

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

DEPARTMENT: _____ 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 LAW ENFORCEMENT 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 LAW ENFORCEMENT OFFICER,
- () GAINFULLY EMPLOYED AS A PART-TIME LAW ENFORCEMENT OFFICER,
- () A RESERVE/VOLUNTEER FOR THIS AGENCY.

I REQUEST THAT THE APPLICANT ATTEND THE _____
ACADEMY.

SIGNED _____
CHIEF LAW ENFORCEMENT OFFICER

DATE: _____

RECENT PHOTO
OF APPLICANT

APOSTC USE ONLY

REMARKS:

CERTIFICATION # _____

Law Enforcement Experience / Training

LIST ALL LAW ENFORCEMENT EMPLOYMENT HISTORY AND ATTACH ON SEPARATE PAGE. INCLUDE ANY LAW ENFORCEMENT CERTIFICATION IN ANOTHER STATE(S).

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 A 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. 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 the 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. 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

I hereby certify, under penalty of perjury and the penalties as described in 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 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

PHYSICIAN'S NAME: _____

PLEASE PRINT OR TYPE

PHYSICIAN'S ADDRESS: _____
Street City County

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 _____ Weight _____ lbs Frame: Light _____ Medium _____ Heavy _____
(without shoes) (stripped)

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: Phimosis; 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.

M.D./O.D. _____

 Examining Physician Date

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

DATE _____

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

SEAL

NOTARY PUBLIC