	CITY	STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:					
Reason for moving:					
23.3	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
	CITY	STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:					
Reason for moving:					



**SECTION 4: RESIDENCE HISTORY** *continued*

23.4	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER
	CITY	STATE	ZIP	EMAIL	
	Name(s) of those with whom you lived:				
Reason for moving:					

23.5	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER
	CITY	STATE	ZIP	EMAIL	
	Name(s) of those with whom you lived:				
Reason for moving:					

**24. LIST OF HOUSEMATES**

- Provide contact information for all housemates listed in **Question 23** with whom you have resided **during the past 10 years or since age 15**.
- Do **NOT** list anyone for whom you have already provided contact information.
- *If more space is needed, continue your response on page 27.*

24.1	NAME OF HOUSEMATE				CONTACT NUMBER	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)			EMAIL		

24.2	NAME OF HOUSEMATE				CONTACT NUMBER	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)			EMAIL		

24.3	NAME OF HOUSEMATE				CONTACT NUMBER	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)			EMAIL		

24.4	NAME OF HOUSEMATE				CONTACT NUMBER	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)			EMAIL		

**SECTION 4: RESIDENCE HISTORY** *continued*

<b>24.5</b>	NAME OF HOUSEMATE			CONTACT NUMBER		
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY		STATE   ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)			EMAIL		
<b>24.6</b>	NAME OF HOUSEMATE			CONTACT NUMBER		
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY		STATE   ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)			EMAIL		
<b>24.7</b>	NAME OF HOUSEMATE			CONTACT NUMBER		
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY		STATE   ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)			EMAIL		

25. Have you ever been evicted or asked to leave a residence? .....  Yes  No

26. Have you ever left a residence with unpaid damage, owing rent, utilities, or other household expenses? .....  Yes  No

If you answered "YES" to **Questions 25 and/or 26**, explain (include when, where, and circumstances):

**SECTION 5: EXPERIENCE AND EMPLOYMENT**

27. JOB EXPERIENCE

- List **ALL** jobs you have had in last 10 years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current.)
- If you have military experience, including guard or reserve duty, enter your military base, assignments, or unit of assignment. A separate block is used for each change of duty station and/or deployment.
- List **ALL** periods of unemployment in **excess of 30 days**. *If more space is needed, continue your response on page 27.*
- *If you cannot locate the information, explain all efforts your have made to find it on page 27.*

<b>27.1</b>	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS AND PHONE NUMBER			REASON FOR WANTING TO LEAVE	
	1)	2)			

Is there any reason this employer may make negative statements about you if contacted?.....  Yes  No

IF YES, explain:

**SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***

27.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:					
27.3	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK				EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
	NAMES OF CO-WORKERS AND PHONE NUMBER			REASON FOR LEAVING		
1)			2)			
27.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:					
27.5	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK				EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
	NAMES OF CO-WORKERS AND PHONE NUMBER			REASON FOR LEAVING		
1)			2)			
27.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:					
27.7	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK				EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
	NAMES OF CO-WORKERS AND PHONE NUMBER			REASON FOR LEAVING		
1)			2)			
27.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:					

**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

27.9	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS AND PHONE NUMBER			REASON FOR LEAVING	
	1)	2)			
27.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:				
27.11	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS AND PHONE NUMBER			REASON FOR LEAVING	
	1)	2)			
27.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:				
27.13	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS AND PHONE NUMBER			REASON FOR LEAVING	
	1)	2)			
27.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:				

**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

<b>27.15</b>	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS AND PHONE NUMBER			REASON FOR LEAVING	
1)			2)		
<b>27.16</b>	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:				

<b>27.17</b>	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS AND PHONE NUMBER			REASON FOR LEAVING	
1)			2)		
<b>27.18</b>	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:				

<b>27.19</b>	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS AND PHONE NUMBER			REASON FOR LEAVING	
1)			2)		
<b>27.20</b>	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:				

