NAME _____ ID #: _____
LAST, FIRST OFFICE USE ONLY

MAILING ADDRESS: _____
STREET CITY STATE ZIP

BRANFORD POLICE DEPARTMENT
Employment Application

Recruit and Lateral Transfers

Applications Due By:

Tuesday, October 11, 2016 at 8:00am

Received by: _____

Date: _____

Certified: _____

CONFIDENTIAL INFORMATION

THE FOLLOWING INFORMATION IS REQUESTED TO MAINTAIN NECESSARY TESTING STATISTICS. IT IS ***NOT*** PART OF THE APPLICATION FOR EMPLOYMENT. PLEASE CIRCLE THE APPROPRIATE RESPONSE AND/OR FILL IN THE BLANK. ***COMPLETION OF THESE ITEMS IS VOLUNTARY.***

RACIAL/ETHNIC BACKGROUND (CHOOSE ONE)

- **WHITE**
- **BLACK**
- **HISPANIC**
- **ASIAN**
- **NATIVE AMERICAN**
- **IDENTIFY WITH MORE THAN ONE BACKGROUND**

GENDER

- **MALE**
- **FEMALE**

AGE _____ ***DATE OF BIRTH*** _____

HOW DID YOU LEARN ABOUT THIS TESTING PROCESS? (CHOOSE ONE)

- **NEWSPAPER ADVERTISEMENT (NAME)** _____
- **JOB ANNOUNCEMENT AT COLLEGE**
- **OTHER PERSON**
- **POST, SCCJA OR OTHER WEBSITE**

POST HIGH SCHOOL EDUCATION (CHOOSE ONE)

- **NO COLLEGE**
- **SOME COLLEGE (15 CREDITS OR MORE)**
  MAJOR _____
- **FOUR YEAR COLLEGE DEGREE**
  MAJOR _____

PLEASE REVIEW INSTRUCTIONS CAREFULLY

1. Candidates are to answer every question. If the question does not apply to you, please state this.

2. All entries, except the signature, must be printed legibly in blue or black ink, or they may be typed. If the space provided for answering any question is insufficient, use a separate sheet and attach it to the application. Be sure to precede each answer on the extra sheet with the number of the question being answered. **Please do not double side the application.**

4. All applications must be returned to:
   Branford Police Department
   33 Laurel St.
   Branford, CT 06405

5. All applications must be returned in person or received by Branford Police via the U.S. Postal Service or a mailing or delivery service by the due date and time. No applications will be accepted via fax machine. Persons desiring copies of their application materials must arrange for the copies to be made **before** submitting the completed application to Branford Police.

6. All applicants are required to properly complete all forms involved in the application and testing process. Please check the application prior to submitting it to ensure that all documents have been properly completed and signed. Applicants are reminded to notarize all applicable pages **prior** to returning the application. A Notary Public is a person legally empowered to witness and certify documents. Notary Publics may generally be found at city/town halls, banks, attorneys' offices, or other office where official business is transacted.

7. Individuals with disabilities who will need reasonable accommodation in order to complete a test phase must inform the Branford Police a minimum of two (2) weeks prior to the scheduled date of that test phase. The candidate will be required to provide a letter or other official documentation from the health care provider, school or other agency describing the accommodation that is required.

8. In accordance with State of Connecticut regulations, all candidates must meet the following conditions **at the time of appointment** to the probationary police officer's position:

   - Be at least 21 years of age.
   - Have graduated from an accredited high school or completed formal certificate of equivalency program.
   - Be a citizen of the United States of America.
   - Have a motor vehicle operator's license issued by the State of Connecticut, or have a motor vehicle operator's license issued by another state and the right to operate a motor vehicle in this state is not under suspension.

