



City of Kodiak
KODIAK POLICE DEPARTMENT
Office of the Chief of Police

**KODIAK POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

(Note: The Personal History Statement is directed to all positions within the Kodiak Police Department. Applicants for Police Officer positions are also required to complete the F-3 form)

This form must be typewritten, or printed clearly in black ink. All questions must be answered completely and accurately. All statements in this questionnaire are subject to verification. If space provided is inadequate, a copier may be used to make a copy of the necessary page. Please attach copies behind the original page and label them as attachment "A" "B" etc, e.g. 3-A or 4-B etc

Be sure to include the zip codes with every address entered.

If you have been fired from a job, have a criminal record, or other derogatory aspects in your background, these items in themselves may not keep you from becoming employed by the Kodiak Police Department.

The intentional omission or falsification of any item can and will be grounds for your disqualification for employment.

No matter how qualified you are in other aspects, you cannot become employed with this agency if your integrity is in doubt. Our credibility as a department is our most valuable asset, and will never be compromised.

For this reason, we encourage you to be open and straightforward as you respond to this questionnaire and in all of your dealings with the Kodiak Police Department.

Date: _____

Position: _____

Kodiak Police Department
Statement of Personal History

Section 1 – Personal Information

(Name) LAST	FIRST	MIDDLE	RACE	SEX	DATE OF BIRTH
STREET ADDRESS			MAILING ADDRESS		
CITY		STATE	ZIP CODE		
HOME PHONE ()	CELL PHONE ()	BUSINESS PHONE ()			
LIST ALL E-MAIL ADDRESSES USED DURING THE PAST 5 YEARS, INCLUDING THE DATES:					
LIST BELOW ANY OTHER NAME YOU HAVE USED, INCLUDING MAIDEN, NICKNAMES AND ALIASES					
HEIGHT	WEIGHT	EYES	HAIR	U.S. CITIZEN: YES NO NATURALIZED? YES NO	
PLACE OF BIRTH (CITY, COUNTY, STATE, COUNTRY)					
LIST BELOW ANY PHYSICAL DEFECTS, SCARS, TATTOOS, BIRTHMARKS, ETC.					
Item:			Location:		
Item:			Location:		
Item:			Location:		
Item:			Location:		
Item:			Location:		

SECTION 2 – REFERENCES

Please provide seven references, not related to you by blood or marriage (not former employers), who are responsible adults of reputable standing in their community, five of whom you have known for at least three years. Be sure to include zip codes and current phone numbers.

COMPLETE NAME OF REFERENCE	YEARS KNOWN	PLACE OF EMPLOYMENT
STREET ADDRESS		EMPLOYMENT ADDRESS
CITY	STATE	ZIP CODE
	HOME PHONE	
	()	()
COMPLETE NAME OF REFERENCE	YEARS KNOWN	PLACE OF EMPLOYMENT
STREET ADDRESS		EMPLOYMENT ADDRESS
CITY	STATE	ZIP CODE
	HOME PHONE	
	()	()
COMPLETE NAME OF REFERENCE	YEARS KNOWN	PLACE OF EMPLOYMENT
STREET ADDRESS		EMPLOYMENT ADDRESS
CITY	STATE	ZIP CODE
	HOME PHONE	
	()	()
COMPLETE NAME OF REFERENCE	YEARS KNOWN	PLACE OF EMPLOYMENT
STREET ADDRESS		EMPLOYMENT ADDRESS
CITY	STATE	ZIP CODE
	HOME PHONE	
	()	()
COMPLETE NAME OF REFERENCE	YEARS KNOWN	PLACE OF EMPLOYMENT
STREET ADDRESS		EMPLOYMENT ADDRESS
CITY	STATE	ZIP CODE
	HOME PHONE	
	()	()
COMPLETE NAME OF REFERENCE	YEARS KNOWN	PLACE OF EMPLOYMENT
STREET ADDRESS		EMPLOYMENT ADDRESS
CITY	STATE	ZIP CODE
	HOME PHONE	
	()	()
COMPLETE NAME OF REFERENCE	YEARS KNOWN	PLACE OF EMPLOYMENT
STREET ADDRESS		EMPLOYMENT ADDRESS
CITY	STATE	ZIP CODE
	HOME PHONE	
	()	()
COMPLETE NAME OF REFERENCE	YEARS KNOWN	PLACE OF EMPLOYMENT
STREET ADDRESS		EMPLOYMENT ADDRESS
CITY	STATE	ZIP CODE
	HOME PHONE	
	()	()