**27.3** Please list your hobbies and sports, include your length of participation and level of proficiency:

**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

28.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29.	Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.	Have you ever quit without giving notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.	Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.	Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34.	Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35.	Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36.	Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37.	Have you ever sold, released, given away, or used for your own purposes legally confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38.	Have you ever called in sick when you were neither sick nor caring for a sick family member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	IF YES, how many sick days have you used in the past five years which were not due to illness? _____ Days		
39.	<i>In the past three years</i> , have you missed days or been late to work due to drug or alcohol consumption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	IF YES, how often?		
40.	Has your work performance ever been affected by your use of alcohol or drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	IF YES, when? _____ Name of employer: _____		
41.	<i>In the past three years</i> , have you been warned by an employer about your drinking or drug habits and their impact on your performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	IF YES, when? _____ Name of employer: _____		
41.1	Have you taken any money or items from a work place or other place (this includes from siblings, parents, friends, businesses, or other entities, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "YES" to any of **Questions 28–41.1**, explain (include when, where, and circumstances (value if applicable) – *reference corresponding numbers*).

**SECTION 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)?  Yes  No

- If you answered "YES" to Question 42, list **EVERY** agency you have applied to, starting with the most recent.
- Give complete and accurate addresses.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- *If more space is needed, continue your response on page 27.*

<b>42.1</b>	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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> List Expired <input type="checkbox"/> Disqualified, Reason:						

<b>42.2</b>	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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> List Expired <input type="checkbox"/> Disqualified, Reason:						

<b>42.3</b>	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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> List Expired <input type="checkbox"/> Disqualified, Reason:						

**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

<b>42.4</b>	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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> List Expired <input type="checkbox"/> Disqualified, Reason:						

<b>42.5</b>	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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> List Expired <input type="checkbox"/> Disqualified, Reason:						

<b>42.6</b>	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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> List Expired <input type="checkbox"/> Disqualified, Reason:						

<b>42.7</b>	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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> List Expired <input type="checkbox"/> Disqualified, Reason:						

<b>42.8</b>	Have you ever applied for certification or been certified as a law enforcement officer? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name and location of certification authority, date of issue, and date of expiration (if applicable).
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<b>42.9</b>	Have you ever had a law enforcement certification revoked, suspended, or have been disqualified for certification? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name of certification authority, date of decision, and reason(s).
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**SECTION 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? .....  Yes  No  
 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? .....  Yes  No

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		
<input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> 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)? .....  Yes  No

48. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? .....  Yes  No

49. Have you ever taken military property without permission for personal use, to sell, or to give away? .....  Yes  No

If you answered "YES" to any of **Questions 47-49**, explain (include dates and circumstances).

**SECTION 7: FINANCIAL**

**50. 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.).....	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ per month
Explain:	
C) How much do you spend each month?.....	\$ _____ per month

51. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? .....  Yes  No

52. Have any of your bills ever been turned over to a collection agency? .....  Yes  No

53. Have you ever had purchased goods repossessed? .....  Yes  No

54. Have your wages or Alaska permanent fund dividend ever been garnished? .....  Yes  No

55. Have you ever been delinquent on income or other tax payments? .....  Yes  No

56. Have you ever failed to file income tax or cheated/lied on an income tax form? .....  Yes  No

**SECTION 7: FINANCIAL** *continued*

- 57. Have you ever had an employment bond refused? .....  Yes  No
- 58. Have you ever avoided paying any lawful debt by moving away? .....  Yes  No
- 59. Have you ever defaulted on (failed to pay) a loan or failed to pay any citation/ticket? .....  Yes  No
- 60. Have you ever borrowed money to pay for a gambling debt? .....  Yes  No  
 If yes, do you currently have any outstanding debts as a result of gambling? .....  Yes  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.)? .....  Yes  No
- 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*).

