



CONFIRMATION OF PARTICIPATION

By my signature below, I affirm that I understand the requirements to be appointed to the Port Authority Police Academy and that I must successfully complete medical, psychological and background investigation phases. I understand that failure to comply with any of the requirements of this evaluation may result in my removal from consideration for this position.

I understand that I must meet and attain the academic, physical, attendance and other standards of the Police Academy in order to be appointed as a Police Officer.

Print Name: _____

Signature: _____

Date: _____

Note: This letter, Employment Application, Self ID Form (Voluntary) and Affirmation & Authorization to Release form must be completed, mailed **and received** by **March 18, 2013**.