



# Petersburg Borough

12 South Nordic Drive  
Petersburg, AK 99833

## Meeting Agenda Borough Assembly Regular Meeting

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Tuesday, January 18, 2022

6:00 PM

Assembly Chambers

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You are invited to a Zoom webinar.  
When: Jan 18, 2022 06:00 PM Alaska  
Topic: January 18, 2022 Assembly Meeting

Please click the link below to join the webinar:  
<https://petersburgak.gov.zoom.us/j/83909522428?pwd=aWxldDk0enNseVNHZVJ1dDRwYkQxQT09>  
Passcode: 818070

Or Telephone:  
Dial: 1-720-707-2699 or 1-253-215-8782  
Webinar ID: 839 0952 2428  
Passcode: 818070

1. **Call To Order/Roll Call**
2. **Voluntary Pledge of Allegiance**
3. **Approval of Minutes**
  - A. January 3, 2022 Regular Meeting Minutes**
4. **Amendment and Approval of Meeting Agenda**
5. **Public Hearings**
6. **Bid Awards**
7. **Persons to be Heard Related to Agenda**  
*Persons wishing to share their views on any item on today's agenda may do so at this time.*
8. **Persons to be Heard Unrelated to Agenda**  
*Persons with views on subjects not on today's agenda may share those views at this time.*
9. **Boards, Commission and Committee Reports**
10. **Consent Agenda**

## 11. Report of Other Officers

## 12. Mayor's Report

### A. January 18, 2022 Mayor's Report

## 13. Manager's Report

There is no written Manager's Report for this meeting. Manager Giesbrecht may provide a verbal update and will be available for any questions by the Assembly.

## 14. Unfinished Business

### A. Ordinance #2021-22: An Ordinance of the Petersburg Borough Adjusting the FY 2022 Budget for Known Changes - Third and final reading

If adopted, Ordinance #2021-22 will: 1) increase the South Harbor Dredging Harbor Department fund from \$728,400 to \$1,000,000; 2) accept an additional \$553,081 in Fisheries Business Tax Revenue and transfer \$353,081 of those funds to the Harbor Fish Tax revenue fund; 3) accept \$1,222,750 from the State of Alaska for the COVID Testing Contract Extension; 4) accept two ARPA grants awarded to the Library (\$6,000 and \$39,661); and 5) transfer \$73,233 into the Parks and Recreation Utility fund to cover unbudgeted electrical utility costs due to delayed repairs to the facility. Ordinance #2021-22 was unanimously approved in its first and second readings.

Public Works Director Cotta requests amendment to the ordinance to add \$170,150 to the Public Works FY 2022 budget to cover unexpected expenses due to the unusually heavy snowfall this winter (see Director Cotta's memo, attached).

## 15. New Business

## 16. Communications

### A. Correspondence Received After December 30, 2021

## 17. Assembly Discussion Items

### A. ARPA Funding Work Session Draft Agenda

Attached is a draft agenda for the January 24, 2022 work session regarding the Borough's ARPA funds.

### B. Borough Employee Hiring Process

Assembly Member Meucci would like to discuss the Borough's hiring process.

### C. Assembly Member Comments

### D. Recognitions

## 18. Adjourn



# Petersburg Borough

12 South Nordic Drive  
Petersburg, AK 99833

## Meeting Minutes Borough Assembly Regular Meeting

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Monday, January 03, 2022

12:00 PM

Assembly Chambers

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### 1. Call To Order/Roll Call

Mayor Jensen called the meeting to order at 12:00 p.m.

#### PRESENT

Assembly Member Bob Lynn  
Assembly Member Chelsea Tremblay  
Assembly Member David Kensinger  
Vice Mayor Jeigh Stanton Gregor  
Assembly Member Jeff Meucci  
Mayor Mark Jensen  
Assembly Member Thomas Fine-Walsh

### 2. Voluntary Pledge of Allegiance

The Pledge was recited.

### 3. Approval of Minutes

#### A. December 20, 2021 Assembly Meeting Minutes

The December 20, 2021 meeting minutes were unanimously approved.

Motion made by Vice Mayor Stanton Gregor, Seconded by Assembly Member Meucci.  
Voting Yea: Assembly Member Lynn, Assembly Member Tremblay, Assembly Member Kensinger, Vice Mayor Stanton Gregor, Assembly Member Meucci, Mayor Jensen, Assembly Member Fine-Walsh

### 4. Amendment and Approval of Meeting Agenda

The agenda was approved as submitted.

Motion made by Assembly Member Meucci, Seconded by Assembly Member Tremblay.  
Voting Yea: Assembly Member Lynn, Assembly Member Tremblay, Assembly Member Kensinger, Vice Mayor Stanton Gregor, Assembly Member Meucci, Mayor Jensen, Assembly Member Fine-Walsh

**5. Public Hearings**

**A. Public Hearing for Ordinance #2021-22: An Ordinance of the Petersburg Borough Adjusting the FY 2022 Budget for Known Changes**

No testimony was given.

**6. Bid Awards**

There were no bid awards.

**7. Persons to be Heard Related to Agenda**

*Persons wishing to share their views on any item on today's agenda may do so at this time.*

John Murgas shared his concerns regarding plans on the Scow Bay project without input from the Harbor Advisory Board.

Glo Wollen spoke regarding the childcare issue in Petersburg, stating creative solutions are needed.

**8. Persons to be Heard Unrelated to Agenda**

*Persons with views on subjects not on today's agenda may share those views at this time.*

Sarah Fine-Walsh shared her views regarding snow removal.

**9. Boards, Commission and Committee Reports**

There were no reports.

**10. Consent Agenda**

There were no Consent Agenda items.

**11. Report of Other Officers**

**A. Petersburg Medical Center Update**

PMC CEO Hofstetter gave an update on Medical Center activities.

**12. Mayor's Report**

**A. January 3, 2022 Mayor's Report**

Mayor Jensen read his report into the record.

**13. Manager's Report**

**A. January 3, 2022 Manager's Report**

Manager Giesbrecht read his report into the record, a copy of which is attached and made a permanent part of these minutes.

**14. Unfinished Business**



**A. Ordinance #2021-22: An Ordinance of the Petersburg Borough Adjusting the FY 2022 Budget for Known Changes**

Ordinance #2021-22 was unanimously approved in its second reading.

Motion made by Vice Mayor Stanton Gregor, Seconded by Assembly Member Kensinger.

Voting Yea: Assembly Member Lynn, Assembly Member Tremblay, Assembly Member Kensinger, Vice Mayor Stanton Gregor, Assembly Member Meucci, Mayor Jensen, Assembly Member Fine-Walsh

**15. New Business**

**A. Resolution #2022-01: A Resolution Requesting the US Postal Service to Provide Additional Services in Petersburg, Alaska**

Resolution #2022-01 was amended to the wording "and adequate staffing" to the Therefore Be It Resolved clause in between "located downtown" and "to better meet the needs" in the last sentence. The resolution was approved, as amended, by a vote of 5-2.

Motion made by Assembly Member Meucci, Seconded by Assembly Member Tremblay.

Voting Yea: Assembly Member Tremblay, Assembly Member Kensinger, Vice Mayor Stanton Gregor, Assembly Member Meucci, Assembly Member Fine-Walsh

Voting Nay: Assembly Member Lynn, Mayor Jensen

**B. Blind Slough Hydroelectric Project Professional Services Tasks 4-9**

Award of the Blind Slough Hydroelectric Project Professional Services Tasks 4-9 to McMillen Jacobs Associates in the amount of \$1,035,922 was unanimously approved by roll call vote.

Motion made by Assembly Member Meucci, Seconded by Assembly Member Kensinger.

Voting Yea: Assembly Member Lynn, Assembly Member Tremblay, Assembly Member Kensinger, Vice Mayor Stanton Gregor, Assembly Member Meucci, Mayor Jensen, Assembly Member Fine-Walsh

**C. Scow Bay Concept Design Proposal**

The Assembly unanimously approved PND Engineers, Inc.'s proposal to provide concept design services, not to exceed \$15,000, for the Scow Bay Harbor and Uplands Development Project.

