



VPSO Certification Eligibility

13 AAC 96.080 Basic Standards for Village Public Safety Officer

- (1) Are you a citizen of the United States or a residence alien who has demonstrated intent to become a citizen of the United States?
(2) Are you 21 years of age?
(3) Are you of good moral character?
(4) Do you have a high school diploma, or its equivalent, or have passed a General Educational Development (GED) test?
(5) Before attending a basic training program under 13 AAC 96.100 (VPSO Academy), Are you able to meet the following requirements?
(A) you must receive a physical examination by a physician lawfully admitted to practice in this state, and
(B) on the medical record form, the physician must certify that you are:
(i) free from a physical or hearing condition which would adversely affect performance of an essential function of a village public safety officer;
(ii) have normal color discrimination, normal binocular coordination, normal peripheral vision, and corrected visual acuity of 20/30 or better in each eye;
(iii) free from a mental or emotional condition that would adversely affect the performance of an essential function of a village public safety officer.

Prior to hire you will be required to pass a physical fitness test consisting of pushups (14), timed sit-ups (20 / 1 min.), and a 1.5 mile run (16.32 min.).

- (6) Have you been convicted, by a civilian court of this state, the United States, or another state or territory, or by a military court, of one or more of the following offenses, or of an offense with substantially similar elements to such an offense under Alaska law?
(A) a felony?
(B) any misdemeanor within five (5) years of the date of hire?
(C) a misdemeanor within 10 years of the date of hire, if the misdemeanor involved:
(i) an assault against a family member, former family member, member of the individuals household, or former member of the household?
(ii) the violation of a domestic violence restraining order?
(D) two or more DWI offenses?
(7) Have you ever:
(A) illegally manufactured, transported, or delivered:
(i) a controlled substance?
(ii) an alcoholic beverage in violation of a local option under AS 04.11 or a municipal ordinance?
(B) illegally used a controlled substance other than marijuana during the 10 years immediately before the date of hire, unless you were under the age of 21 at the time of using the controlled substance?
(C) Have you used marijuana within the last year? If yes, date of last use:
(8) Have you been denied village public safety officer certification or had that certification revoked?
(9) Have you been discharged for cause or resigned under threat of discharge for cause from employment as a village public safety officer, a village police officer, or a police officer in this state or any other state?

I, (Printed Applicant Name) CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I DELIBERATELY CONCEAL OR ENTER FALSE INFORMATION ON THIS FORM, THAT MY NAME MAY BE REMOVED FROM THE ELIGIBLE LIST OR THAT I MAY BE REMOVED FROM MY JOB.

Done at (Location), Alaska on the (Day) day of (Month), (Year). Applicant Signature

SWORN TO AND SUBSCRIBED before me Notary Public in and for Alaska (Notary Signature) My Commission Expires: (Notary Seal)



THE STATE
of ALASKA

GOVERNOR BILL WALKER

Department of Public Safety

DIVISION OF ALASKA STATE TROOPERS
Village Public Safety Officer Program

5700 E. Tudor Road
Anchorage, Alaska 99507-1225
Main: 907.334.2240
Fax: 907.375.6416

RELEASE OF INFORMATION TO LAW ENFORCEMENT AGENCIES

I, _____, consent to the release of information obtained by the Department of Public Safety concerning my background and this application with the Department of Public Safety to other law enforcement agencies should they request the information in order to evaluate any application for employment which I might file with other law enforcement agencies.

APPLICANT SIGNATURE: _____

DATE: _____

This **RELEASE OF INFORMATION TO LAW ENFORCEMENT AGENCIES** expires five (5) years from the date of signature unless stated otherwise.



DEPARTMENT OF PUBLIC SAFETY/CJIS SYSTEMS AGENCY
VILLAGE PUBLIC SAFETY OFFICER PROGRAM
CRIMINAL RECORDS INFORMATION WAIVER

APPLICANT SECTION:

Name: _____ Date of Birth: _____ Sex: _____
(Last, First Middle Suffix) (MM/DD/YYYY) (M/F)

Job Title: _____ Employing Agency: _____

Authorized Recipient for the Employing Agency: _____

WAIVER AGREEMENT

The Department of Public Safety (DPS) has been designated by the Federal Bureau of Investigation (FBI) as the Criminal Justice Information Services (CJIS) Systems Agency (CSA) for the State of Alaska. I understand that by executing this request, I am agreeing that an investigation into my background through state and federal criminal history repositories, including the search of Alaska Public Safety Information Network (APSIN), National Crime Information Center (NCIC), and the Interstate Identification Index (III) will be conducted. I understand that I will be required to submit my fingerprints in connection with this request. I understand that the results of the investigation will be released to the CSA security personnel and the Alaska State Trooper Village Public Safety Officer (VPSO) program staff requesting this check on my behalf for use in determining suitability for the VPSO program consideration.