Further, in accordance with State of Connecticut regulations, candidates will be required to do the following as a condition of appointment to a position of probationary candidate in a law enforcement unit in the State of Connecticut:

- Be fingerprinted.
- Undergo a criminal record check by fingerprints, and by name and date of birth. Said record check will be made in Connecticut and in any other state in which the applicant has resided. The fingerprints shall also be submitted to the Federal Bureau of Investigation for the purpose of determining the existence of any criminal history record.
- Have no criminal record revealing any conviction, under federal or state law, of any felony, or whose criminal record has any conviction of any Class A or Class B misdemeanor, or of any misdemeanor crime involving domestic violence, or who has committed any act which would constitute perjury or false statement.
- Undergo a background investigation, including a polygraph examination and a check of motor vehicle law convictions for operating a motor vehicle under the influence of intoxicating beverages or narcotics or controlled substance or for evasion of responsibility. **Candidates may be asked on the polygraph examination if they have been deceitful or cheated on any of the testing phases.** Any polygraph test administered in compliance with State of Connecticut Police Officer Standards and Training Council requirements within 182 days of the appointment to the police officer position is acceptable for meeting the standard of polygraph testing.
- Undergo a psychological examination conducted by a licensed psychologist or psychiatrist.
- Undergo a controlled substance screen and that the result of such screen indicates no presence of any controlled substance not prescribed for the candidate.
- Undergo a Physical Demand Screening and a physical examination by a licensed physician, nurse or assistant.

9. All candidates are advised that they must complete this application to become an applicant for this testing process. Candidates should not submit copies of previously completed applications, either in total or part thereof.

10. All candidates who submit applications by the deadline are eligible for the first test of the testing phase. You will be notified by the Branford Police Department when you will be required to report for the individual phases. The phases will consist of a written, physical and oral board test.

BRANFORD CONNECTICUT RECRUIT POLICE OFFICER
PAST HISTORY QUESTIONNAIRE

Name: _____ Date of Birth: _____

Have you used marijuana at all within the last three years?	Yes	No
Have you used any other illegal drug in the past five years?	Yes	No
Have you used anabolic steroids since 1991?	Yes	No
Have you ever sold any illegal drug for profit?	Yes	No
Have you failed to register with the Selective Service System?	Yes	No
Have you been convicted of a felony or Class A or B Misdemeanor under State or Federal law?	Yes	No
Have you ever been convicted of any misdemeanor crime involving domestic violence?	Yes	No
Have you ever committed an act which would constitute perjury or false statement?	Yes	No

I, _____, being duly sworn, depose and say that I am the above named person. I have read and answered each and every preceding question in its entirety and I do solemnly swear that each and every answer is full, true and correct to the best of my knowledge and belief. I acknowledge that I may be disqualified from the process if I answered "yes" to any question.

I further agree that should any investigation disclose any misrepresentation, falsification or omission, my application may be rejected and my name removed from the eligible lists. If already appointed, I may be discharged.

_____
Applicant Signature

THIS FORM MUST BE COMPLETED AND RETURNED WITH APPLICATION

BRANFORD DEPARTMENT OF POLICE SERVICE

APPLICATION FOR EMPLOYMENT

1. NAME _____
   LAST FIRST MIDDLE

2. PRESENT ADDRESS _____
   STREET CITY STATE ZIP

3. TELEPHONE _(____)_____ SOCIAL SECURITY # _____

   CELL PHONE _(_____)_____ EMAIL _____

PERSONAL HISTORY

4. ARE YOU A U.S. CITIZEN? YES _____ NO _____

5. LIST ANY OTHER NAMES, NICKNAMES, OR ALIASES YOU HAVE BEEN KNOWN BY:
   _____

6. IF NAME WAS LEGALLY CHANGED, GIVE DATE OF CHANGE _____

7. LIST CHRONOLOGICALLY ALL OF YOUR RESIDENCES FOR THE PAST 10 YEARS:

From	to	Street	City	State	Zip

EDUCATION

8. **NAME & LOCATION OF HIGH SCHOOL** YEARS ATTENDED AND GRAD DATE DEGREE RECEIVED

NAME

_____

CITY & STATE

_____

NAME & LOCATION OF COLLEGE # OF CREDITS EARNED MAJOR DEGREE RECEIVED (NONE, AS, BS, ETC)

NAME

_____

CITY & STATE

_____

NAME

_____

CITY & STATE

_____

EMPLOYMENT

9. STARTING WITH PRESENT OR MOST RECENT EMPLOYMENT AND WORKING BACKWARD CONSECUTIVELY, LIST ALL EMPLOYMENT, INCLUDING SUMMER, PART-TIME WORK, AND INTERNSHIPS:

DATES OF EMPLOYMENT _____ TO _____

COMPANY NAME AND ADDRESS _____

_____

TELEPHONE ( ) _____

POSITION HELD/DESCRIPTION _____

NAME AND TITLE OF SUPERVISOR _____

REASON FOR LEAVING _____

DATES OF EMPLOYMENT _____ TO _____

COMPANY NAME AND ADDRESS _____

_____

TELEPHONE ( ) _____

POSITION HELD/DESCRIPTION _____

NAME AND TITLE OF SUPERVISOR _____

REASON FOR LEAVING _____

* * * * *

DATES OF EMPLOYMENT _____ TO _____

COMPANY NAME AND ADDRESS _____

_____

TELEPHONE ( ) _____

POSITION HELD/DESCRIPTION _____

NAME AND TITLE OF SUPERVISOR _____

REASON FOR LEAVING _____

* * * * *

DATES OF EMPLOYMENT _____ TO _____

COMPANY NAME AND ADDRESS _____

_____

TELEPHONE ( ) _____

POSITION HELD/DESCRIPTION _____

NAME AND TITLE OF SUPERVISOR _____

REASON FOR LEAVING _____

MILITARY

10. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE UNITED STATES?

YES _____ NO _____ (IF YES, PLEASE ATTACH COPY OF DD-214 FORM)

DATES OF SERVICE _____ TO _____ BRANCH _____

HIGHEST RANK HELD _____

SPECIAL DUTIES/TRAINING _____

_____

_____

11. ARE YOU NOW A MEMBER OF THE RESERVE FORCES OR NATIONAL GUARD?

YES ____NO _____ WERE YOU IN THE PAST? YES _____ NO _____

BRANCH _____RANK _____

ADDRESS _____

DATES: _____ TO_____

REFERENCES

12. GIVE THE NAMES OF THREE REFERENCES (NOT RELATIVES OR FORMER EMPLOYERS) WHO HAVE KNOWN YOU WELL DURING THE PAST THREE YEARS:

A. NAME _____ TELEPHONE _____

ADDRESS _____
STREET CITY STATE

OCCUPATION _____ YEARS KNOWN _____

BUSINESS ADDRESS _____ TELEPHONE _____

B. NAME _____ TELEPHONE _____

ADDRESS _____
STREET CITY STATE

OCCUPATION _____ YEARS KNOWN _____

BUSINESS ADDRESS _____ TELEPHONE _____

C. NAME _____ TELEPHONE _____

ADDRESS _____
STREET CITY STATE

OCCUPATION _____ YEARS KNOWN _____

BUSINESS ADDRESS _____ TELEPHONE _____

CRIMINAL - MOTOR VEHICLE RECORD

13. *HAVE YOU EVER BEEN CONVICTED OF ANY CRIME?

YES _____ NO _____

IF YES, GIVE COMPLETE DETAILS, INCLUDING DATE(S) OF ARREST(S) AND HEARING(S), LOCATION OF OFFENSE(S), CHARGE(S), DETAILS OF THE INCIDENT(S) AND DISPOSITION:

_____

_____

_____

14. ARE YOU A LICENSED AUTOMOBILE OPERATOR?

YES _____ NO _____ STATE, OPERATOR NUMBER AND CLASSIFICATION:

_____

15. *HAVE YOU EVER BEEN CONVICTED OF A MOTOR VEHICLE OFFENSE?

YES _____ NO _____ IF YES, LIST THE OFFENSE(S), DATE(S), DISPOSITION(S) AND LOCATION(S)

OFFENSE	DATE	DISPOSITION	LOCATION

* EXCEPT AS PROVIDED BY STATE OF CONNECTICUT REGULATION AND POLICY (SEE ITEM 8 OF INSTRUCTIONS), THE EXISTENCE OF A POLICE RECORD DOES NOT AUTOMATICALLY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.

16. HAS YOUR OPERATOR'S LICENSE EVER BEEN REVOKED OR SUSPENDED?

YES _____ NO _____ IF YES, PLEASE EXPLAIN:

_____

_____

_____

GENERAL

17. HAVE YOU EVER USED ILLEGAL DRUGS?

YES _____ NO _____ IF YES, PLEASE ANSWER THE FOLLOWING:

WHEN WAS THE LAST TIME YOU USED ILLEGAL DRUGS?