Motion made by Assembly Member Meucci, Seconded by Assembly Member Kensinger.

Voting Yea: Assembly Member Lynn, Assembly Member Tremblay, Assembly Member

Kensinger, Vice Mayor Stanton Gregor, Assembly Member Meucci, Mayor Jensen, Assembly Member Fine-Walsh

**D. Request for a USACE General Investigations Study for Scow Bay**

By unanimous roll call vote, the Assembly approved the letter of request to the US Army Corps of Engineers requesting they conduct a general investigations study to consider developing a basin and breakwater along Borough owned property in Scow Bay.

Motion made by Vice Mayor Stanton Gregor, Seconded by Assembly Member Kensinger.  
Voting Yea: Assembly Member Lynn, Assembly Member Tremblay, Assembly Member Kensinger, Vice Mayor Stanton Gregor, Assembly Member Meucci, Mayor Jensen, Assembly Member Fine-Walsh

**E. Rocky's Marine Lease Amendment #7**

Amendment of the Rocky's Marine Lease to account for an easement on the leased property was unanimously approved.

Motion made by Assembly Member Meucci, Seconded by Vice Mayor Stanton Gregor.  
Voting Yea: Assembly Member Lynn, Assembly Member Tremblay, Assembly Member Kensinger, Vice Mayor Stanton Gregor, Assembly Member Meucci, Mayor Jensen, Assembly Member Fine-Walsh

**F. Viking Swim Club Petersburg Community Center Pool Facilities Use Agreement**

The Pool Facilities Use Agreement with Viking Swim Club was unanimously approved.

Motion made by Assembly Member Meucci, Seconded by Assembly Member Kensinger.  
Voting Yea: Assembly Member Lynn, Assembly Member Tremblay, Assembly Member Kensinger, Vice Mayor Stanton Gregor, Assembly Member Meucci, Mayor Jensen, Assembly Member Fine-Walsh

**16. Communications**

**A. Correspondence Received Since December 16, 2021**

**17. Assembly Discussion Items**

**A. Future of Childcare in Petersburg**

The Assembly discussed the availability, or lack thereof, of childcare in the community. Members Tremblay and Meucci shared notice of a SHARE Coalition

meeting regarding a recent childcare needs assessment they conducted, to be held on January 15, 2022 from 3:00 to 5:00 p.m. in the High School Library.

**B. All Purpose Vehicle Usage on Roadways**

The Assembly discussed the legal use (by State Statute as of January 1, 2022) of All Purpose Vehicles on Petersburg streets.

**C. Expiration of Emergency Ordinance #2021-21 (Requirement of Face Coverings in Indoor Public Settings)**

Emergency Ordinance #2021-21 (Requirement of Face Coverings in Indoor Public Settings) will expire tonight at midnight.

**D. January 24, 2022 ARPA Funding Work Session**

The Assembly discussed the need for an agenda for this work session and chose 4:00 p.m. on January 24, 2022 to hold the work session.

**E. Assembly Member Comments**

Assembly Member Meucci shared that he spent some time last weekend assisting Fire Chief Stolpe in uncovering fire hydrants around town.

Assembly Member Tremblay shared that the cold and heavy snow causes a hardship for the housing insecure in our community. She encouraged community members to make donations to the January 26, 2022 Project Connect Fair hosted by Humanity in Progress.

**F. Recognitions**

Assembly Member Stanton Gregor thanked the Borough employees involved in snow removal for their professionalism and dedication.

Assembly Member Kensinger agreed with Member Stanton Gregor and added a thank you to the DOT employees as well stating everyone dealing with snow removal in Petersburg has gone above and beyond.

**18. Adjourn**

The meeting was adjourned at 1:41 p.m.

Motion made by Vice Mayor Stanton Gregor, Seconded by Assembly Member Tremblay. Voting Yea: Assembly Member Lynn, Assembly Member Tremblay, Assembly Member Kensinger, Vice Mayor Stanton Gregor, Assembly Member Meucci, Mayor Jensen, Assembly Member Fine-Walsh

**Mayor's Report  
For  
January 18, 2022 Assembly Meeting**

**1. Seeking Letters of Interest:** The Petersburg Borough is accepting letters of interest from citizens who wish to serve the community by filling one of the vacant seats on the following Borough Boards/Commissions until the October 2022 Municipal Election:

Planning Commission – two vacant seats

Parks & Recreation Advisory Board – two vacant seats

Letters of interest should be submitted to Clerk Thompson at the Borough offices located at 12 S. Nordic Drive; by sending to PO Box 329, Petersburg, AK 99833; or by emailing to [dthompson@petersburgak.gov](mailto:dthompson@petersburgak.gov).

**PETERSBURG BOROUGH  
ORDINANCE #2021-22**

**AN ORDINANCE OF THE PETERSBURG BOROUGH ADJUSTING  
THE FY 2022 BUDGET FOR KNOWN CHANGES**

**Section 1. Classification:** This ordinance is not of a permanent nature and shall not be codified in the Petersburg Municipal Code.

**Section 2. Purpose:** The purpose of this ordinance is to adjust the FY 2022 budget for known changes.

**Section 3. Substantive Provisions:** In accordance with Section 11.09(a) of the Charter of the Petersburg Borough, the budget for the fiscal period beginning July 1, 2021 and ending June 30, 2022 is adjusted as follows:

**Explanation:** Necessary revisions in the FY 2022 budget identified after adoption of the Budget.

<u>Account Number</u>	<u>Account</u>	<u>Increase</u>
<b>FISCAL YEAR 2022 REVENUE / EXPENSE BUDGET ADJUSTMENTS</b>		
<b>Harbor Fund -</b>		
450.000.506541	S. Harbor Corp of Engineers Dredging	\$271,600.
To increase the budgeted amount of this line item from \$728,400 to \$1 million. These funds are due by January 21, 2022 in order to start the next phase which was expected but earlier then previously projected when budgeting for FY2022.		
<b>Harbor – General Fund – Fish Tax</b>		
110.000.402140	Revenue – Fisheries Business Tax (Original Budget \$300,000)	\$553,081.
110.000.501960	Transfer from the General Fund to the Harbor (Original Budget \$150,000)	(\$353,081.)
450.000.402140	Harbor Revenue Account – Fish Tax (Original Budget \$150,000)	\$353,081.
The Borough received \$553,081 more in Fish Tax then budgeted for a total of \$853,081. The General Fund and Harbor Fund had budgeted to split the fish tax this year due to the expectation of a very low amount of Fish Tax Revenue. Historically the General Fund keeps the first \$350,000 and the Harbor Department keeps the remainder however due to the Harbor collecting no fish tax funds in FY21 due to the amount being so low the Assembly decided to split the fish tax receipts for FY22 in this current budget. This would be \$426,540 to each of the general fund and the Harbor Fund. The Finance Director is recommending (with the Harbormasters support) that instead of splitting the Fish tax receipts that the Borough return to the historical method of dispersing Fish Tax Receipts in that the General Fund would keep \$350,000 and the Harbor Department would receive the remaining which would amount to \$503,081.		
<b>Airport COVID-19 Testing/Screening</b>		
285.200.400200	Revenue from the State of Alaska CVOID Testing Contract	\$1,222,750.

285.200.500250	Petersburg Medical Center Expenses – Testing	(\$1,222,750.)
This Amendment to the Airport Testing Contract with the State of Alaska was approved by the Borough Assembly at the October 4, 2021 Meeting.		
<b>Library ARPA Grants</b>		
200.000.402233	ARPA Grant Revenue for Library Janitorial and Materials	\$6,000.
200.000.502XXX	Library Janitorial and Materials - Expenses	(\$6,000.)
200.000.402234	ARPA Grant Revenue for Library Indigenous Voices	\$39,661.
200.000.500XXX	Library Expenses for Indigenous Voices Podcast Program	(\$39,661.)
The Petersburg Public Library was awarded two ARPA Grants through the State of Alaska – DEED – Division of Library, Archives and Museums.		
<b>Parks and Recreation - Utilities</b>		
110.574.501470	Utility Expenses	\$73,233.
Additional electrical utility costs not in the current FY22 budget because the repairs to the facility were supposed to be completed in the summer of 2021. Due to COVID and equipment delays the required parts have just recently been acquired and with the addition of the new boilers, the work is slated to be completed in the later part of March 2022.		

