

**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 COMMISSIONER OF THE ALABAMA DEPARTMENT OF CORRECTIONS, 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: \_\_\_\_\_

**RECENT PHOTO  
OF APPLICANT**

**POSTC USE ONLY**

REMARKS:

CERTIFICATION #: \_\_\_\_\_

**Correctional Officer Experience/Training**

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

**Employment**

**CHECK APPLICABLE STATUS**

I AM GAINFULLY EMPLOYED AS A FULL-TIME CORRECTIONAL OFFICER BY THE ALABAMA DEPARTMENT OF CORRECTIONS, MONTGOMERY, ALABAMA.

DATE EMPLOYED: \_\_\_\_\_

**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 CORRECTIONS ACADEMY, AND ANY DEPARTMENT OFFICIALLY ASSOCIATED WITH THE CORRECTIONS ACADEMY FROM ANY LIABILITY IN CASE OF ACCIDENT OR ILLNESS. I UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION WILL RENDER ME INELIGIBLE TO ATTEND ANY CORRECTIONS ACADEMY IN THE STATE OF ALABAMA AND WILL RENDER ME INELIGIBLE FOR CERTIFICATION AS A CORRECTIONAL OFFICER BY THE ALABAMA PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION.

SIGNED \_\_\_\_\_

SUBSCRIBED TO BEFORE ME THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

SEAL

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



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

**AFFIDAVIT**

This is to certify that, I \_\_\_\_\_, have met all the requirements for a correctional officer under the provisions of TITLE 36-21-46, Subsections: (2) Education, (4) Physical Qualifications and (5) Character, Code of Alabama 1975, as amended. 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

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 Dept. 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. MM / DD / YR

**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

DATE \_\_\_\_\_

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

SEAL

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