_____

18. HAVE YOU EVER APPLIED FOR A WEAPONS PERMIT IN ANY JURISDICTION?

YES _____ NO _____ IF YES, GIVE LOCATION AND DATE:

_____

19. LIST ANY SPECIAL SKILLS, QUALIFICATIONS AND LICENSES YOU POSSESS (DO NOT INCLUDE MOTOR VEHICLE OPERATOR'S LICENSE):

_____

_____

_____

20. DO YOU READ OR SPEAK ANY FOREIGN LANGUAGES?

YES _____ NO _____ IF YES, GIVE DETAILS:

LANGUAGE PROFICIENCY (LIMITED, FLUENT, ETC.)

_____ _____

_____ _____

21. ARE YOU CERTIFIED TO BE A POLICE OFFICER?

YES _____ NO _____ IF YES, PLEASE ATTACH COPY OF YOUR CERTIFICATION CARD

22. ARE YOU PRESENTLY APPLYING TO OR HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH ANY POLICE DEPARTMENT OR LAW ENFORCEMENT AGENCY?

YES _____ NO _____ IF YES, LIST AGENCIES:

_____

_____

_____

23. IS THERE ANYTHING THAT WOULD PREVENT YOU FROM WORKING ROTATING SHIFTS, FROM WORKING WEEKENDS, FROM WORKING HOLIDAYS, OR IN ANY OTHER WAY FROM BEING ABLE TO WORK THE REQUIRED WORK SCHEDULES OF A POLICE OFFICER?

YES _____ NO _____ IF YES, PLEASE EXPLAIN:

_____

_____

_____

I HAVE ANSWERED THE ABOVE QUESTIONS TRUTHFULLY KNOWING THAT ANYTHING CONTAINED HEREIN THAT IS FOUND TO BE UN-TRUTHFUL WILL CAUSE ME TO BE AUTOMATICALLY DISQUALIFIED FROM THE EMPLOYMENT PROCESS .

_____ _____

PRINT NAME OF CANDIDATE SIGNATURE OF CANDIDATE

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____, 201___.

_____ _____

PRINT NAME OF NOTARY PUBLIC SIGNATURE OF NOTARY PUBLIC

MUST BE NOTARIZED

CERTIFICATION AND AGREEMENT

BRANFORD CONNECTICUT POLICE DEPARTMENT

I UNDERSTAND THAT A POSITIVE AND PROPERLY CONFIRMED DRUG TEST FOR CONTROLLED SUBSTANCES OR REFUSAL TO SUBMIT TO A DRUG TEST IS GROUNDS FOR DENIAL OR TERMINATION OF EMPLOYMENT.

I AUTHORIZE DEPARTMENT REPRESENTATIVES TO OBTAIN PERTINENT INFORMATION FROM MY PREVIOUS EMPLOYERS, REFERENCES, AND OTHER PERSONS WITH KNOWLEDGE OF MY WORK HISTORY AND BACKGROUND. I AUTHORIZE MY PREVIOUS EMPLOYERS, REFERENCES, AND PERSONS WITH KNOWLEDGE OF MY WORK HISTORY AND BACKGROUND TO PROVIDE PERTINENT INFORMATION TO DEPARTMENT REPRESENTATIVES AND HEREBY RELEASE ALL SUCH PERSONS AND WAIVE ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION WHATSOEVER, IN CONNECTION WITH THE REQUEST FOR AND RELEASE OF SUCH INFORMATION.

I FURTHER AUTHORIZE DEPARTMENT REPRESENTATIVES TO OBTAIN A CONSUMER CREDIT REPORT, INCLUDING AN INVESTIGATIVE CONSUMER REPORT, AS PART OF MY APPLICATION FOR A POLICE OFFICER POSITION.

I CERTIFY THAT THE INFORMATION ON THIS JOB APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY WILLFUL OMISSIONS OR FALSIFICATION WILL BE REASON FOR WITHDRAWAL OF A JOB OFFER OR TERMINATION OF EMPLOYMENT WHENEVER THE OMISSION OR FALSEHOOD IS DISCOVERED. I AUTHORIZE ANY INVESTIGATION INTO THE STATEMENTS I HAVE MADE IN THIS APPLICATION AS NECESSARY TO ARRIVE AT ANY EMPLOYMENT DECISION.