**Section 4. Severability:** If any provision of this ordinance or any application to any person or circumstance is held invalid, the remainder of this ordinance and application to any person and circumstance shall not be affected.

**Section 5. Effective Date:** This ordinance shall become effective immediately after the date of its passage.

**Passed and approved by the Petersburg Borough Assembly, Petersburg, Alaska this 18<sup>th</sup> day of January, 2022.**

\_\_\_\_\_  
**Mark Jensen, Mayor**

**ATTEST:**

\_\_\_\_\_  
**Debra K. Thompson, Borough Clerk**

Adopted:  
 Published:  
 Effective:



**DEPARTMENT OF THE ARMY**  
**ALASKA DISTRICT, U.S. ARMY CORPS OF ENGINEERS**  
 P.O. BOX 6898  
 JBER, AK 99506-0898

November 29, 2021

Petersburg Borough  
 Mr. Stephen Giesbrecht  
 Petersburg, Alaska 99833  
 P.O. Box 329

Dear Mr. Giesbrecht:

In accordance with the Agreement between the Army Corps of Engineers and the Petersburg Borough for the Petersburg Navigation Improvements Project Partnership Agreement, executed on the 27<sup>th</sup> of May 2020, I am requesting \$550,000 for the general navigation features (GNF) and \$450,000 for the local support facilities (LSF) in cash, to continue the project, to include contracting and construction of the project summarized in Tables 1 and 2.

Table 1. Summary of Funding to Date

<b>Sponsor</b>	
Agreement	\$728,400
Cash	\$75,500
Work In-Kind Credit	\$42,771
Total Remaining	\$610,129
<b>Federal</b>	
Agreement	\$6,555,600
Cash	\$334,983
Total Remaining	\$6,220,017

Table 2. Summary of Requested Funding

<b>Sponsor</b>	
	Funding
GNF	\$550,000
LSF	\$450,000
Total	\$1,000,000
<b>Federal</b>	
Total	\$5,980,950

Per Article II of this agreement, the Petersburg Borough is to provide the full amount to the Alaska District on 21 January 2022, 60 calendar days after the receipt of this notification.

-2-

Please make the check payable to FAO, USAED, Alaska (J4), and deliver to:

District Engineer  
U.S. Army Corps of Engineers District, Alaska  
P.O. Box 6898  
JBER, AK 99506-0898

If you have questions or concerns or require further information, please feel free to contact the Project Manager, Austring, Richard, at (907) 753-2827 or email at [Richard.D.Austring@usace.army.mil](mailto:Richard.D.Austring@usace.army.mil).

Sincerely,

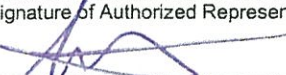
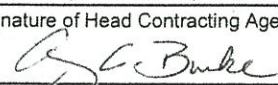
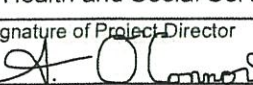

RICHARD D. AUSTRING  
Project Manager



<b>PETERSBURG'S RAW FISH TAX</b>			
	<b>Harbor</b>	<b>General Fund</b>	<b>Total</b>
Sep-00	\$ -	\$ 673,037	\$ 673,037
Sep-01	\$ -	\$ 471,020	\$ 471,020
Sep-02	\$ -	\$ 606,897	\$ 606,897
Sep-03	\$ -	\$ 467,343	\$ 467,343
Sep-04	\$ -	\$ 545,267	\$ 545,267
Sep-05	\$ 130,650	\$ 500,000	\$ 630,650
Sep-06	\$ 179,870	\$ 500,000	\$ 679,870
Oct-07	\$ 158,119	\$ 500,000	\$ 658,119
Oct-08	\$ 373,402	\$ 400,000	\$ 773,402
Oct-09	\$ 365,829	\$ 400,000	\$ 765,829
Nov-10	\$ 205,220	\$ 400,000	\$ 605,220
Oct-11	\$ 265,901	\$ 400,000	\$ 665,901
Oct-12	\$ 636,385	\$ 400,000	\$ 1,036,385
Nov-13	\$ 410,516	\$ 350,000	\$ 760,516
Nov-14	\$ 949,730	\$ 300,000	\$ 1,249,730
Dec-15	\$ 570,118	\$ 250,000	\$ 820,118
Dec-16	\$ 86,848	\$ 250,000	\$ 336,848
Oct-17	\$ 577,158	\$ 300,000	\$ 877,158
Nov-18	\$ 589,855	\$ 300,000	\$ 889,855
Oct-19	\$ 399,771	\$ 350,000	\$ 749,771
Nov-20	0	\$ 333,751	\$ 333,751
Nov-21	\$ 426,540	\$ 426,540	\$ 853,081
<i>Proposed Allocation in Supplemental Budget Instead of Split 50/50</i>	\$ 503,081	\$ 350,000	\$ 853,081

**State of Alaska**  
**Amendment to Professional Services Contract**

1. Agency Contract Number C0620-523-A
2. Solicitation Number (if used)
3. Optional Renewal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Years remaining <u>0</u>
4. Financial Coding
5. Agency Assigned Encumbrance Number
6. Amendment Number One (1)

This agreement is between the State of Alaska,		
7. Department of Health and Social Services Health and Social Services/ COVID-19 Emergency Operations Center (EOC) hereafter the State, and		
8. Contractor Petersburg Borough hereafter the Contractor		
Mailing Address	Street or P.O. Box	City State ZIP Code
PO Box 329		Petersburg AK 99833
9. Original period of performance From: July 1, 2021 To: September 30, 2021		10. Amended period of performance From: July 1, 2021 To: September 30, 2022
11. Previous amount of contract to date: \$ 308,200.00	12. Amount of this amendment: \$ 1,222,750.00	13. This amended contract shall not exceed a total of: \$ 1,530,950.00
<p>14. In accordance with the provisions of the above referenced contract, the parties to that contract agree that the services to be performed by the contractor are amended as follows: This amendment expands the duties listed in Appendix C of the Contract. It also adds funding to compensate for the additional timeline.</p> <p>All other terms and conditions of the contract remain in effect.</p> <p>In full consideration of the Contractor's performance under and including this amendment, the State shall pay the Contractor a total not to exceed \$ 1,530,950.00.</p> <p>IN WITNESS WHEREOF the parties hereto have executed this amendment.</p> <p><b>Notice:</b> This amendment has no effect until signed by the head of the contracting agency, project director and head contracting agency or designee.</p>		
15. <b>CONTRACTOR</b>		17. <b>CERTIFICATION:</b>
Name of Firm Petersburg Borough		I certify that the facts herein and on supporting documents are correct, that this voucher constitutes a legal charge against funds and appropriations cited, that sufficient funds are encumbered to pay this obligation, or that there is a sufficient balance in the appropriation cited to cover this obligation. I am aware that to knowingly make or allow false entries or alterations on a public record, or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the verity, legibility or availability of a public record constitutes tampering with public records punishable under AS 11.56.815-.820. Other disciplinary action may be taken up to and including dismissal.
Signature of Authorized Representative 	Date 10/6/2021	
Typed or Printed Name of Authorized Representative Steve Giesbrecht		
Title Petersburg Borough Manager		
16. <b>CONTRACTING AGENCY</b>		Signature of Head Contracting Agency or Designee 
Health and Social Services, EOC		Date 10.12.2021
Signature of Project Director 	Date 10/8/2021	Typed or Printed Name of Authorizing Official Amy Burke
Typed or Printed Name of Project Director Amy O'Connor		Title Section Chief – Grants, Procurement & Facilities
Signature of Division Director 	Date 10/11/2021	
Typed or Printed Name of Division Director Heidi Hedberg		



THE STATE  
of **ALASKA**  
GOVERNOR MIKI DUNIFAVY

Department of Education  
& Early Development

DIVISION OF LIBRARY, ARCHIVES & MUSEUMS

P.O. Box 110571  
Juneau Alaska 99811-0571  
Main 907.465.4837  
Fax 907.465.2151

November 2, 2021

Taralee Alcock  
Petersburg Public Library  
PO Box 549  
Petersburg, AK 99833

Dear Taralee,

Congratulations! The State Library has reviewed your **ARPA Easy Grant** application and has awarded **Federal** funds in the amount of **\$6000**. We are delighted that your organization will receive this grant.