I authorize any law enforcement agency to release the above information to the Department of Public Safety. I also authorize the VPSO program staff to share the results from the APSIN (Alaska) criminal history record check with the authorized recipient of my employer (listed above). I understand that if I am found to have been convicted of a criminal offense or am found to be a fugitive from justice, it may negatively impact my application for participation in the Department of Public Safety VPSO program and/or my employment with the agency listed above.

I understand that I will receive a copy of the results from the state and national fingerprint criminal history record check. I further understand that I am entitled to challenge the accuracy and completeness of any information contained in any such report, as outlined in state law under 13 AAC 68 and in federal law under Title 28 Code of Federal Regulations Section 16.34, and that I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

I understand that other than sharing the information as outlined above, no additional release of the results from this criminal history record request is authorized; I also understand that the information from this request will only be used for the authorized purpose outlined above. I certify that the information I have given on this form is true and correct to the best of my knowledge, and by signing below authorize the release and use of the criminal history record information as outlined in this waiver.

Applicant Signature: _____ **Date:** _____

VPSO Program Staff Only:

One legible fingerprint card* included with the Personnel Security Clearance Request Form: Yes No**

*Client number on card should be 4003 for Direct APSIN/ARMS Access; 4156 for Building or Non-Direct System Access

**Application cannot be processed



THE STATE
of ALASKA
GOVERNOR BILL WALKER

Department of Public Safety

DIVISION OF ALASKA STATE TROOPERS
Village Public Safety Officer Program

5700 E. Tudor Road
Anchorage, Alaska 99507-1225
Main: 907.334.2240
Fax: 907.375.6416

**INFORMED CONSENT
RELEASE AND HOLD HARMLESS FOR CONFIDENTIALITY OF
PRE-Selection BACKGROUND INVESTIGATION DATA**

I, _____, recognize that individuals must clearly demonstrate their personal, medical, and psychological fitness to serve in the position of a Peace Officer. I further recognize that my prospective employer and the Department of Public Safety have both a legal and moral obligation to take every reasonable effort to ensure that any person employed by them as a Peace Officer will conform to the very highest standards.

I understand that I am authorizing an intensive investigation into all aspects of my personal and psychological fitness, 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 other-wise 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 inextricable 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 my prospective employer: _____, the Department of Public Safety, and its' officers, agents, and assigns, now and in the future, from any claim for 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 persons or organizations 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 may have to examine, review, or to 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 SIGNATURE: _____ DATE: _____

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

Done at _____, _____ State on the _____ day of _____, 20____.

SWORN TO AND SUBSCRIBED BEFORE ME

Notary Seal

Notary
My commission Expires: _____

Note: A PHOTOCOPY REPRODUCTION OF THIS FROM SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Public Safety

DIVISION OF ALASKA STATE TROOPERS
Village Public Safety Officer Program

5700 E. Tudor Road
Anchorage, Alaska 99507-1225
Main: 907.334.2240
Fax: 907.375.6416

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

Applicant Name (print): _____

Applicant SS#: _____ D.O.B.: _____

I authorize the Department of Public Safety, its employees, and its agents to make a full and complete inquiry of any and all individuals or entities regarding my background, whether of a public, private, or confidential nature, including obtaining copies of any and all records and/or documents which the Department deems necessary for a full and complete background investigation. I understand that the intent of the **RELEASE OF INFORMATION** is to allow the Department to pursue a complete investigation into my background and personal life in order to process my application for employment as a VPSO.

I authorize and direct you to release such information and I release any individual from any and all liability or damage of any nature which may be a result of compliance, or any attempt to comply with this authorization.

PRIVACY ACT NOTICE: (a) Purposes and Uses: Copies of this completed form will be furnished to individuals in order to obtain information regarding your background to determine your suitability to be a Village Public Safety Officer. (b) Effects of Nondisclosure: Furnishing the requested information, thereby authorizing collection of background information is voluntary, but failure to provide all or part of the information will result in a lack of further consideration for the position of a Village Public Safety Officer.

I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the Department of Public Safety and retained by them in confidence unless I authorize its release.

I also understand that if the Department of Public Safety obtains information during this investigation or during other steps in the application process regarding my own or others criminal conduct, this information will be provided to the applicable law enforcement agency for criminal investigation.

This **WAIVER AND AUTHORIZATION TO RELEASE INFORMATION** expires in one (1) year from the date of signature unless stated otherwise

APPLICANT SIGNATURE: _____ DATE: _____

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

Done at _____, _____ on the _____ day of _____, 20____.

City State

Notary Seal

SWORN AND SUBSCRIBED BEFORE ME

My commission Expires: _____