



Municipality
Of
Anchorage

Anchorage Police Department

Background Investigation Unit

4501 Elmore Road • Anchorage, Alaska 99507-1599

Fax: 907-786-8618

BACKGROUND QUESTIONNAIRE

SWORN (Police Officer) APPLICANTS



Service since 1921

GENERAL INSTRUCTIONS: Answer EVERY QUESTION in your own handwriting. If a question does not apply, answer with N/A (not applicable). If there is insufficient space, use a separate sheet of paper and mark it in your own handwriting with the number of the referenced block, and date and sign each sheet. DO NOT MISREPRESENT OR OMIT a requested fact since the statements made herein are subject to verification by a background investigation and polygraph examination to determine your qualifications for employment with APD.

IMPORTANT

Turn in this Background Questionnaire ONLY IF you have received a Conditional Offer of Employment from the Municipality of Anchorage's Employee Relations Department and ONLY AFTER being requested by Anchorage Police Department background personnel.

1. PERSONAL HISTORY

1. **Full Legal Name** (Last, first, middle, suffix)

2. **Birth Name** (Last, first, middle)

3. **Social Security Number**

4. **Driver's License Number**

State

Expiration Date

5. **Residence Address**

City

State

Telephone Number

6. **Mailing Address**

City State

Zip Code

7. **Business Information** Your Title, Name of Business Address City, State Zip Code Phone Number

8. Other Contact Information
Cell Phone _____ Pager _____
E-Mail Address _____ Message # _____

9. Birth Information Date of Birth _____ Place of Birth (City, State, Country) _____

10. Gender Information Female Male

11. Are you a US Citizen or a Resident Alien with the legal right to accept employment in the US? Yes No
If Resident Alien, Certificate Number _____ Date _____

12. Other Names Used, Aliases, Nicknames, Married Names, Adopted Names, Maiden Names
List all other names you have ever used including aliases, nicknames, married names, adopted names, maiden names, and step-parents names. List also any other names you have ever received identification (with or without the person's permission). List any other names you have ever signed (list the name used, approximate years used, and circumstances).

13. Marital Status Single Married Significant Other Separated Divorced Widowed
Name, Phone Number and Address of Spouse or Significant Other (Last, First, Middle)

14. Prior(s) Name and Present Address and/or phone number of Ex-Spouse(s) or Ex-Significant Others

Notes:

15. High School Information

a. Name of High School(s) Location Years Attended

16. Technical or Vocational Schools

Name of College Year(s) Attended City, State, Country

17. Undergraduate and Graduate Information (College, University)

Name of College Year(s) Attended City, State, Country

18. List all Adults Living in Current Residence

(Name, Work Phone Number, Cell Number) (Name, Work Phone Number, Cell Number)

19. Residences (List all residences for the past 10 years, beginning with your present address.)

(Month/Year)

From / to Street address City State/Country Zip Code

Notes:

20. Drug Use

Do you use, or have you ever used, any illicit/illegal drugs, to include marijuana? Yes No If yes;

Name of Drug	Age first used/ Age last used	Date of last use	Total times used

List all Law Enforcement Agencies to which you have applied or submitted an application.

Use below choices to answer Areas Completed section; circle all areas that apply:

(1-Application Only 2-Written Test 3-Interview 4-Polygraph 5-Oral Board 6-Psychological 7-Hired)

Year	Agency	Address	Phone #	Areas Completed
				1 2 3 4 5 6 7
				1 2 3 4 5 6 7
				1 2 3 4 5 6 7
				1 2 3 4 5 6 7
				1 2 3 4 5 6 7
				1 2 3 4 5 6 7
				1 2 3 4 5 6 7
				1 2 3 4 5 6 7
				1 2 3 4 5 6 7
				1 2 3 4 5 6 7

Have you ever applied for a position with any other governmental agency?

Yes No If Yes, list below:

Agency Name	Position applied for	Disposition

Notes:

Financial Status

Income from any source other than your principal occupation? Yes No How much? _____

The Source(Spouse, Retirement, etc.) _____

Obligations List Mortgage, Rent, Credit Card debt, Vehicle Loans and all other loans, debts or responsibilities.