**Please review this grant award packet carefully and completely.** In order to start receiving payment(s) on your grant, this is what you need to do:

1. Review the Official Award Notification Document and verify that your information is correct. If changes are necessary, please submit this information to the Grants Administrator.
2. Arrange for two signatures on the **ARPA Grant Agreement form**. E-mail the signed agreement to [eed.library.grants@alaska.gov](mailto:eed.library.grants@alaska.gov).
3. Sign and return an **Internet Safety Certification form** to the State Library. If you have questions or decide that you cannot sign the Internet Safety Certification form in good faith, please contact us immediately so we can discuss your situation.
4. The following will be your schedule of payment(s) for this grant:  
*A single payment will be made once the agreement is signed and processed.*

To modify schedule please contact Claire Imamura at [eed.library.grants@alaska.gov](mailto:eed.library.grants@alaska.gov).

letter  
11/2/21  
Page two of two

- 5. Since this grant is funded with **Federal** money, you must give credit to the Institute of Museum and Library Services in all publicity and advertising concerning the impact of the grant project. The [IMLS Acknowledgement Requirements](#) can be very helpful.
- 6. Finally, it is understood that by signing this agreement, you understand and agree to all conditions set forth in this package ***including materials referenced within these documents.***

If you have questions or need more information, please refer to the [Guide for ARPA Applications](#).

Please return your signed agreement or direct questions to Claire Imamura, Grants & Inclusive Services Librarian ([eed.library.grants@alaska.gov](mailto:eed.library.grants@alaska.gov), 907-465-1018).

Once again, congratulations and good luck with your project!

Sincerely,



Claire Imamura  
Grants & Inclusive Services Librarian  
Alaska State Library

This **Federal** grant is funded by the





THE STATE  
of **ALASKA**  
GOVERNOR MIKE DUNLEAVY

Department of Education  
& Early Development

DIVISION OF LIBRARY, ARCHIVES & MUSEUMS

P.O. Box 110571  
Juneau, Alaska 99811-0571  
Main: 907.465.4837  
Fax: 907.465.2151

November 2, 2021

Taralee Alcock  
Petersburg Public Library  
PO Box 549  
Petersburg, AK 99833  
talcock@petersburgak.gov

Dear Taralee,

The State Library, Archives, and Museum has reviewed your FY2022 ARPA grant application and has awarded **Federal ARPA** funds in the amount of **\$39,661** for the **Petersburg Indigenous Voices Podcast**. Please be aware that this grant award includes \$3,606 in allowable 10% indirect fees (based on fully spending the grant) for the management of this grant project. The grantee will NOT be able to collect indirect costs for grant funds unspent and returned.

**Please review this grant award packet carefully and completely.** In order to start receiving payment(s) on your grant, this is what you need to do:

1. Review the Official Award Notification Document and verify that your information is correct. If changes are necessary, please submit this information to the Grants and Data Coordinator.
2. Arrange for two signatures on the **ARPA Grant Agreement form**. E-mail the signed agreement to eed.library.grants@alaska.gov.
3. Sign and return an **Internet Safety Certification form** to the State Library. If you have questions or decide that you cannot sign the Internet Safety Certification form in good faith, please contact us immediately so we can discuss your situation.
4. The following will be your schedule of payment(s) for this grant:  
*A single payment will be made as soon as the agreement is signed and processed.*

To modify schedule please contact Claire Imamura at eed.library.grants@alaska.gov.



letter  
11/2/21  
Page two of two

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6. Finally, it is understood that by signing this agreement, you understand and agree to all conditions set forth in this package ***including materials referenced within these documents.***

If you have questions or need more information, please refer to the [Guide for ARPA Applications](#).

Please return your signed agreement to Claire Imamura (eed.library.grants@alaska.gov). Questions should be directed to Claire Imamura (907-465-1018, eed.library.grants@alaska.gov).

Once again, congratulations and good luck with your project!

Sincerely,



Claire Imamura  
Grants & Inclusive Services Librarian  
Alaska State Library

This **Federal ARPA** grant is funded by the



## American Rescue Plan Act (ARPA) Project Grant Application

### 1. Introduction

Project Name: Taralee Alcock

Institution Name: Petersburg Public Library

Address: PO Box 549

Contact(s): Taralee Alcock

Phone: 907-772-3349

E-mail: talcock@petersburgak.gov

DUNS Number for your organization: 040194276

**Summary** (Brief two-four line description of project):

The Petersburg Indigenous Voices Project will produce 36 thirty-minute radio podcasts with original content generated by a committee of local tribal members and indigenous leaders. It will provide a trusted space for community engagement and dialogue to foster recovery and rebuilding in our community. Local tribal members have stressed how important it is to see and hear themselves represented in the community as an indigenous person but how both our local media and Petersburg in general falls short in that respect. This has been greatly exacerbated due to COVID-19. This project is a targeted response to that need.

### Aquatic Electric

2021

Date Range	Usage	Total Paid
12.23.20 - 1.25.21	179040	\$ 14,323.20
1.25.21 - 2.24.21	166960	\$ 13,356.80
2.24.21 - 3.25.21	143760	\$ 11,500.80
3.25.21 - 4.27.21	161200	\$ 12,896.00
4.27.21 - 5.25.21	126080	\$ 10,086.40
5.25.21 - 6.24.21	115680	\$ 9,254.40
6.24.21 - 7.23.21	119360	\$ 9,548.80
7.23.21 - 8.24.21	144960	\$ 11,596.80
8.21.21 - 9.24.21	158320	\$ 12,665.60
9.24.21 - 10.26.21	177840	\$ 14,227.20
10.26.21 - 11.24.21	154640	\$ 12,371.20
<b>Total</b>		<b>\$ 131,827.20</b>

