



**CONSTABLE  
BOARD OF EXAMINERS  
MMPI/PAI  
PROOF OF EVALUATION**

**APPLICANT NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**HIRING ENTITY:** \_\_\_\_\_

Applicant prior law enforcement in any jurisdiction:      Yes      No  
    \*Were they separated for more than five years:      Yes      No      N/A

**TYPE OF EVALUATION: MMPI:** \_\_\_\_\_ **PAI:** \_\_\_\_\_

*The following statement must be acknowledged by a representative of the Entity/Employer (Human Resources, Manager, etc.) Please do not have the evaluator acknowledge. The Entity/Employer and/or the Administering Evaluator will maintain all records of the Evaluation. Please do not send a copy or any portion of the Evaluation to Professional Licensing.*

With my signature below, I hereby acknowledge the following:

- the evaluation outlined above (MMPI and/or PAI) has been completed for this applicant as defined in Delaware Law & Regulations, Title 24, Chapter 56.
- the Evaluation was performed on \_\_\_\_\_
- the Evaluation was performed by: \_\_\_\_\_
- Based on my review of the Evaluation, the Evaluator has determined the applicant is psychologically fit to function as a Constable based upon the applicant's presentation at the time of the Evaluation and the information available to the Evaluator. Our agency will proceed with the hiring of the applicant.

\_\_\_\_\_  
Entity/Employer Representative Name (printed)

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_