Creditor	Type of Debt	Amount Borrowed	Monthly Payment

* If you need more space use a separate sheet of paper and list debt in same format as above *

Did you ever receive the Alaska Permanent Fund Dividend? Yes No

If yes, did you ever fraudulently file for the AK Permanent Fund Dividend? Yes No

Do you pay all your bills on time every month? Yes No

Do you consistently maintain a good credit profile? Yes No

Have you ever filed for Bankruptcy Yes No if Yes, Year and State in which you filed _____

Organization Membership

Are you now or have you ever been a member or affiliated with any organization or association which, according to your knowledge at the time of your membership, advocated the overthrow of the government of the United States or of this State by force, violence or other unconstitutional means, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or of this State. Yes No

If so, was your membership in or affiliation with the organization or association with the specific intent to achieve the overthrow of the government of the United States or of this State by force, violence or other unconstitutional means, or to commit acts of force or violence to deny other persons their rights under the Constitution of the United States or of this State. N/A Yes No

Notes:

2. MILITARY HISTORY

Have you served in the U. S. Armed Forces? Yes No If yes, Branch _____

Type of Discharge _____ Dates of Service? From _____ To _____

Rank at Discharge _____ Reason for Discharge _____

NOTE: If you are currently or have served in the military and answered YES to the question above, Please report this in the Employment History Section, regardless of when you served.

Are you now or have you been a member of the U. S. Reserve or National Guard? Yes No

Organization _____ Present Rank _____

Supervisor/Rank _____ Work Phone _____

Co-Worker/Rank _____ Work Phone _____

Co-Worker/Rank _____ Work Phone _____

Description of Duties/Responsibilities _____

Have you ever received a Court Martial? Yes No Explain charge, reason, date, disciplinary action

Have you ever received an article 15? Yes No Explain charge, reason, date, disciplinary action

While in the military, have you ever received any verbal or written reprimand(s)? (Year, Reason, Action taken, Punishment)

Notes:

3. EMPLOYMENT HISTORY

Begin with your most recent job and list your work history for the past 10 years, including part-time, temporary, or seasonal employment, and all periods of unemployment. NOTE: If you need additional pages, make copies of blank employment history pages ahead of time.

Current Employer _____ Work Phone (_____) _____

Address _____

Starting Date _____ Ending Date _____ Starting Salary _____ Ending Salary _____

Starting Position _____ Ending Position _____

Describe your duties _____

Why did you leave? Did you voluntarily resign or retire, or were you fired or forced to resign? _____

What did you like most about your job? _____

What did you like least about your job? _____

How did this job prepare you for a law enforcement position? _____

Immediate Supervisor _____ Current Phone #(_____) _____

How long were you supervised by this Supervisor _____ How long known total time _____

Name of Supervisor who supervised you the longest and for how long? _____

Co-Worker _____ Work Phone _____ Home Phone _____

Title of Co-Worker and how long known _____

Co-Worker _____ Work Phone _____ Home Phone _____

Title of Co-Worker and how long known _____

Have you ever received a verbal or written reprimand? Document each and every one. (Year, Reason, Action taken, Punishment) _____

Notes:

Prior Employer _____ Work Phone (_____)

Address _____

Starting Date _____ Ending Date _____ Starting Salary _____ Ending Salary _____

Starting Position _____ Ending Position _____

Describe your duties _____

Why did you leave? Did you voluntarily resign or retire, or were you fired or forced to resign? _____

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Title of Co-Worker and how long known _____

Co-Worker _____ Work Phone _____ Home Phone _____

Title of Co-Worker and how long known _____

Have you ever received a verbal or written reprimand? Document each and every one. (Year, Reason, Action taken, Punishment) _____

Notes:

Character References (List 5 references other than relatives, do not repeat names of supervisors or co-workers.)

Name	Association	Work Phone #	Home Phone #
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1.
Reference profession/title; years known; nature of relationship. _____

2.
Reference profession/title; years known; nature of relationship. _____

3.
3. Reference profession/title; years known; nature of relationship. _____

4.
4 Reference profession/title; years known; nature of relationship. _____

5.
5. Reference profession/title; years known; nature of relationship. _____

Notes:

4. LEGAL HISTORY

Juvenile Information: A juvenile is legally defined as anyone under the age of 18. Police departments may ask applicants who are applying for police officer positions questions about their juvenile legal history.

As a juvenile, did a police officer (to include truancy officer, store security officer, park ranger or member of any other law enforcement agency) contact you in any of the following manners:

- | | | |
|--|------------------------------|-----------------------------|
| a. Were you questioned? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Were you contacted as a suspect? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Were you handcuffed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Were you adjudicated as a delinquent? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Were you waived to adult status? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered "yes" to any of these, give full details including date, location, agency information, officer information, charges, disposition for sentencing, diversions, waiver for hearings and so forth. If necessary, use extra sheets of paper to completely and truthfully respond to the questions and to provide all of the details.

As an Adult, have you ever been arrested, detained or contacted in any manner (as listed in the juvenile information section above) by a law enforcement agency for any reason?

