## State of Alaska Division of Personnel & Labor Relations Pre-Employment Certification



Position Title:	PCN:	
Department:		
Residency (Need to be able to answer "Yes" to one quesexempt or exempt positions)	stion below if Alaska Resident only recruitment. Not applicable to applica	ants for partially
1 1 1	e of Alaska?	Yes □ No □
	with the intent of being domiciled* in the State of Alaska upon	
		Yes □ No □
	high school or post-secondary institution in the State of Alaska or (GED) while domiciled* in Alaska?	Vas □ No □
	Alaska post-secondary institution and physically present in Alaska?	
	a person, from which he/she has no present intention of moving and to which he/she intend	
If you are unable to answer 'yes' to at least or is limited to Alaska residents.	ne of the above questions, a Residency Affidavit form must be completed	l if recruitment
Nepotism		
	an individual related to you within and including the second degree aip with any person currently working in the above named department?	Yes □ No □
If yes, please list their name(s) and your relat	tionship:	
provide true and complete information during the recruit statement of material fact in your application submission AAC 07.112.	will not automatically disqualify or exclude you from employment with the State of Alaska tment and selection process. If you intentionally or unintentionally conceal or otherwise pro a it will result in permanent loss of eligibility for employment with the State of Alaska under ate of Alaska this includes all convictions, even if you have received and/or completed a Sustet aside or expunged.	ovide a false er Personnel Rule 2
1. Have you ever been convicted of a felon	y?Y	Yes □ No □
2. Have you been convicted of a misdemean	nor within the past five years?	les □ No □
If you answered 'Yes' to either of the above of	questions please explain:	
Commercial Driver License (CDL) – if	f applicable to the position	
List your CDL number and endorsements:		
Note: If selected for the position, you will be required to	o present your CDL and endorsements for verification and copying.	
conceal or provide false information during this process for future position vacancies and/or be removed from m authorized legal investigation and that for the purpose or original signature. I agree that the State of Alaska or its information or to verify information I have provided.	Alaska during the application process is true and complete. I understand that if I intentionall s, I may be removed from consideration for this position and/or prohibited from applying any job. I also understand that the information obtained during the application process may of this certification, a photocopy or facsimile of my original signature shall have the same stagents may contact current or former employers or other persons who know me in order social security card under Legal First Name, Middle Initial, Legal Last Name	for or being considered be released in an force and effect as my to obtain additional
Legal First Name:	Middle Initial: Yes, M.I	. No, M.I. □
Legal Last Name:	SSN:	
Preferred First Name:	.LastName@alaska.gov (Used for Email Add	lress if Hired)
Signature:	Date:	

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