**SECTION 8: LEGAL**

► **Disclosure of Arrests and Convictions**

- This section requires you to report detentions, arrests, and convictions, including diversion programs, suspended imposition of sentences, and 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.*

64. 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)? .....  Yes  No

IF YES, explain each incident:

	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
<b>64.1</b>			
	EXPLANATION AND DISPOSITION		
<b>64.2</b>			
	EXPLANATION AND DISPOSITION		

**SECTION 8: LEGAL** *continued*

64.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
EXPLANATION AND DISPOSITION			

65. Have you ever been placed on court probation or parole? .....  Yes  No
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? .....  Yes  No
67. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? .....  Yes  No
68. Have the police ever been called to your home for any reason? .....  Yes  No
69. Have you or your spouse/partner ever been referred to Child Protective Services? .....  Yes  No
70. Have you ever been the respondent of an emergency protective order/restraining order/stalking/stay-away order? .....  Yes  No
71. 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? .....  Yes  No
72. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? .....  Yes  No
73. Have you ever been required to repay any welfare payments, unemployment compensation, Alaska permanent fund dividend, or other state or federal assistance? .....  Yes  No
74. Have you ever filed a false insurance or workers' compensation claim? .....  Yes  No

If you answered "YES" to any of **Questions 65–74**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*).

**► Involvement in Criminal Acts – Part 1**

75. Have you committed any of the following acts at any time in your life?
- You **MUST** 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 .....  Yes  No
- 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 .....  Yes  No

**SECTION 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.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.4	Brandishing a weapon or discharging a firearm in violation of city, state, or federal laws .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.5	Carrying a concealed weapon without a permit .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.6	Contributing to the delinquency of a minor .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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) ...	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.8	Driving or operating a vehicle under the influence of alcohol and/or drugs .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.10	Filing a false police report .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.11	Hit & run collision (no injuries).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.12	Illegal gambling.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.13	Illegal hunting and/or fishing (for example, without a license, out of season) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.14	Impersonating a peace officer (pretending to be a police officer) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.15	Indecent exposure and/or lewd or obscene conduct .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.16	Intentionally writing a bad check .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.17	Joyriding (using a car or other vehicle without owner's permission) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.19	Petty theft (value up to \$250, including shoplifting/switching price tags) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.20	Possession or consumption of alcohol as a minor .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.21	Possession of falsified or altered identification, including use of another person's ID (for any reason).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.24	Reckless driving.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.26	Trespassing .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.28	Any other act amounting to a misdemeanor .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you answered "YES" to **ANY** of the item(s) in **Question 75**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 75.5) for each explanation.*
- *If more space is needed, continue your response on page 27.*

**SECTION 8: LEGAL** *continued*

► **Involvement in Criminal Acts – Part 2**

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) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.3	Blackmail or extortion .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.4	Burglary (entering a structure or vehicle to commit theft or other crime) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.6	Elder abuse and/or neglect (physical and/or financial) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.7	Embezzlement (theft of money or other valuables entrusted to you) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.8	Felony drunk driving .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.9	Rape (including sexual contact, penetration without consent, or statutory rape) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.11	Fraudulent use of a credit, ATM, debit, and/or check card .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.12	Theft (value of over \$250, or any firearm) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.13	Hit & run (with injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.14	Hate crime .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.15	Illegal sex acts .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.16	Insurance fraud .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.17	Murder, homicide, manslaughter, or attempted murder .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.18	Perjury (lying under oath) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.19	Possession of an explosive/destructive device .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.20	Robbery (theft from another person using a weapon, force, or fear) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.21	Stalking .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.22	Theft of a vehicle and/or vehicle parts .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.23	Viewing and/or possessing child pornography (including distributing or creating) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.24	Bigamy or Polygamy, married to more than one person at the same time .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.25	Any other act amounting to a felony .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76.26	Have you ever been an inmate or resident in any type of correctional institution (halfway house, jail, prison, juvenile center, etc)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SECTION 8: LEGAL** *continued*

- If you answered "YES" to **ANY** of the item(s) in **Question 76**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 76.3) for each explanation.*
- *If more space is needed, continue your response on page 27.*

▶ **Illegal Use of Drugs**

- For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; the illegal use of "controlled substances," and includes the illegal use of any substance for the purpose of getting "high."
- Your responses should include — **but not be limited to** — your use of any of the following:
  - ▶ Amphetamines / Methamphetamines (*Uppers, Speed, Crank, etc*)
  - ▶ Barbiturates (*Downers*)
  - ▶ Cocaine / Crack Cocaine
  - ▶ Designer Drugs (*Ecstasy, Synthetic Heroin, Spice, etc.*)
  - ▶ GHB (*Date Rape Drug*)
  - ▶ Hallucinogens (*Peyote, LSD, Mushrooms*)
  - ▶ Hashish / Hashish Oil
  - ▶ Heroin / Opium
  - ▶ Marijuana (*with or without a prescription*)
  - ▶ Mescaline
  - ▶ Morphine
  - ▶ PCP / Angel Dust
  - ▶ Quaaludes
  - ▶ Steroids
  - ▶ Tetrahydrocannabinol (THC)
  - ▶ Glue, paint, or any substance containing toluene