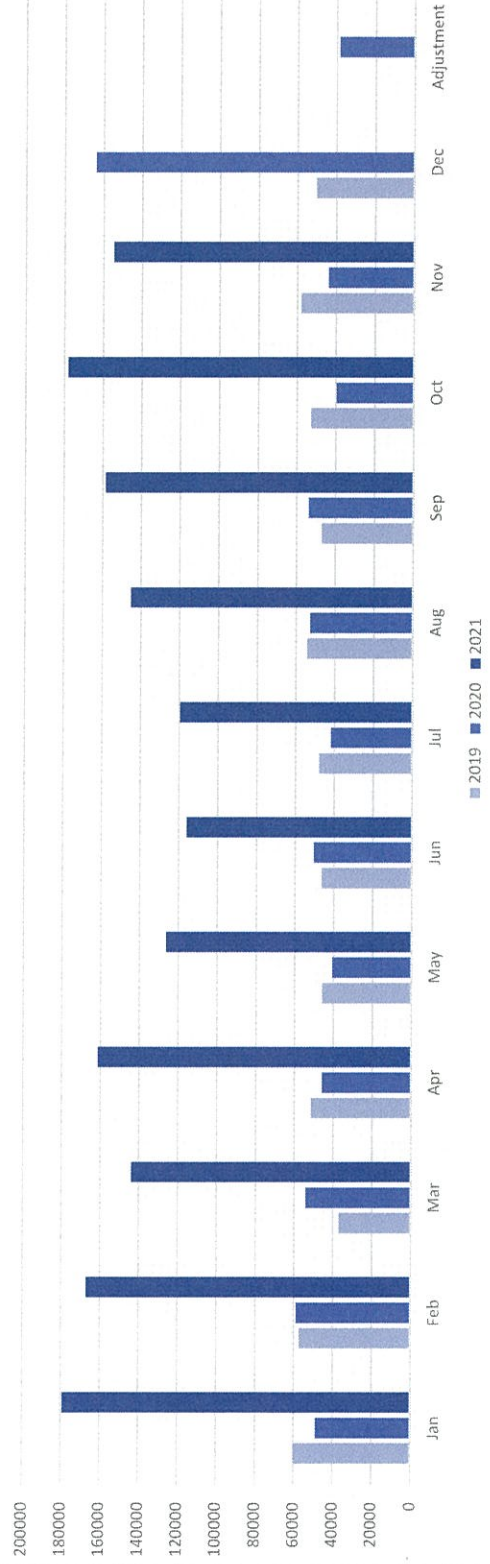
2020

Date Range	Usage	Total Paid
12.23.19 - 1.23.20	48720	\$ 3,897.60
1.23.20 - 2.24.20	58720	\$ 4,697.60
2.24.20 - 3.24.20	53920	\$ 4,313.60
3.24.20 - 4.24.20	45600	\$ 3,648.00
4.24.20 - 5.22.20	40480	\$ 3,238.40
5.22.20 - 6.25.20	50320	\$ 4,025.60
6.25.20 - 7.23.20	41600	\$ 3,328.00
7.23.20 - 8.25.20	52560	\$ 4,204.80
8.25.20 - 9.24.20	53680	\$ 4,294.40
9.24.20 - 11.16.20	39520	\$ 3,161.60
11.16.20 - 11.24.20	43840	\$ 3,507.20
11.24.20 - 12.23.20	163760	\$ 13,100.80
Adjustment	38400	\$ 3,072.84
TEMP SVC	1	\$ 0.11
<b>Total</b>		<b>\$ 58,490.55</b>

2019

Date Range	Usage	Total Paid
12.21.19 - 1.24.19	60000	\$ 4,800.00
1.24.19 - 2.26.19	56960	\$ 4,556.80
2.26.19 - 3.22.19	36720	\$ 2,937.60
3.22.19 - 4.24.19	51280	\$ 4,102.40
4.24.19 - 5.24.19	45680	\$ 3,654.40
5.24.19 - 6.24.19	46080	\$ 3,686.40
6.24.19 - 7.24.19	47520	\$ 3,801.60
7.24.19 - 8.26.19	54160	\$ 4,332.80
8.26.19 - 9.24.19	46880	\$ 3,750.40
9.24.19 - 10.24.19	52480	\$ 4,198.40
10.24.19 - 11.25.19	57920	\$ 4,633.60
11.25.19 - 12.23.19	50000	\$ 4,000.00
<b>Total</b>		<b>\$ 48,454.40</b>

### Aquatic Center Electric







January 12, 2022

Memorandum

To: Steve Giesbrecht, Borough Manager  
 Cc: Mayor Jensen and Members of the Borough Assembly  
 From: Chris Cotta, Public Works Director  
 Re: Streets Dept Supplemental Budget Request

Due to unusually heavy snowfall this winter season, the Streets Dept has incurred unexpected expenses which go beyond the amounts budgeted for FY22. Staff overtime has almost reached the amount budgeted for all of FY22, maintenance supplies (like sand) are running short, and we are seeing a need to procure some additional snow removal equipment to be better prepared for severe winter conditions such as those we have been experiencing this season.

After reviewing the FY22 budget and the pace of snow removal expenses and supplies utilization, Public Works recommends the following supplemental budget allocations for FY22:

Account	Description	Reason	Amount
110 534 500120	Overtime Pay	Additional staff hours for snow removal	+ \$30,000
110 534 501330	Maint Supplies	Additional calcium ice melt	+ \$6,000
110 534 501340	Small Tools	Snowblower purchase for Streets / Building Maint	+ \$5,000
110 534 501360	Street Materials	Add'l traction sand – 1,000 tons at 40/ton	+ \$40,000
110 534 501410	Professional Svcs	Reid Brothers snow removal assistance	+ \$24,150
110 534 501449	Streets Dept Fuel	Additional fuel usage – snow removal	+ \$10,000
110 534 501485	Outside SA1 Plowing	Additional contract snow removal	+ \$10,000
110 534 506001	Front V-plow for Grader	Recent snow depths have pushed grader to its limits as currently equipped	+ \$45,000

Total for the above requests is \$170,150. If you agree with these budget recommendations, please forward them to the Borough Assembly for consideration at their next regular meeting scheduled for January 18, 2022. I will be present at the meeting to answer any questions that may arise regarding these budget requests. Thank you.

**Public Works Department**

PO Box 329, Petersburg, AK 99833 – Phone (907) 772-4430 Fax (907) 772-4102  
[www.petersburgak.gov](http://www.petersburgak.gov)

**Debra Thompson**

---

**From:** Jim Floyd <jfloyd@hammerandwikan.com>  
**Sent:** Friday, December 31, 2021 9:04 AM  
**To:** Assembly  
**Subject:** DO NOT EXTEND MASKING

I required my employees to wear masks because we were mandated to wear them. My employees are tired of the hypocrisy and double standards.

Time to end the mandate.

**Jim E Floyd**

General Manager, CEO

o. 907-772-4811 c. 360-771-0703

a. PO Box 249 Petersburg, AK 99833

jfloyd@hammerandwikan.com



**Debra Thompson**

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**From:** Leo Luczak <luczak@ak.net>  
**Sent:** Tuesday, January 4, 2022 8:44 AM  
**To:** Assembly; Debra Thompson  
**Subject:** Covid Funds

Good Afternoon,

I listened to the Assembly meeting yesterday and I would like to say I support Sarah Fine Walsh's comments about not granting Covid funding to the Police Department. As far as I can determine the Police Department has, by choice, done nothing to encourage masking, nor to support any of the Assembly's positions to suppress the spread of Covid in Petersburg. They did say they would lead an effort to educate the public but I have yet to see that, other than to identify an Assembly Member by name in the Police Briefs repeating an anonymous unsubstantiated report that he was seen without a mask at the gym.

I would much prefer that our Covid funds be distributed to departments and organizations that have actively worked to minimize the spread of Covid in our community.

Thank You

Leon Luczak

901 Wrangell Avenue

PETERSBURG BOROUGH ASSEMBLY  
ARPA Funding Work Session  
January 24, 2022 at 4:00 p.m.  
Borough Assembly Chambers

Draft Agenda

1. Borough ARPA Funding Balance and Guidelines for Use  
Finance Director Tow will provide the ARPA fund balance.
2. Nils Andreassen, Executive Director of the Alaska Municipal League  
Director Andreassen will discuss ARPA funding and share how other communities have used their funds.
3. Julie Walker, Becky Turland, Rikki McKay and Katie Holmlund  
Walker, Turland, McKay and Holmlund will share their knowledge of ARPA funding received by their respective establishments and provide suggestions for use of Petersburg's funds.
4. Assembly Discussion
5. Adjourn





# Petersburg Borough

Human Resources Department  
PO Box 329, Petersburg, AK 99833  
Phone (907)772-5404 Fax (907)772-3759  
Email: bregula@petersburgak.gov

## Application for Employment

Position(s) Applying For \_\_\_\_\_

Last Name	First Name	Middle Name

Mailing Address

Physical Address

Telephone Number	Email Address

Do you have a valid Alaska Driver's License?     Yes     No    License/ID # \_\_\_\_\_

Are you 18 years of age or older?     Yes     No    If no, provide date of birth: \_\_\_\_\_

Are you a citizen of the United States or authorized to work in the United States?     Yes     No

Where did you learn of this job opportunity? (Please select all that apply)

Borough Website     Word of mouth     Newspaper     Facebook     Other: \_\_\_\_\_

All sections of the application must be legible, signed and dated. Use additional sheets if necessary to ensure all information is provided. If Yes is selected on any section of the criminal conviction page, a complete and accurate explanation must be provided or your application will not be considered.

Easy access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Human Resources.