I UNDERSTAND THAT NOTHING STATED BY DEPARTMENT REPRESENTATIVES, IN WRITING OR ORALLY, DURING THE INTERVIEW AND/OR HIRING PROCESS IS TO BE CONSTRUED AS CREATING A CONTRACT BETWEEN THE APPLICANT AND ANY DEPARTMENT.

THIS WAIVER IS VALID FOR ANY DEPARTMENT TO WHICH APPLICATION IS MADE.

I HAVE READ, UNDERSTAND AND AGREE TO THE FOREGOING.

_____ _____

PRINT NAME OF CANDIDATE SIGNATURE OF CANDIDATE

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____, 201___.

_____ _____

PRINT NAME OF NOTARY PUBLIC SIGNATURE OF NOTARY PUBLIC

PLEASE RETURN THIS FORM WITH APPLICATION
MUST BE NOTARIZED

CERTIFICATE OF RELEASE

Desiring to become a police officer with the Branford Police Department, I declare and represent that I am in good health, that I have read the Physical Performance Test which I am about to take, and that I understand the nature of these tests.

In consideration of being given permission to take these Physical Performance Tests, I **ASSUME THE RISK** of any loss, damage, costs, expense, loss of earnings, personal injury and death, consequential damage and property damage arising out of or related to any accident, illness or disability (hereafter referred to as "event") which results from or occurs in connection with my taking of these Physical Performance Tests. I assume all such risks whether such events occurs in, on, or about the place where the tests are given; whether the effects of such event are felt during the tests or afterwards, so long as they are medically related to the tests and to my presence in, on, or about the place where the tests are given; and whether such event results from or arises out of the condition, maintenance, repair, alteration or use of that place or of any equipment or fixtures contained in, on, or about that place.

I also agree to release the Branford Police Department, to which I am applying for the position of police officer, and its (their) officers, employees, agents and servants of all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may result, directly or indirectly from my participation in said tests and my presence for the purpose in, on, or about the place where the tests are given.

This release is binding upon my heirs, assigns, next of kin, executors and administrators.

I HAVE READ THIS RELEASE IN FULL. I UNDERSTAND THAT, BY SIGNING IT, I AM WAIVING AND RELEASING MY RIGHTS WHICH I COULD EXERCISE BUT FOR MY SIGNING OF THIS RELEASE.

_____ _____

PRINT NAME OF CANDIDATE SIGNATURE OF CANDIDATE

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____, 201__.

_____ _____

PRINT NAME OF NOTARY PUBLIC SIGNATURE OF NOTARY PUBLIC

PLEASE RETURN THIS FORM WITH APPLICATION
MUST BE NOTARIZED

STOP

DID YOU DO THE FOLLOWING?

- ◊ If you have a disability for which a reasonable accommodation is needed, please advise Branford Police Department at least two weeks before the test week and submit documentation from your health care provider that describes the accommodation that is needed.

- ◊ If you have completed military service, please enclose a copy of your military separation form DD-214.

- ◊ Notarize the Certification & Agreement and Certificate of Release.

Applications Due By:

Tuesday, October 11, 2016
at 8:00am

THIS PAGE TO BE KEPT BY THE CANDIDATE AND NOT RETURNED TO BRANFORD POLICE

PHYSICAL PERFORMANCE INFORMATION

The physical performance test will consist of four (4) components as described in the enclosed sheet. Different passing standards have been established to account for the age and gender of each candidate. Each candidate is responsible to know his/her target for each event. Candidates should wear gym-type clothing and appropriate footwear. Please do not bring a walkman or other device that will not allow you to hear monitors' instructions. Unless otherwise notified, the test will be held despite inclement weather. The descriptive materials regarding the physical performance test should be reviewed carefully by all candidates. **All candidates should note that the standards for each event have been set at the 40th percentile of fitness.**

Enclosed please find a Doctor's Certification Form. All candidates **must have a licensed medical doctor complete the MEDICAL APPROVAL FORM FOR BASIC TRAINING, LATERAL TRANSFERS AND/OR COMPARATIVE CERTIFICATION Form** before they will be allowed to compete in the physical performance test. **This form must be brought to the physical performance examination site on the test date and should not be returned with the application**. In addition, use the original form from this application package for this test administration. The signature on the form should be original. Do not submit a form with a photocopied signature or a form from another department's testing process. If you misplace any forms from this application package, contact Branford Police to obtain a replacement.