77. **Within the past twelve months**, have you used any drug(s) indicated above or any other illegal substances? .....  Yes  No

IF YES, give details including **drug(s) used, most recent date used, and circumstances:**

78. **Prior to the past twelve months:**

I have **never** used any drug recreationally.

I have tried or used one or more drugs, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*)

IF YOU CHECKED BOX 2, give details including **drug(s) used, most recent date used, and circumstances:**

**SECTION 8: LEGAL** *continued*

79. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription, and the licensed cultivation, manufacture, transportation, or sale of marijuana or marijuana products:  
 Sold  Manufactured  Delivered  Purchased  Given  Furnished  Cultivated  Transported  Held for Another

IF ANY ITEM IS CHECKED, give details including **drug(s) involved**, **over what time period(s)**, and **circumstances**.

80. During the **past five years**, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? .....  Yes  No

IF YES, explain: \_\_\_\_\_

**SECTION 9: MOTOR VEHICLE OPERATION**

81. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED

82. List other states where you have been licensed to operate a motor vehicle:

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

83. Have you ever been refused a driver's license by any state? .....  Yes  No

IF YES, explain (include when, where, and circumstances): \_\_\_\_\_

84. Has your driver's license ever been suspended or revoked? .....  Yes  No

IF YES, explain (include when, where, and circumstances): \_\_\_\_\_

85. List your current liability insurance on your vehicle(s).

85.1	TYPE OF COVERAGE	VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE
	<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit			
INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY)
ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP
		CONTACT NUMBER		

**SECTION 9: MOTOR VEHICLE OPERATION** *continued*

85.2	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE	
	INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY)	
	ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP	CONTACT NUMBER
85.3	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE	
	INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY)	
	ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP	CONTACT NUMBER

86. List ALL violation citations (including traffic tickets) you have received **within the past seven years**, regardless if they were reduced or expunged.

86.1	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED (MM/YYYY)	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
86.2	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED (MM/YYYY)	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
86.3	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED (MM/YYYY)	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

87. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply):

- Failed to Appear    Failed to Complete Traffic School    Failed to Pay the Required Fine

IF CHECKED, explain circumstances:

88. Have you been involved as the driver in a motor vehicle accident **within the past seven years**? .....  Yes    No

IF YES, give details below.

88.1	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY AND CASE/INCIDENT NUMBER	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury



**SECTION 9: MOTOR VEHICLE OPERATION** *continued*

88.2	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY AND CASE/INCIDENT NUMBER	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
88.3	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY AND CASE/INCIDENT NUMBER	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

89. Have you ever driven a vehicle without being lawfully licensed and/or without having auto insurance, as required by law? .....  Yes  No

IF YES, GIVE REASON	FROM (MM/YYYY)	TO (MM/YYYY)

90. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? .....  Yes  No

IF YES, GIVE REASON	DATE (MM/YYYY)
INSURANCE COMPANY	

**SECTION 10: OTHER TOPICS**

91. Have you ever been issued, refused, or required to relinquish a permit to carry a concealed weapon? .....  Yes  No

92. 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?.....  Yes  No

93. Have you ever hit or physically overpowered a spouse or romantic partner? .....  Yes  No

94. **Since the age of 15**, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?.....  Yes  No

95. 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? .....  Yes  No

95.1 Have you ever pushed, punched, slapped, shoved, threatened, or injured someone or been injured yourself, in a domestic violence incident? .....  Yes  No

If you answered "YES" to any of **Questions 91–95.1**, give details including dates and circumstances – *reference corresponding numbers*).

**SECTION 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 the \_\_\_\_ day 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.