I agree to submit to any testing and physical and/or mental examination that the Petersburg Borough may require.

**Through my signature below, I hereby affirm and attest to the truthfulness and accuracy of the information I have provided herein, and hereby consent to and authorize the Petersburg Borough, as part of the procedure of processing this application, to conduct a criminal history background check, and to verify my past employment, education information, and driving record (if applicable). I understand that the criminal history background check may include my prior places of residence.**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

*(Digital signatures will not be accepted)*



# Petersburg Borough

Human Resources Department  
PO Box 329, Petersburg, AK 99833  
Phone (907)772-5404 Fax (907)772-3759  
Email: bregula@petersburgak.gov

## Criminal History

Full Legal Name: \_\_\_\_\_

The information you provide below is required in order to submit a completed application.

Failure to answer the questions below will disqualify you from the application process. Failure to disclose information truthfully may impact your ability to apply for future positions at the Petersburg Borough.

The information you disclose will be reviewed by the Human Resource/Clerk's Office.

\*A conviction may not be an absolute barrier to employment.

**Have you ever been convicted of, or pled no contest or entered an Alford plea to, a criminal offense, including but not limited to, any felony, misdemeanor, violation, or infraction under federal, state or local law?**

Yes  No

*If yes, provide dates and describe in full:*



# Petersburg Borough

Human Resources Department  
 PO Box 329, Petersburg, AK 99833  
 Phone: (907)772-5404 Fax (907)772-3759  
 Email: bregula@petersburgak.gov

## Education

### High School

School Name	Address	Diploma/Degree Received

### College/Vocational Schools

School Name	Address	Diploma/Degree Received

### Additional Certifications or Licenses


## Employment History

May we contact your current employer?  Yes  No

Current Employer Name	Address	Phone Number
Start Date	Job Title	Beginning Wage
End Date (If applicable)	Name/Title of Supervisor	Current Wage

### Job Duties/Responsibilities

--

### Reason for Seeking Other Employment

--



Past Employment

Employer Name	Address	Phone Number

Start Date	Job Title	Beginning Wage

End Date	Name/Title of Supervisor	Ending Wage

Job Duties/Responsibilities

--

Reason for Leaving

--

Employer Name	Address	Phone Number

Start Date	Job Title	Beginning Wage

End Date	Name/Title of Supervisor	Ending Wage

Job Duties/Responsibilities

--

Reason for Leaving

--

Employer Name	Address	Phone Number

Start Date	Job Title	Beginning Wage

End Date	Name/Title of Supervisor	Ending Wage

Job Duties/Responsibilities

--

Reason for Leaving

--

\*Attach additional paper if you would like to provide additional employment history\*

Explanation of any gaps in employment (optional)






# Petersburg Borough

Human Resources Department  
PO Box 329, Petersburg, AK 99833  
Phone (907)772-5404 Fax (907)772-3759  
Email: bregula@petersburgak.gov

## Address History

Please provide your current and previous addresses for the last (7) years.

### Current Address

Street Address	City, State	Zip Code	Length of Time at Address

### Previous Address(es)

Street Address	City, State	Zip Code	Length of Time at Address

Street Address	City, State	Zip Code	Length of Time at Address

Street Address	City, State	Zip Code	Length of Time at Address

Street Address	City, State	Zip Code	Length of Time at Address

Street Address	City, State	Zip Code	Length of Time at Address

Street Address	City, State	Zip Code	Length of Time at Address

Street Address	City, State	Zip Code	Length of Time at Address

Street Address	City, State	Zip Code	Length of Time at Address

Attach additional paper if previous addresses for the last (7) years do not fit in the above provided space.



# Petersburg Borough

Human Resources Department  
 PO Box 329, Petersburg, AK 99833  
 Phone: (907)772-5404 Fax (907)772-3759  
 Email: bregula@petersburgak.gov

### References

*Please provide at least 3 references who are not family members.*

Name	Phone Number	Relationship

### Additional Information

*Provide any additional information that you feel may be helpful in the consideration of your application.*

Have you read the job description(s) for the position(s) for which you are applying?  Yes  No

If yes, are you capable of performing the job duties with or without reasonable accommodation?  Yes  No

### DOT Covered Positions

Have you previously participated in a drug and alcohol testing program as required by the U.S. Department of Transportation?  Yes  No

If your answer to the preceding question is Yes, were you ever tested?  Yes  No

If your answer to the preceding question is Yes, have you ever tested positive for prohibited drugs, more than 0.04 alcohol concentration, or refused to test on a drug or alcohol test for a DOT-covered or safety sensitive position?  Yes  No

If your answer to the preceding question is Yes, please provide information regarding the positive test or refusal to test, the date of the positive test result or refusal to test, and any Return-to-Duty and Follow-up



## 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: \_\_\_\_\_



SECTION 1: PERSONAL				
<b>1. YOUR FULL NAME</b>				
LAST	FIRST	MIDDLE		
<b>2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)</b>				<input type="checkbox"/> N/A
<b>3. ADDRESS WHERE YOU LIVE</b>				
NUMBER / STREET			APT / UNIT	
CITY		STATE	ZIP	
<b>4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)</b>				
<b>5. CONTACT NUMBERS</b>				
CELL	WORK	HOME	OTHER	TYPE:
<b>6. CONTACT EMAIL</b>			<b>7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)</b>	
<ul style="list-style-type: none"> <li>Attach a copy of birth certificate or passport or if applicable certification of naturalization (mandatory)</li> </ul>				
<b>8. CITIZENSHIP</b>				
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				
<b>9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)</b>		<b>10. BIRTHDATE (MM/DD/YYYY)</b>	<b>11. SOCIAL SECURITY NUMBER</b>	<b>12. DRIVER'S LICENSE NUMBER:</b>
				STATE:      EXPIRES:
<b>13. PHYSICAL DESCRIPTION</b>				
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:	
<b>13.1. SCARS, MARKS, AND TATOOS (include removed or altered tatoos)</b>				

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*

**14.D.3 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.4 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.E Children**  N/A

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.

**14.E.1 Child:**  Son  Daughter  Other: Biological Parents:

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
DATE OF BIRTH	ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
CONTACT NUMBER		EMAIL			

**14.E.2 Child:**  Son  Daughter  Other: Biological Parents:

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
DATE OF BIRTH	ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
CONTACT NUMBER		EMAIL			

**14.E.3 Child:**  Son  Daughter  Other: Biological Parents:

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
DATE OF BIRTH	ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
CONTACT NUMBER		EMAIL			

**14.E.4 Child:**  Son  Daughter  Other: Biological Parents:

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

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

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



**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*

<b>23.4</b>	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:		

<b>23.5</b>	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.*

<b>24.1</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>24.2</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>24.3</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>24.4</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



**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 you 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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*

<b>27.9</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>27.10</b>	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:			FROM (MM/YYYY)	TO (MM/YYYY)
<b>27.11</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>27.12</b>	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:			FROM (MM/YYYY)	TO (MM/YYYY)
<b>27.13</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>27.14</b>	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:			FROM (MM/YYYY)	TO (MM/YYYY)

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

27.15	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 1)   2)			REASON FOR LEAVING	

27.16	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:		

27.17	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 1)   2)			REASON FOR LEAVING	

27.18	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:		

27.19	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 1)   2)			REASON FOR LEAVING	

27.20	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.) .....  Yes  No
- 29. Have you ever been fired, released from probation, or asked to resign from any place of employment?.....  Yes  No
- 30. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? .....  Yes  No
- 31. Have you ever quit without giving notice? .....  Yes  No
- 32. Have you ever resigned in lieu of termination? .....  Yes  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? .....  Yes  No
- 34. Were you ever the subject of a written complaint at work?.....  Yes  No
- 35. Have you ever been counseled at work due to lateness or absences? .....  Yes  No
- 36. Did you ever receive an unsatisfactory performance review?.....  Yes  No
- 37. Have you ever sold, released, given away, or used for your own purposes legally confidential information?.....  Yes  No
- 38. Have you ever called in sick when you were neither sick nor caring for a sick family member? .....  Yes  No  
IF YES, how many sick days have you used in the past five years which were not due to illness? \_\_\_\_\_ Days
- 39. *In the past three years*, have you missed days or been late to work due to drug or alcohol consumption? .....  Yes  No  
IF YES, how often?
- 40. Has your work performance ever been affected by your use of alcohol or drugs?.....  Yes  No  
IF YES, when? \_\_\_\_\_ Name of employer: \_\_\_\_\_
- 41. *In the past three years*, have you been warned by an employer about your drinking or drug habits and their impact on your performance? .....  Yes  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.) .....  Yes  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 <i>continued</i>						
42.4	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:					
42.5	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:					
42.6	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:					
42.7	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:					
42.8	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).					
42.9	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).					



