



THE PORT AUTHORITY OF NY & NJ

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 and Employment Application should be emailed to policerecruitment@panynj.gov or mailed within two weeks of Event #1 (August 17, 2013) to:

Port Authority of NY and NJ
Human Resources Department, 10th fl
225 Park Avenue S
NY, NY 10003