To ensure test security, please bring your driver's license or other photo identification when you come to the examination.

Further instructions regarding the physical performance test will be given prior to the start of the test. **Candidates are required to be at the test site promptly for registration. The administration of the test will follow immediately after registration is completed. Admittance will not be allowed once the test begins**. Please also be advised that you must pass all components of the physical performance test to go on to the next test phase. Candidates will be given two (2) attempts to pass each component. Should you fail a component, you are eliminated at that point in the examination process. Candidates should plan on being at the test site for 3-4 hours.

The physical performance test information is being forwarded at this time to permit candidates to properly prepare for the examination. All candidates should note the description of the test components provided in the attached materials. Candidates should **begin now** to condition themselves for the physical performance test. In accordance with Branford Police policy, all candidates must take the physical performance test for this testing process even if you have taken or are taking the physical performance test for other police testing processes. Further, you must go to the test session to which you are assigned unless you have specifically been re-scheduled by the Branford Police.

S T A T E OF C O N N E C T I C U T

DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION

Police Officer Standards and Training Council
Connecticut Police Academy

MEDICAL APPROVAL FORM FOR BASIC TRAINING, LATERAL TRASNFER AND/OR COMPARITIVE CERTIFICATION (COOPER TEST)

PHYSICIAN'S CERTIFICATION OF ABILITY TO PARTICIPATE IN THE POLICE OFFICER STANDARDS & TRAINING COUNCIL'S PHYSICAL FITNESS TEST

This is to certify that I have reviewed the below listed activities conducted by the POST Council during physical fitness testing.

The "Fitness Test" will include the following physical fitness activities:

- One minute of sit-ups
- 300 Meter Anaerobic Power Sprint
- One minute of push-ups
- Run of one and one-half miles (1.5)

It is my professional opinion that the candidate named below:

Candidate's Name: _____

Candidate's Employing Agency: _____

Date of this Physician's Exam: _____

IS MEDICALLY CAPABLE OF PARTICIPATING IN THE POST FITNESS TEST (Cooper Test)

Physician's Signature:_____

Physician's Name (Typed or Imprinted with Office Stamp)

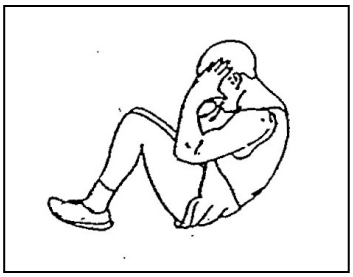
POSTC-61

CALEA Internationally Accredited Public Safety Training Academy
285 Preston Avenue - Meriden, Connecticut 06450-4891
An Affirmative Action/Equal Opportunity Employer

BRING THIS FORM WITH YOU TO THE PHYSICAL PERFORMANCE EVALUATION

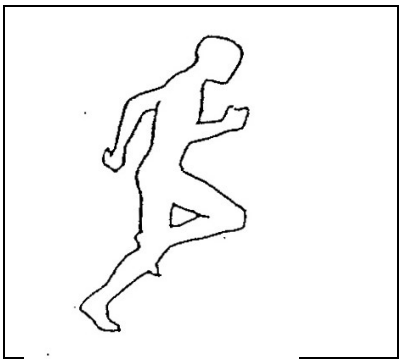
HOW WILL PHYSICAL FITNESS BE MEASURED?

The physical fitness test battery consists of four basic tests. Each test is a scientifically valid test. The tests given are described as follows.



1. One (1) Minute Sit-Up Test

This is a measure of the muscular endurance of the abdominal muscles. It is an important area for performing police tasks that may involve the use of force. The score is in the number of bent leg sit-ups performed in one minute.