SECTION 3 – RESIDENCES

List all residences since birth below. Start with your present residence first. When listing persons with whom you have lived, one is sufficient. Residential and employment dates should correspond, including military duty stations:

FROM MO/YR		ADDRESS	CITY	STATE	ZIP CODE
TO MO/YR		WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH OR AGE, AND RELATIONSHIP)			
FROM MO/YR		ADDRESS	CITY	STATE	ZIP CODE
TO MO/YR		WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH OR AGE, AND RELATIONSHIP)			
FROM MO/YR		ADDRESS	CITY	STATE	ZIP CODE
TO MO/YR		WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH OR AGE, AND RELATIONSHIP)			
FROM MO/YR		ADDRESS	CITY	STATE	ZIP CODE
TO MO/YR		WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH OR AGE, AND RELATIONSHIP)			
FROM MO/YR		ADDRESS	CITY	STATE	ZIP CODE
TO MO/YR		WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH OR AGE, AND RELATIONSHIP)			
FROM MO/YR		ADDRESS	CITY	STATE	ZIP CODE
TO MO/YR		WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH OR AGE, AND RELATIONSHIP)			
FROM MO/YR		ADDRESS	CITY	STATE	ZIP CODE
TO MO/YR		WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH OR AGE, AND RELATIONSHIP)			
FROM MO/YR		ADDRESS	CITY	STATE	ZIP CODE
TO MO/YR		WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH OR AGE, AND RELATIONSHIP)			
FROM MO/YR		ADDRESS	CITY	STATE	ZIP CODE
TO MO/YR		WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH OR AGE, AND RELATIONSHIP)			
FROM MO/YR		ADDRESS	CITY	STATE	ZIP CODE
TO MO/YR		WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH OR AGE, AND RELATIONSHIP)			

SECTION 4 – EMPLOYMENT HISTORY

Do you have objections to the Kodiak police department making inquiries of your present employer? **Yes** **No**
 If yes, please state your reason and understand that this may cause a delay in the processing of your application:

Please list your employment, starting with your current or most recent employer:

FROM DATE	NAME OF EMPLOYER		JOB TITLE/DESCRIPTION
TO DATE	ADDRESS		NAME OF SUPERVISOR NAME OF COWORKER
MONTHLY SALARY	CITY, STATE, ZIP CODE	PHONE	REASON FOR LEAVING
FROM DATE	NAME OF EMPLOYER		JOB TITLE/DESCRIPTION
TO DATE	ADDRESS		NAME OF SUPERVISOR NAME OF COWORKER
MONTHLY SALARY	CITY, STATE, ZIP CODE	PHONE	REASON FOR LEAVING
FROM DATE	NAME OF EMPLOYER		JOB TITLE/DESCRIPTION
TO DATE	ADDRESS		NAME OF SUPERVISOR NAME OF COWORKER
MONTHLY SALARY	CITY, STATE, ZIP CODE	PHONE	REASON FOR LEAVING
FROM DATE	NAME OF EMPLOYER		JOB TITLE/DESCRIPTION
TO DATE	ADDRESS		NAME OF SUPERVISOR NAME OF COWORKER
MONTHLY SALARY	CITY, STATE, ZIP CODE	PHONE	REASON FOR LEAVING
FROM DATE	NAME OF EMPLOYER		JOB TITLE/DESCRIPTION
TO DATE	ADDRESS		NAME OF SUPERVISOR NAME OF COWORKER
MONTHLY SALARY	CITY, STATE, ZIP CODE	PHONE	REASON FOR LEAVING
FROM DATE	NAME OF EMPLOYER		JOB TITLE/DESCRIPTION
TO DATE	ADDRESS		NAME OF SUPERVISOR NAME OF COWORKER
MONTHLY SALARY	CITY, STATE, ZIP CODE	PHONE	REASON FOR LEAVING

SECTION 5 – ARREST RECORD

Have you been arrested, or charged with any violation(s)? **Yes** **No**

List **all** such matters, even if not formally charged, or no court appearance, or found not guilty, or the matter was settled by payment of fine:

DATE	PLACE	CHARGE	FINAL DISPOTHION	DETAILS

SECTION 6 – FAMILY ARREST RECORD

Has any member of your family, close relative, in-laws, or anyone else closely related to you ever been arrested for anything other than traffic violations? **Yes** **No**

If yes, please list below:

DATE	NAME & RELATIONSHIP	DATE OF BIRTH	LOCATION OF ARREST	CHARGE	FINAL DISPOSITION

SECTION 7 – TRAFFIC RECORD

Has your driver’s license ever been suspended, revoked, cancelled or denied? **Yes** **No**

If you answered yes, in which state(s) did this occur? (list all) _____

If you answered yes, for what reason(s) were you suspended, revoked etc? _____

List all traffic citations in the spaces provided below (exclude parking tickets):

DATE	PLACE	CHARGE	FINAL DISPOTHION	DETAILS

SECTION 8 – MOTOR VEHICLE ACCIDENTS

Have you been involved in a motor vehicle accident in the last 7 years? **Yes** **No**

List below all accidents you were involved in during the past 7 years:

DATE	POLICE INVESTIGATION		LOCATION	POLICE AGENCY		
	YES	NO		INJURY	NON-	
	YES	NO		INJURY	NON-	
	YES	NO		INJURY	NON-	
	YES	NO		INJURY	NON-	

SECTION 9 - MOTOR VEHICLE OWNERSHIP

List all vehicles driven by you, your spouse, and any driven by any occupants of your residence:

MAKE	YEAR	MODEL	LICENSE PLATE/STATE	REGISTERED OWNER

SECTION 10 – MOTOR VEHICLE INSURANCE:

Alaska law requires that motorists be financially responsible in case of an automobile accident. Please list the current liability insurance you have with motor vehicles that you own, or drive habitually, other than vehicles supplied by your employer:

COMPANY	ADDRESS	POLICY NUMBER	EXPIRATION DATE

SECTION 11 – CREDIT

List all banks or savings institutions where you have accounts:

INSTITUTION	BRANCH	ADDRESS	TYPE OF ACCOUNT	ACCOUNT #

List all open accounts below. If you do not have five open accounts, list closed accounts (open and closed accounts should total at least five). Include credit cards:

NAME OF CREDITOR	PHONE NUMBER	DATE INCURRED	ORIGINAL AMOUNT	AMT. NOW OWED
CREDITOR'S ADDRESS	LATE PYMTS. YES NO	REASON FOR DEBT	ACCOUNT NUMBER	MONTHLY PAYMENT
NAME OF CREDITOR	PHONE NUMBER	DATE INCURRED	ORIGINAL AMOUNT	AMT. NOW OWED
CREDITOR'S ADDRESS	LATE PYMTS. YES NO	REASON FOR DEBT	ACCOUNT NUMBER	MONTHLY PAYMENT
NAME OF CREDITOR	PHONE NUMBER	DATE INCURRED	ORIGINAL AMOUNT	AMT. NOW OWED
CREDITOR'S ADDRESS	LATE PYMTS. YES NO	REASON FOR DEBT	ACCOUNT NUMBER	MONTHLY PAYMENT
NAME OF CREDITOR	PHONE NUMBER	DATE INCURRED	ORIGINAL AMOUNT	AMT. NOW OWED
CREDITOR'S ADDRESS	LATE PYMTS. YES NO	REASON FOR DEBT	ACCOUNT NUMBER	MONTHLY PAYMENT
NAME OF CREDITOR	PHONE NUMBER	DATE INCURRED	ORIGINAL AMOUNT	AMT. NOW OWED
CREDITOR'S ADDRESS	LATE PYMTS. YES NO	REASON FOR DEBT	ACCOUNT NUMBER	MONTHLY PAYMENT
NAME OF CREDITOR	PHONE NUMBER	DATE INCURRED	ORIGINAL AMOUNT	AMT. NOW OWED
CREDITOR'S ADDRESS	LATE PYMTS. YES NO	REASON FOR DEBT	ACCOUNT NUMBER	MONTHLY PAYMENT
NAME OF CREDITOR	PHONE NUMBER	DATE INCURRED	ORIGINAL AMOUNT	AMT. NOW OWED
CREDITOR'S ADDRESS	LATE PYMTS. YES NO	REASON FOR DEBT	ACCOUNT NUMBER	MONTHLY PAYMENT

SECTION 12 – RELATIVES

(Place an * next to any family member who is deceased)

Marital Status: MARRIED DIVORCED SEPARATED WIDOWED
 SINGLE

CURRENT SPOUSE	DATE OF BIRTH	HOME PHONE	HOME ADDRESS, CITY, STATE, ZIP CODE
SPOUSE'S MAIDEN NAME	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER AND STATE
SPOUSE'S EMPLOYER AND OCCUPATION	BUSINESS PHONE	BUSINESS ADDRESS, CITY, STATE, ZIP CODE	
CHILDREN OR STEP-CHILDREN	DATE OF BIRTH	HOME PHONE	HOME ADDRESS, CITY, STATE, ZIP CODE
FATHER	DATE OF BIRTH	HOME PHONE	HOME ADDRESS, CITY STATE, ZIP CODE
FATHER'S EMPLOYER & OCCUPATION	BUSINESS PHONE	BUSINESS ADDRESS, CITY, STATE, ZIP CODE	
MOTHER	DATE OF BIRTH	HOME PHONE	HOME ADDRESS, CITY STATE, ZIP CODE
MOTHER'S EMPLOYER & OCCUPATION	BUSINESS PHONE	BUSINESS ADDRESS, CITY, STATE, ZIP CODE	
STEP-MOTHER OR STEP-FATHER	DATE OF BIRTH	HOME PHONE	HOME ADDRESS, CITY STATE, ZIP CODE
STEP-MOTHER OR STEP-FATHER'S EMPLOYER & OCCUPATION	BUSINESS PHONE	BUSINESS ADDRESS, CITY, STATE, ZIP CODE	
BROTHERS & SISTERS	DATE OF BIRTH	HOME PHONE	HOME ADDRESS, CITY STATE, ZIP CODE
FATHER IN-LAW			
MOTHER IN-LAW			
BROTHERS/SISTERS IN-LAW			
EX-SPOUSE'S NAME	CURRENT ADDRESS		
DATE MARRIED	WHERE PERFORMED		
DATE DIVORCED	WHERE ISSUED	REASON	

SECTION 16 – PERSONAL PROFILE

Have you ever:

- A) Been discharged from any position for failing to pass a probationary period? **Yes** **No**
- B) Resigned to avoid discharge, or resigned while under suspension, or while dismissal proceedings were pending? **Yes** **No**
- C) Had your wages attached? **Yes** **No**
- D) Been a defendant to small claims, or other civil court action? **Yes** **No**
- E) Had a judgment rendered against you? **Yes** **No**
- F) Filed for bankruptcy, or been declared bankrupt? **Yes** **No**
- G) Been refused credit? **Yes** **No**
- H) Had any of your property repossessed? **Yes** **No**
- I) Been delinquent in your taxes? **Yes** **No**

J) Why do you want to become a member of the Kodiak Police Department?
Be Specific about the division you are applying to. (Explain in full on a supplemental sheet)

I HEREBY SWEAR OR AFFIRM THAT THERE ARE NO WILLFUL MISREPRESENTATIONS OR OMISSIONS IN, OR FALSIFICATIONS OF, THE PRECEDING STATEMENTS AND ANSWERS. I AM AWARE THAT SHOULD INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS, FALSIFICATIONS, OR OMISSIONS, MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM APPLYING FOR ANY FUTURE POSITION IN THE SERVICE OF THE KODIAK POLICE DEPARTMENT, OR IF AFTER MY ACCEPTANCE FOR EMPLOYMENT, SUBSEQUENT INVESTIGATION SHOULD DISCLOSE MISREPRESENTATION, FALSIFICATION, OR OMISSION, IT WILL BE JUST CAUSE FOR IMMEDIATE DISMISSAL.

Signature Date

Subscribed and sworn before me on
the _____ day of _____, 20_____.

Notary Public for the State of Alaska

My Commission Expires the _____ day of _____, 20_____.



City of Kodiak
KODIAK POLICE DEPARTMENT
Office of the Chief of Police

Dear Applicant:

Pursuant to the Fair Credit Reporting Act of 1970 (FCRA), 15 U.S.C.1681 et seq, I am notifying you that a Consumer Credit Report detailing your personal credit history and characteristics is required for me to complete a thorough background investigation.

In accordance with the FCDA, I am requesting your authorization to obtain this report. I would ask that you complete the attached authorization and return it to me immediately.

