

STATE OF ALABAMA
PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION
CORRECTIONS ACADEMY APPLICATION

DEPARTMENT: Alabama Department of Corrections TELEPHONE: () _____

ADDRESS: _____
STREET PO BOX CITY COUNTY ZIP

AGENCY HEAD: _____ TELEPHONE: () _____

AGENCY CONTACT PERSON: _____ TELEPHONE: () _____

AS THE CHIEF LAW ENFORCEMENT OFFICER OF THE ABOVE-NAMED LAW ENFORCEMENT AGENCY, I HEREBY MAKE APPLICATION TO THE ALABAMA PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION.

FOR _____
NAME OF APPLICANT

TO ATTEND A CERTIFIED CORRECTIONS ACADEMY, THE APPLICANT HEREIN NAMED HAS BEEN RECRUITED PURSUANT TO ALABAMA PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION REGULATIONS, I CERTIFY THAT THE APPLICANT IS EMPLOYED AS A FULL-TIME CORRECTIONAL OFFICER FOR THE ALABAMA DEPARTMENT OF CORRECTIONS

SIGNED _____
COMMISSIONER

DATE: ____ / ____ / ____
MM DD YR

RECENT PHOTO OF APPLICANT

_____ Basic
_____ Refresher
_____ Lateral

APOSTC USE ONLY

REMARKS:

CERTIFICATION# _____

EMPLOYMENT

CHECK APPLICABLE STATUS

☐ **I AM GAINFULLY EMPLOYED AS A FULL-TIME CORRECTIONS OFFICER
BY THE ALABAMA DEPARTMENT OF CORRECTIONS.**

DATE EMPLOYED: ____ / ____ / ____
MM DD YR

Affidavit / Release of Liability

I HEREBY ATTEST THAT I AM IN GOOD HEALTH, PHYSICALLY FIT, AND OF GOOD MORAL CHARACTER. I HAVE NEVER BEEN CONVICTED OF A FELONY OR ANY MISDEMEANOR WHICH PROHIBITS ME FROM OWNING OR POSSESSING A FIREARM. I FUTHER ATTEST I DO NOT HAVE ANY CRIMINAL CHARGES WHICH ARE PENDING ADJUDICATION, THAT I AM NOT SUBJECT TO ANY COURT ORDERED PROBATION, AND I AM NOT THE SUBJECT OF ANY PROTECTION ORDER ISSUED BY A COURT OF COMPETENT JURISDICTION. I RELEASE THE ALABAMA PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION, THE LAW ENFORCEMENT ACADEMY, AND ANY DEPARTMENT OFFICIALLY ASSOCIATED WITH THE LAW ENFORCEMENT ACADEMY FROM ANY LIABILITY IN CASE OF ACCIDENT OR ILLNESS. I UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION WILL RENDER ME INELIGIBLE TO ATTEND ANY LAW ENFORCEMENT ACADEMY IN THE STATE OF ALABAMA AND WILL RENDER ME INELIGIBLE FOR CERTIFICATION AS A LAW ENFORCEMENT OFFICER BY THE ALABAMA PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION. **UNDER PENALTY OF PERJURY, I SWEAR / AFFIRM THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUTHFUL.**

SIGNED: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE _____ DAY OF _____ 20_____

SEAL

NOTARY PUBLIC

STATE OF ALABAMA
PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION
CORRECTIONS ACADEMY APPLICATION

AFFIDAVIT

I hereby certify, **under penalty of perjury**, that I _____ have met all requirements for a law enforcement officer under the provisions of TITLE 36-21-46, Code of Alabama (1975). I have never been convicted of a felony or any misdemeanor which prohibits me from owning or possessing a firearm. I further attest I do not have any criminal charges which are pending adjudication, that I am not subject to any court ordered probation, and I am not the subject of any protection order issued by a court of competent jurisdiction. I have listed any and all misdemeanor arrests and convictions on my Academy Application.

SIGNATURE OF APPLICANT

Sworn to and subscribed before me this the _____ day of _____, 20____

SEAL

NOTARY PUBLIC

This is to certify that the applicant has met all requirements to be trained and certified as a correctional officer under the provisions of TITLE 36-21-46, (2) (4) (5), Code of Alabama 1975, as amended.

Commissioner, Alabama Department of Corrections

Sworn to and subscribed before me this the _____ day of _____, 20____

SEAL

NOTARY PUBLIC

STATE OF ALABAMA
PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION
PHYSICAL EXAMINATION

APPLICANT'S NAME: _____ SEX: [] MALE [] FEMALE

APPLICANT'S ADDRESS: _____
 STREET CITY COUNTY ZIP

PHYSICIAN'S NAME: _____
 PLEASE PRINT OR TYPE

PHYSICIAN'S ADDRESS: _____
 STREET CITY COUNTY ZIP

PHYSICIAN'S TELEPHONE NUMBER: ()

TO EXAMINING PHYSICIAN: This physical examination is to determine the above-named applicant's ability to FULLY PARTICIPATE in all of the rigorous physical activities of law enforcement training. These activities include but are not limited to: push-ups, sit-ups, distance running, close order self-defense training, and tactical firearms training (which may be anywhere from 2 to 8 hours per day). The amount of physical training may vary from day to day in difficulty. The applicant MUST be able to participate EVERY DAY at all prescribed levels.

Height _____ (Without shoes) Weight _____ lbs. (Stripped) Frame: Light _____ Medium _____ Heavy _____

NORMAL	ABNORMAL		
		EYES: VISION	RIGHT 20 / _____ LEFT 20 / _____ WITHOUT GLASSES – COLOR PERCEPTION RIGHT 20 / _____ LEFT 20 / _____ WITH GLASSES
		EARS: HEARING	RIGHT _____ / 15 LEFT _____ / 15 EXTERNAL EAR DRUM _____
		NOSE & SINUSES	DEFORMITY; OBSTRUCTION; CHRONIC INFECTION
		THROAT	ENLARGED TONSILS; CHRONIC INFECTION
		THORAX	INADEQUATE EXPANSION; DEFORMITY
		HEART	ENLARGEMENT; ARRHYTHMIA; DEFORMITY BLOOD PRESSURE: SYSTOLIC _____ DIASTOLIC _____
		LUNGS	RALES; DULLNESS; CHRONIC INFECTION
		ABDOMEN	ORGAN ENLARGEMENT; HERNIA: VENTRAL _____ INGUINAL _____
		GENITALIA	PHIMOSIA; HYDROCELE; VARICOCELE
		RECTUM & ANUS	HEMORRHOIDS; FISSURE; FISTULA; PILONIDAL DISEASE
		EXTREMITIES	DEFORMITY; LOSS OF PARTS; LIMITATION OF MOTION; CHRONIC INFECTION; VARICOSE VEINS
		SKIN	DISFIGURING DEFECTS OR SCARS; INFECTION
		NERVOUS & MENTAL	VASOMOTOR INSTABILITY; MENTAL OR NEUROLOGIC DEFECT
		URINALYSIS	SUGAR _____ ALBUMIN _____

Comments on Abnormalities: _____

EKG Results: _____

The above-named applicant is physically qualified and capable of performing all of the above-described physical tasks pertaining to law enforcement training.

 EXAMINING PHYSICIAN M.D. / D.O. / C.R.N.P. MM DD YR

STATE OF ALABAMA
PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION
PSYCHOLOGICAL EVALUATION

APPLICANT'S NAME: _____ SEX: _____ DOB: _____
PLEASE PRINT OR TYPE

APPLICANT'S ADDRESS: _____
STREET CITY COUNTY Zip

EMPLOYING LAW ENFORCEMENT AGENCY INFORMATION

AGENCY NAME: _____ ORI: _____
PLEASE PRINT OR TYPE

AGENCY ADDRESS: _____
STREET CITY ZIP

PHONE NUMBER _____ Agency contact email address: _____

NOTE: Both the psychological assessment report and APOSTC Form 3B, must to be submitted with the APOSTC Application.

EXAMINING PROFESSIONAL'S INFORMATION

NAME: _____ STATE LICENSE # _____
PLEASE PRINT OR TYPE

BUSINESS ADDRESS: _____
STREET CITY COUNTY ZIP

PHONE NUMBER _____ email address: _____

TO THE EXAMINING PROFESSIONAL: This psychological assessment is to help determine the above-named applicant's mental and emotional health suitability to perform the duties of a law enforcement officer. In addition to your testing and assessment of the applicant, this Form, POST NO. 3B, is required to be submitted along with your complete evaluation report.

RECOMMENDATION: This recommendation is designed to be part of an overall applicant assessment. Recommendation is based upon opinions of potential risk factors using past research results as a guide. They are intended to be used as additional input to a comprehensive selection program involving other independent components. This report is prepared solely for purposes of instant evaluation and the oral assessment. Based solely on the Written Psychological Evaluation and the Oral Assessment, which follows, the overall evaluation for employment as a law enforcement officer is:

____ 1. **RECOMMEND FOR EMPLOYMENT**

____ 2. **RECOMMEND WITH CAUTION** (List concerns and recommendations on additional page)

NOTE: RULE 650-X-2-.04 (2), requires the employing agency to certify it has addressed with the applicant the concerns and recommendations listed by the examining professional and is satisfied the applicant is psychologically fit for appointment as a law enforcement officer. This certification should be submitted by memo on departmental letterhead to the Commission's Executive Secretary by the Agency's Chief Law Enforcement Officer.

____ 3. **NOT RECOMMENDED FOR EMPLOYMENT**

SIGNED: EXAMINING PROFESSIONAL

DATE OF EVALUATION

DATE REPORT ISSUED

STATE OF ALABAMA
PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION

AUTHORIZATION TO RELEASE RECORDS

TO WHOM IT MAY CONCERN:

I hereby release to the Alabama Peace Officers' Standards and Training Commission and its designated officers, agents, or employees, any and all information (including criminal records, physical/medical information, and psychological examinations) required by law or regulations to process my application to attend a corrections academy to obtain certification as a correctional officer.

NAME (PRINTED)

SIGNATURE

_____/_____/_____
MM

DD

YR

Sworn to and subscribed before me this the _____ day of _____, 20_____

SEAL

NOTARY PUBLIC