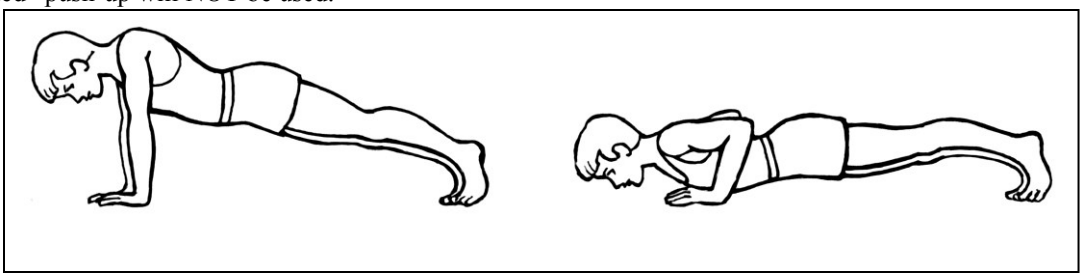


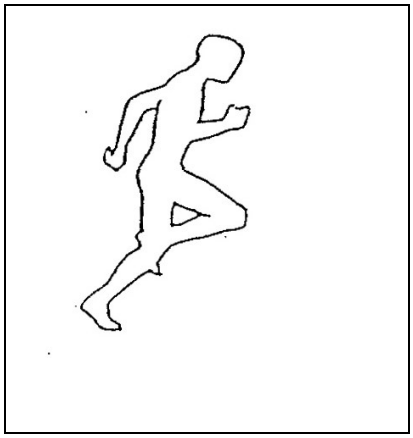
2. Anaerobic Power (Sprinting Ability) 300 Meter Run Test

This test is a measure of anaerobic power. Anaerobic power is having the ability to make short intense bursts of effort. This test is highly predictive of the important area for performing job tasks such as short sprint pursuit situations. This is a timed run, recorded in seconds, at maximal level of effort.

3. Push up test

This test measures muscular endurance of the upper body. The hands are placed slightly wider than Shoulder width apart, with fingers pointed forward. The candidate's head will be looking straight forward. The test starts from the Up position (elbows fully extended) and must keep their back straight and flat at all times. The candidate will lower their body to the floor until their chest touches the administrator's fist (or acceptable measuring tool) at a depth of no less than 4 inches from the floor. The candidate then returns to the Up position. This is ONE repetition. Resting should be done in the Up position. The total number of correct push-ups performed in One (1) minute is recorded as the score. The candidate's knees will not touch the floor. The "modified" push-up will NOT be used.





4. 1.5 Mile Run

This is a timed run to measure the heart and vascular systems capability to transport oxygen. It is an important area for performing police tasks involving stamina and endurance. The score is in minutes and seconds.

PHYSICAL PERFORMANCE EXAMINATION - 40%

NAME: _____ **DEPARTMENT/AGENCY:** _____

DATE: _____ **GENDER:** **Male** ☐ **Female** ☐ **Age:** _____ **Photo ID#:** _____

EVENT	40% TARGET	TRIAL SCORE	INITIALS	P/F
1. Sit-ups				
2. 300 Meter Sprint				
3. Push-ups				
4. 1-1/2 Mile Run				

ACCEPTANCE OF SCORES: *I certify that to the best of my knowledge the above scores are correct.*

FITNESS SPECIALIST NAME:_____**DEPARTMENT:**_____
(please print)

_____ _____
FITNESS SPECIALIST SIGNATURE *FITNESS SPECIALIST CERTIFICATION DATE*

Male Candidate

AGE	1 MINUTE OF SIT-UPS	300 METER SPRINT	1 MINUTE OF PUSH-UPS	1.5 MILE RUN 40%
20 - 29	38	59 SECONDS	29	12:38
30 - 39	35	59 SECONDS	24	12:58
40 - 49	29	72 SECONDS	18	13:50
50 - 59	24	83 SECONDS	13	15:06
60 - 69	19	N/A	10	16:46

Female Candidate

AGE	1 MINUTE OF SIT-UPS	300 METER SPRINT	1 MINUTE OF PUSH-UPS	1.5 MILE RUN 40%
20 - 29	32	71 SECONDS	15	14:50
30 - 39	25	79 SECONDS	11	15:43
40 - 49	20	94 SECONDS	9	16:31
50 - 59	14	N/A	7	18:18

BRING THIS FORM WITH YOU TO THE PHYSICAL PERFORMANCE EVALUATION