**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
64.1			
	EXPLANATION AND DISPOSITION		
64.2			
	EXPLANATION AND DISPOSITION		

SECTION 8: LEGAL <i>continued</i>			
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
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

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 <i>continued</i>				
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.

**Alaska Police  
Standards Council  
PO Box 111200  
Juneau, AK 99811-1200  
Phone: 907 465-4378**

**ALASKA POLICE STANDARDS COUNCIL  
PSYCHOLOGICAL EVALUATION FORM**

**F-11**

This form must be submitted to APSC no later than 30 days after the evaluation or hire of an officer.

Last Name, First, Middle		Date of Birth
Agency		Position
Date of Psychological Exam	<input type="checkbox"/> Police <input type="checkbox"/> Corrections <input type="checkbox"/> Probation/Parole	

**13 AAC 85.010(a)(6)** requires that a person hired as a **police officer** "is certified by a licensed psychiatrist or psychologist to be mentally capable of performing the essential functions of the job of police officer and is free from any emotional disorder that may adversely affect the person's performance as a police officer."

**13 AAC 85.210(a)(6)** requires that a person hired a **probation, parole, or correctional officer** "has taken the Department of Correction's psychological screening examination and is mentally capable of performing the essential functions of the job of probation, parole, or correctional officer and is free from any emotional disorder that may adversely affect the person's performance as a probation, parole, or correctional officer."

I, the undersigned, certify that I have completed a psychological exam for \_\_\_\_\_  
 on \_\_\_\_\_  
Date of Exam Officer Name

At the time of the examination:

- I certify the above police officer meets the requirements of 13 AAC 85.010(a)(6).
- I certify the above probation, parole, or correctional officer meets the requirements of 13 AAC 85.210(a)(6).
- At this time and for the position marked above, the applicant does not meet the requirements of 13 AAC 85.010(a)(6) or 13 AAC 85.210(a)(6).

Comments:

Examiner's signature	Address	
Printed Name	Phone	
Date	License Type	License # and State

Information contained in this form will be used by the council for purposes of determining the applicant's eligibility for employment and certification.

Company Name: \_\_\_\_\_

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Employer ("Company") may obtain a consumer report about you from a consumer reporting agency for employment purposes (including contract or volunteer services) and if you are hired, or if you are already associated with the Company, may obtain additional consumer reports on you for employment purposes.

The Company may order an "investigative consumer report." Such reports typically include information from personal interviews, most commonly from an applicant's prior employers and references.

The report may include information about your character, general reputation, personal characteristics, and/or mode of living (lifestyle). Information may also be obtained from private and public record sources. These reports may contain information regarding your criminal history, social security number verification, motor vehicle records ('driving records') that include personal information, verification of your education or employment history, substance abuse testing, or other background checks.

You have the right to request more information about the nature and scope of a consumer report, if any, by contacting TSS, Inc, located at 120 Carlanna Lake Rd Ketchikan, AK 99901, telephone 866-225-1431, Fax: 907-247-1431.

**I have read the DISCLOSURE REGARDING BACKGROUND INVESTIGATION above.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_



Company Name: \_\_\_\_\_

**(ACKNOWLEDGMENT AND AUTHORIZATION -  
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE  
SIGNING])**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have received and read both documents. I hereby authorize procurement of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired (including contract and volunteer services), throughout my employment (contract and volunteer services), as allowed by law. To this end, I hereby authorize, as allowed by law, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by TSS, Inc., 120 Carlanna Lake Rd Ketchikan, AK 99901, [www.tss-safety.com](http://www.tss-safety.com), tel. 1-866-225-1431, fax 907-247-1432, another outside organization acting on behalf of the Company, and/or the Company itself. I authorize these agencies to provide you with consumer and investigative consumer reports. I agree that a facsimile ("fax"), electronic or photographic copy of this Acknowledgment and Authorization shall be as valid as the original.

I understand that if driving a company vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for, then having and maintaining a satisfactory driving record and being able to legally and safely drive is required for my employment. If applicable, I agree to allow the Company to check my driving record, which contains personal information and may contain information about my physical, mental, or behavioral health maintained by a state government agency that has restricted my ability to drive legally, prior to hire and periodically thereafter. A driving record may also be obtained to verify my identity.

I understand that if drug and/or alcohol testing is requested, I authorize collection site personnel, medical review officer or employer representative to obtain the information necessary to comply applicable laws and with the Company's drug and alcohol policy. I acknowledge that I have been provided the employer's drug and alcohol testing (substance abuse) policy, if applicable.

The scope of this authorization is all-encompassing, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if I am hired (including volunteer services), throughout the course of my employment (volunteer services), to the extent permitted by law. As a result, I should carefully consider whether to exercise my right to request disclosure of the nature and scope of any investigative consumer report. TSS, Inc.'s Privacy Policy can be found at [www.tss-safety.com](http://www.tss-safety.com).

**I understand that I have the following rights in connection with this authorization:** You have the right, upon written request made, within a reasonable time after receipt of this notice, to ask the Company to disclose the nature and scope of any consumer report. You may also request a copy of that report from the Company. You also may request a copy of that report from TSS, Inc. If anyone other than TSS, Inc. furnishes an investigative consumer report, the Company will provide relevant contact information within five business days of your request. An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without personal interviews). Please be advised that the nature and scope of the most common, but not exclusive, form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by TSS, Inc. via interviews with past employers, neighbors, friends, or associates.

I understand that by signing and dating below:

- I authorize the Company to procure the consumer report(s) described above (including driving records, if applicable, or substance abuse testing, if permitted by law) from or through TSS, Inc.;
- To the extent applicable, I authorize the Company to share reports with third party companies for whom I may be placed to perform services;
- I consent to transacting electronically, including receiving legally required notices electronically.
- I have received and read the Disclosure Regarding Background Investigation.
- I have received and read the State/County/City Specific Rights of Applicants or Employees Regarding Background Investigation.
- I have read the Acknowledgment and Authorization above.

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<b>Signature of Applicant</b>	<b>Social Security Number</b>	<b>Date of Birth *</b>
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<b>Printed Name</b>	<b>Todays Date</b>	<b>DL Number</b>
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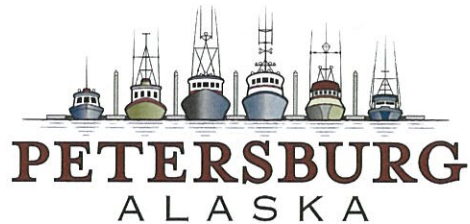
**AKA or Alias**

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**Current Address**

\* This information will be used for background screening purposes only and no other purpose.





### **New Hire Process for Mountain View Manor Resident Assistant applicants:**

1. Complete the attached Alaska Background Check paperwork:
  - a. Application for Background Check form
  - b. Release of Information form
  - c. Certification of Positive Identification for Fingerprinting form
2. Call the Police station at 907-772-3838 to make an appointment for two fingerprint cards. Let them know that it will be charged to the Borough for Mountain View Manor. Take your completed paperwork with you.
3. Take the completed application and fingerprint cards to Shelyn at the Manor.
4. Call the Health Nurse at 907-772-4611 to schedule a TB test.

If you have any questions, you can call Shelyn's cell at 518-1410 or Becky at 772-5404.

Thank you!