Your cooperation is greatly appreciated.

Sincerely,

KODIAK POLICE DEPARTMENT
Charles T.C. Kamai
Chief of Police

Enclosure: Authorization



City of Kodiak
KODIAK POLICE DEPARTMENT
Office of the Chief of Police

CONSUMER CREDIT REPORT AUTHORIZATION

In order to permit the Kodiak Police Department to make a thorough investigation of my background, I _____ authorize the Kodiak Police Department to obtain a Consumer Credit Report detailing my personal credit history and characteristics.

I also understand that if adverse action is to be taken against me because of any disclosures made in that report, that the Kodiak Police Department will notify me of their intent, provide me with a copy of that report, as well as document identifying what my rights are in that matter.

Signature

Date

Subscribed and sworn before me on

the _____ day of _____, 20_____.

Notary Public for the State of Alaska

My Commission Expires the _____ day of _____, 20_____.

(SEAL)



City of Kodiak
KODIAK POLICE DEPARTMENT
Office of the Chief of Police

WAIVER OF LIABILITY AND RELEASE FORM
FOR BACKGROUND INVESTIGATION
FOR APPLICANTS

I recognize that the Kodiak Police Department has both a legal and moral obligation to take every reasonable effort to insure that any person employed by them will conform to the very highest standards.

I understand that I am authorizing an intensive investigation into all aspects of my personal habits, medical, family and reputation, and that such an investigation will include contacting persons and/or organizations that have information relating to my fitness. I also understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing legitimate information concerning my fitness unless the confidentiality of their information can be guaranteed on a permanent basis.

I further understand that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I otherwise would not be privy. I therefore understand that I will not be provided or have access to the information obtained in the course of this background investigation.

Therefore, I exonerate, release and discharge the Kodiak Police Department, its Officers and Agents, and assign now and in the future from any claim or damages whether in law or in equity on behalf of myself, my heirs, agents, or assigns for their refusal to make available any and all information contained in this pre-employment investigation, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied, even where such information has been the basis for my disqualification from further consideration.

I knowingly, voluntarily, specifically and permanently waive any rights I have to examine, review or otherwise discover the contents of this investigation and all documents related. I have had adequate time to review this form; I understand its meaning and purpose.

 Applicant

 Date

The above named individual appeared before me this date and having identified himself/herself, signed the above consent in my presence.

 NOTARY PUBLIC
 My Commission Expires: _____

 Date

(SEAL)



**REQUEST, AUTHORIZATION, CONSENT AND RELEASE
FOR CONFIDENTIAL BACKGROUND INFORMATION**

TO: Concerned Person or Authorized Representative of Any Organization, Institution, or Repository of Records:

NAME: _____
MAIDEN NAME: _____ *
ALIAS, OR AKA: _____ *
SOCIAL SECURITY #: _____ *
DATE OF BIRTH: _____ *
ADDRESS: _____
CITY _____ **STATE** _____ **ZIP** _____
PHONE: _____

** Responses to these questions are voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another person in the event we discover adverse information during our background check.*

(Initial) I respectfully request and authorize you to furnish the Kodiak Alaska Police Department all information that you may have concerning my employment record, including performance evaluations and disciplinary actions, educational record, character, reputation, divorce record (if applicable), arrest records, criminal records or records from a law enforcement agency, driver's license, polygraph examination history, medical record, or application status.

(Initial) I consent to have a consumer report made as to my credit history, employment history, motor vehicle driving record, social security information, criminal record, and other pertinent information for employment purposes, including initial hiring decisions, promotions, reassignments, and/or retention.

(Initial) Please include any and all information of a confidential or privileged nature and photocopies of same, if possible. This information is to be used to assist the Kodiak Police Department in determining my qualifications and fitness for employment with the City of Kodiak

(Initial) I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Codes, Section 552, and specifically waive those rights, understanding that the information furnished will be used by the City of Kodiak and/or its agencies or departments in conjunction with employment procedures. I will make NO attempt to gain access to the information provided by you in conjunction with this employment process and hereby waive any rights I may have to request disclosure of information provided by you in conjunction with employment procedures.

(Initial) I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

IMPORTANT: MAY WE CONTACT YOUR PRESENT EMPLOYER? YES ___ NO ___

Applicant's Name (printed)

Applicant's Signature

Date