

EMPLOYMENT

CHECK APPLICABLE STATUS

[] I AM GAINFULLY EMPLOYED AS A FULL-TIME LAW ENFORCEMENT OFFICER BY THE _____ DEPARTMENT, _____, ALABAMA. DATE EMPLOYED: ____ / ____ / ____ SALARY: \$ _____ PER: _____

[] I AM GAINFULLY EMPLOYED AS A PART-TIME LAW ENFORCEMENT OFFICER BY THE _____ DEPARTMENT, _____, ALABAMA. DATE EMPLOYED: ____ / ____ / ____ SALARY: \$ _____ PER: _____

I WORK _____ HOURS PER WEEK AS A PART-TIME LAW ENFORCEMENT OFFICER.

[] I AM RESERVE/VOLUNTEER OFFICER FOR THE _____ DEPARTMENT, _____, ALABAMA. START DATE: ____ / ____ / ____

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
LAW ENFORCEMENT 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 law enforcement 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 _____.
(Date) (Name)
(Name of Agency)
- I certify that the applicant is employed as a law enforcement officer at a salary of \$ _____ per _____.

NOTE: All three signatures are required. If the applicant is employed as a Deputy Sheriff, the Sheriff signs as both the Chief Law Enforcement Officer and Appointing Authority. If the applicant is a Reserve and is not employed, write RESERVE in the salary blank.

Chief Law Enforcement Officer / Agency Head

Financial Officer (the person responsible for issuing employees paycheck)

Appointing Authority (Mayor, Sheriff, College President, etc.)

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 law enforcement academy to obtain certification as a law enforcement officer.

NAME (PRINTED)

SIGNATURE

_____/_____/_____
MM DD YR

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

SEAL

NOTARY PUBLIC

STATE OF ALABAMA
PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION

Academy Application Checklist

*All APOSTC forms submitted must be Original Documents. Photocopies will not be processed.

- _____ * Completed Post Form 1/Page 1 with passport sized photo attached to the front.

- _____ * Employment Post Form 1/Page 3 completed and Notarized.

- _____ * Affidavit Post-2 Form 2/Page 4 completed and Notarized at top section and bottom section.

- _____ * Physical Examination Post Form-3A/Page 5. Must be signed by a licensed M.D., D.O., P.A., or C.R.N.P.

- _____ * Psychological Evaluation Post-3B form completed and Full Psychological Evaluation report.

- _____ * Release Post Form 4/Page 6 signed and notarized.

- _____ Copy of a valid driver's license.

- _____ Copy of a valid High School Diploma and/or High School Transcripts (Diploma was awarded) or GED.

- _____ Basic Abilities Test (BAT)/ACT Work Keys results or College Diploma and/or College Transcripts.
(Degree was awarded)

- _____ Two blue applicant fingerprint cards. (Contact APOSTC if cards are needed.)

- _____ Original Certified Copy of Birth Certificate. Photocopies not accepted.

- _____ Copy of DD-214 (Member-4 or Service-2 form)

- _____ Disposition of traffic charges and proof of payment within the last (3)three years.

- _____ Offense Affidavit for any arrests. Must include Case Action Summary and Final Disposition to indicate the case is closed.

- _____ CPR Certification for Refreshers and Laterals

* All APOSTC forms submitted must be Originals (wet ink)

All forms submitted must be single side