Department of Health & Social Services  
Background Check Program



## RELEASE OF INFORMATION AUTHORIZATION FOR BACKGROUND CHECK

I, \_\_\_\_\_, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization for Background Check by an authorized representative of the Department of Health & Social Services, to disclose any information regarding me in relation to civil court information, criminal justice, juvenile justice, protective service and licensing records. I understand any person providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. I understand that this information may otherwise be confidential and that I am waiving that confidentiality and any claim I may have with regard to release of these records. I understand information obtained through this Release of Information Authorization for Background Check will be held in confidence in accordance with DHSS guidelines.

I, \_\_\_\_\_, authorize and consent to the department marking my name in the Alaska Public Safety Information Network (APSIN) under 7 AAC 10.915(e).

This form must be signed; if the individual is 16-17 years of age, a parent signature must also be included.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant SSN

\_\_\_\_\_  
Parent Printed Name, if applicable

\_\_\_\_\_  
Parent Signature

## Alaska Background Check Application & Instructions

An application cannot be submitted without the **Provider Identification Number** which is a unique identifier giving Division authorization for an agency to submit fingerprints. If you do not have this information, contact the BCU office at (907) 334-4475.

This form is created in an Adobe format. Once you have completed the form, please print and mail or fax the form to:

State of Alaska/Dept of H&SS  
 Division of Public Health  
 Background Check Unit  
 619 E. Ship Creek Ave., Ste. 232  
 Anchorage, AK 99501  
 (907) 269-3488 FAX

If you are filling out this application on a computer, use the drop down menus to assist you in completing this form.  
 If you are filling out a printed version, follow the instructions for the fields below:

### **State Program (choose from the options below):**

Adult Day Care; Adult Respite; Ambulatory Surgical Center; Assisted Living Homes - Medicaid Certified - Serving 8 or less; Assisted Living Homes - Medicaid Certified - Serving 9 or more; Assisted Living Homes - Non Medicaid Certified; Care Coordination; Case Management; Child Care Facility; Child Placement Facility; Day Treatment Center; Direct Entry Midwifery Birth Center; End-stage Renal Disease Center; FAS Grantees; Foster Home; Free-Standing Birth Center Hospice; Hospital; Intermediate Care Facility for the Mentally Retarded; Long Term Care Hospital with Swing Beds Maternity Home; Outpatient Physical Therapy; Outpatient Speech Therapy; Personal Care Agency; Residential Psychiatric Treatment Center; Runaway Shelter; Rural Health Clinic; Skilled Nursing Facility / Nursing Facility; Supported Living Home; Substance Abuse Treatment Facility; Specialized Hospital.

### **State Division (choose from the options below):**

Behavioral Health; Office of Children's Services; Public Assistance; Public Health; Senior and Disabilities Services.

### **Position Status (choose from the options below):**

Director; Employee; Independent Contractor; Individual Having Regular Contact Who is **not** a Family Member or Visitor of a Recipient of Services; Member or Principal of the Business; Organization that Owns an Entity; Officer; Operator; Owner; Partner; Resident 16 years of age or older; **Not** a Recipient of Services; Volunteer - Unsupervised.

### **Position Title (choose one of the main titles below):**

#### **Executive, Administrative, Managerial - Includes:**

Clerical, Director, Business Manager, Nursing Home Administrator, or Other Executive, Administrative, Managerial Employee Categories.

#### **Professional Licensed Health Care - Includes:**

Dentist, Dietitian, LPN, LVN, RN, Medical Director, Mental Health Professional, Occupational/Vocational Therapist, Pharmacist, Physical Therapist, Physician, Physician Extender, Podiatrist, Social Worker, Speech/Language Pathologist, Other Professional/Licensed Employee Categories.

#### **Technical Unlicensed Health Care**

Feeding Assistant, Medication Aide/Technician, Nurse Aide, Nurse Aide in Training, Occupational/Vocational Therapy Aide, Occupational/Vocational Therapy Assistant, Orderly/Attendant, Personal Care Worker, Physical Therapy Assistant, Physical Therapy Aide, Other Technical, Unlicensed Employee Categories.

#### **Laboratory/Radiology Services**

Laboratory Technician, Radiology Technician, Other Laboratory or Radiology Employee Categories.

#### **Food Services**

Cook, Kitchen Worker, Food Preparer, Waiter, Waitress, Other Food Service Employee Categories.

#### **Housekeeping Services**

Cleaner, Janitor, Maid, Other Housekeeping Employee Categories

#### **Other**

Any other job title which does not fall under one of the above categories.



# APPLICATION FOR BACKGROUND CHECK

**All fields are required to be completed prior to submitting**

<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Renewal</b> <input type="checkbox"/> <b>Other</b>			<b>MOA0260310001</b> Provider Identification Number			
Mountain View Assisted Living <small>Name of Agency/Facility</small>		Shelyn Bell <small>Point of Contact</small>		(907) 772-2445 <small>Phone Number</small>	(907) 772-2435 <small>Fax Number</small>	
PO Box 1530 <small>Mailing Address</small>		Petersburg <small>City</small>	AK <small>State</small>	99833 <small>Zip Code</small>	sbell@petersburgak.gov <small>E-Mail Address</small>	
Assisted Living Home <small>State Program</small>			Senior and Disabilities Services <small>State Division</small>			
<p><b>Instructions:</b> Complete a separate form for each individual sixteen (16) years of age or older of an entity who owns, or is an officer, director, partner, member, or principal of the business organization that owns an entity; operators, employees, contractors, unsupervised volunteers, residents other than those receiving services, individuals having regular contact with residents who receive services, unless the individual is a family member or visitor of an individual who receives services, under the provisions of AS 47.05.310, which are the responsibility of the Department of Health and Social Services. Social security number is required to conduct background check. Failure to provide the information will result in application not being processed.</p>						
*Legal Last Name		*Legal First Name		Initial	Legal Suffix	
*SSN		<input type="checkbox"/> Male <input type="checkbox"/> Female		Aliases, Maiden Name, Previous Married Name(s)		
Driver's License No & State		*Date of Birth				
Home Phone Number	Alternate Phone Number	*Current Physical Residence Address			Apt/Unit/Sp #	
City		State	Zip Code	Month/Year Alaska Residency Began		
*Mailing Address (if different from physical address)		Apt/Unit/Sp #	City	State	Zip Code	
<p><b>Please list your previous residence for the last ten (10) years. City, State, and Country (if outside the USA). Attach additional page(s) if necessary.</b></p>						
From (MM/YY)	To (MM/YY)	City	State	Country		
From (MM/YY)	To (MM/YY)	City	State	Country		
From (MM/YY)	To (MM/YY)	City	State	Country		
From (MM/YY)	To (MM/YY)	City	State	Country		
From (MM/YY)	To (MM/YY)	City	State	Country		
*Place of Birth - Country		*Place of Birth - City		Place of Birth - State/Province		
Position Title			Position Status			

Revised July 31, 2008



# CERTIFICATION OF POSITIVE IDENTIFICATION FOR FINGERPRINTING

THIS FORM IS TO BE COMPLETED BY THE PERSON TAKING THE FINGERPRINTS

**INSTRUCTIONS:**

This form is a required document to the application.

The document used to verify identification for fingerprints must be a government issued document (i.e. driver's license, military identification card).

**Mail this completed form along with one (single) fingerprint card and \$54.25 associated fee made payable to Department of Health & Social Services to:**

**State of Alaska/Dept of H&SS  
Division of Public Health  
Background Check Unit  
619 E. Ship Creek Ave., Ste. 232  
Anchorage, AK 99501**

\_\_\_\_\_  
Name of Agency/Facility Fingerprints are Being Taken For

\_\_\_\_\_  
Type of Identification Used

\_\_\_\_\_  
Identification Number

\_\_\_\_\_  
State of Issue

I certify I have verified at least one form of government issued picture identification and have positively identified:

\_\_\_\_\_ as the person being fingerprinted.

\_\_\_\_\_  
(print applicant's name)

\_\_\_\_\_  
Signature of Fingerprinter

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date