Yes No (Include date, location and full details to all Yes answers below)

If Yes, include Agency, date, charge(s), disposition and sentence: Explain _____

Have you ever violated Fish and Wildlife regulations? Yes No

Year	Violation	Disposition
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Have any members of your immediate family ever been arrested? (Juvenile or Adult) Yes No

If Yes, list name, relationship, year, charge, arresting agency, disposition and sentence below:

Notes:

Have you or your spouse been involved in any legal judgment, court action, Civil or Criminal? Yes No

Explain _____

Have you ever been fingerprinted for any reason (arrest, job applicant, etc.)? Yes No

Explain _____

Have you ever taken a polygraph examination? (Where, When, Results) Yes No

Explain _____

5. DRIVING HISTORY

List all other States in which you have had a driver's license issued:

Have you ever been denied the issuance of a license? Yes No

If yes, explain _____

Has your license ever been suspended, canceled, or revoked? Yes No

If yes, explain _____

Have you ever driven while your license was suspended, canceled, or revoked? Yes No

If yes, explain _____

Do you have insurance on all vehicles you own? Yes No

If no, explain _____

Have you ever had your automobile insurance canceled, revoked, or refused? Yes No

If yes, explain _____

Notes:

Parking Tickets List the total number of parking tickets you have received in the past 10 years _____

Have you paid all tickets? If not the reason: _____

List **all** traffic citations since you've started driving. Include Alaska and all other States or Countries.
(Start with most recent citation first.)

Year	Violation	State	Disposition	Fine

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be assigned, or which might require further explanation? If yes, explain: _____

Notes:

CRIMINAL HISTORY SUPPLEMENT

Please circle if you were involved in any of the following types of behavior, regardless of whether or not you were caught, or if any record exists.

- | | |
|---|---------------------------|
| Assault | Vandalism |
| Robbery | Arson |
| Kidnapping | False Fire Alarm |
| Homicide | Receiving Stolen Property |
| Caused Death | Selling Stolen Property |
| Manslaughter | Vehicle Theft |
| Suicide Attempt | Joy Riding |
| Car Stripping | Drunk Driving |
| Hit and Run | Disturbing the Peace |
| Welfare Fraud | Rioting |
| Financial Non Support | Child Pornography |
| Theft of Property | Sabotage/Impede |
| Forgery | Peeping Tom |
| False ID | Theft from Employer |
| Used Stolen Credit Card | Sexual Assault/Rape |
| Shoplifting | Sexual Abuse with a Child |
| False Application for Benefits | Bombing |
| AWOL | Weapons Violations |
| Contribute to Delinquency of a Minor | Trespass |
| Impersonation | |
| Burglary or Theft from any structure or vehicle | |

Ensure you give serious consideration to the above questions as your answers will be verified later through the use of Psychological and Polygraph exams.

Notes:

Drug History Supplement

Have you ever illegally used any of the following drugs in **any form or manner**?
(Circle the answers that apply)

Amphetamine	Methamphetamine	Cocaine	Depressants
Marijuana	Thai Stick	LSD	Speed
PCP	Opium	Hashish	Heroin
Hallucinogens	Morphine	Mushrooms	Codeine
Ecstasy	Mescaline/Peyote	Steroids	Other

Have you ever grown, manufactured, or created an illegal drug? Yes/No

Have you ever held or stored illegal drugs for someone else? Yes/No

Have you ever sold, traded, or provided **any** drugs (illegal or prescribed) to anyone? Yes/No

Have you ever thought you were using an illegal drug only to learn it was something else? Yes/No

Have you ever used prescribed drugs that were **not** prescribed to you? Yes/No

Have you ever used drugs that were prescribed to you but used them for purposes **other than** what it was prescribed for? Yes/No

Have you ever been provided an illegal drug without your knowledge/consent? Yes/No

Have you ever provided any drug (illegal or prescribed) to someone without their knowledge or consent?
Yes/No

Have you ever used an Over-the-Counter (OTC) drug for purposes **other than** what it was designed for?
Yes/No

Have you ever huffed, sniffed, or inhaled **anything** for the purpose of getting high? Yes/No

Ensure you give serious consideration to the above questions as your answers will be verified later through the use of Psychological and Polygraph exams.

Notes:

Statement of Understanding and Notary Public

I acknowledge that I have answered this application honestly and accurately in my own handwriting. I understand that any discovered falsification, substantial omission, or misrepresentation may result in my immediate disqualification. I further agree and consent in advance to be summarily discharged without cause or hearing if any of the information that I have provided contains any misrepresentation or falsification or if any requested information has been knowingly omitted.

I certify that the foregoing is true and accurate to the best of my knowledge.

Done at (city) _____ (State) _____ on _____ the _____ (day) _____ of
(month) _____ Year) _____

Applicant Signature

SWORN AND SUBSCRIBED BEFORE ME

This (day) _____ of (month) _____ (year) _____

Notary Public in and for (State) _____

My commission Expires _____

Notes:

