

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

APOSTC USE ONLY

REMARKS:

\_\_\_\_\_ Basic  
 \_\_\_\_\_ Refresher  
 \_\_\_\_\_ Lateral

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 that I do not have any criminal charges which are pending adjudication, that I am not subject to any court ordered probation, and that I am not the subject of any protection order issued by a court of competent jurisdiction. If I have an arrest history, I have listed all arrests, including the case disposition for each arrest, on my Academy Application.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SEAL

\_\_\_\_\_  
NOTARY PUBLIC

- I hereby certify, **under penalty of perjury and the penalties as described in Title 36-21-50, Code of Alabama** (1975), that the applicant has met all requirements to be trained and certified as a correctional officer under the provisions of Title 36-21-46 Code of Alabama (1975).
- I further certify that a complete background investigation, including the applicant's criminal, driver, financial, and employment history was completed on \_\_\_\_\_ by \_\_\_\_\_, and the investigation report is on file with the Alabama Department of Corrections.

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