

NAME _____
LAST, FIRST

ID #: _____
OFFICE USE ONLY

MAILING ADDRESS: _____
STREET CITY STATE ZIP

SOUTH CENTRAL CONNECTICUT

DEPARTMENT OF POLICE SERVICE

Received: M W _____

Military: _____

Certified: _____

CHIP: _____

App. Fee \$40: _____

PLEASE RETURN THIS FORM WITH THE APPLICATION

PARTICIPATING DEPARTMENTS

Listed below are the police departments that are recruiting candidates for police officer for this test administration. Please indicate to which departments you are applying by placing a check mark next to their names. Candidates may apply to as many departments as they wish, however, they need only complete one application. Upon the department's request, copies of application information will be forwarded to each department that the candidate has checked.

Candidates are reminded that applications must be submitted by **Tuesday, August 2, 2011, at 4:30 p.m.** in order to be included in this test administration.

DEPARTMENT	SALARY RANGE	SPECIAL REQUIREMENTS
<input type="radio"/> Milford	\$52,881-59,977 (2011-12)	*Must live within 15 mile radius of Milford Police Department upon appointment
<input type="radio"/> Orange	\$53,250-66,741 (2010-11)	*Must have 60 college credits from an accredited college or university at the time of application
<input type="radio"/> Wallingford	\$56,700-67,724 (2011-12)	*Must live within 20 mile radius within 2 years of hire
<input type="radio"/> West Haven	\$50,471-63,667 (2011-12)	*Must live within 20 miles of West Haven after probation period *Must be non-user of tobacco products *Must have an Associate Degree by completion of 6 th year of service to attain Grade A status

DEPARTMENTS PARTICIPATING IN THIS RECRUITMENT DRIVE
ARE EQUAL OPPORTUNITY EMPLOYERS.

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**
- **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. Attached is a form entitled “Application Fee Form”. Please fill out the appropriate section of the form to indicate whether you are paying or applying for a waiver of the \$40.00 application fee. This form must be returned with the application packet.

The non-refundable \$40.00 application fee may be waived in cases of financial hardship. Hardship will be considered on a case-by-case basis. The fee is **non-refundable** regardless of whether you complete all phases of the process. **The \$40.00 application fee must be in the form of cash or money order made payable to “South Central Chiefs of Police Association”. No checks, credit or debit cards will be accepted.**

2. Candidates are to answer every question. If the question does not apply to you, please state this.
3. 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: **South Central Criminal Justice Administration, 675 State Street, New Haven, CT 06511. Office phone – 203-946-6072**
E-mail: charles.sherwood@newhavenct.net or dbunton@newhavenct.net

DIRECTIONS

From I-91 take Exit 3, Trumbull Street. At traffic light, turn left onto Orange Street. Take first left onto Audubon Street. Follow to traffic light and turn left onto State Street. SCCJA is located in brick building immediately on right. Parking is available in rear parking lot in designated “visitor” parking spaces only or on State Street. Please use rear entrance.

5. All applications **must** be received (not merely postmarked) by **Tuesday, August 2, 2011, at 4:30 p.m.**
6. All applications must be returned in person or received by SCCJA 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 SCCJA.
8. 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.
9. Please be advised that the South Central Criminal Justice Administration is only responsible to administer the physical performance, written and oral exams. Upon completion of these components, SCCJA no longer has involvement with the test process. All subsequent test components, including medical examinations, police commission oral board examinations, interviews, psychological testing, polygraph testing, background investigation, controlled substance screening or other phases will be administered by the individual departments at their

own schedule. Questions regarding these test phases should be directed to the participating departments. SCCJA may provide scheduling services for these phases if required. Please be advised that failing a test phase in the current test process does not make you ineligible to participate in future test processes.

10. Individuals with disabilities who will need reasonable accommodation in order to complete a test phase must inform SCCJA 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.
11. 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.
12. All candidates who submit applications by the deadline are eligible for the first test phase which will be the physical performance examination.
 13. 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.

**APPLICATION FEE FORM
SUMMER - 2011**

The South Central Connecticut police departments charge a forty dollar (\$40) application fee to defray costs related to recruitment and testing. The fee (cash or money order **only**) must be paid by all candidates at the time the completed application is submitted. The fee is **non-refundable** regardless of whether applicants complete all phases of testing and processing. **Applicants submitting a CHIP card to waive the SCCJA physical test must still pay the \$40 application fee.** The application fee will be waived in cases of financial hardship.

A. Waiver of Application Fee

I have read and understand the above statement in its entirety. I hereby declare that I cannot afford to pay the forty dollar (\$40) application fee. I certify that this statement is true and I understand that misrepresenting my ability to pay the fee may result in my disqualification.

Name of Applicant (please print)

Signature of Applicant

Date

B. Payment of Application Fee (To be filled out by SCCJA personnel)

On this date, _____, police officer applicant _____

paid a **non-refundable** forty dollar (\$40) fee via (circle one) cash money order

for the application for the position of police officer.

**SOUTH CENTRAL 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**

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 _____

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:

CERTIFICATION AND AGREEMENT

SOUTH CENTRAL CONNECTICUT POLICE DEPARTMENTS

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 a department in the South Central Connecticut region, 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 South Central Connecticut department or departments 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?

- ◇ Check off the departments to which you are applying.
- ◇ Enclose the fee of \$40.00 or sign the fee waiver form.
- ◇ If you have a disability for which a reasonable accommodation is needed, please advise SCCJA 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.
- ◇ If you have a valid CHIP card for the physical performance test, please attach a copy to this application. Copies of CHIP cards will not be accepted after the close of the application process.
- ◇ Notarize the Certification & Agreement and Certificate of Release.

**THE FOLLOWING
PAGES TO BE KEPT
BY CANDIDATE.**

**THIS PAGE TO BE KEPT BY THE CANDIDATE AND
NOT RETURNED TO SCCJA**

WRITTEN TEST PREVIEW INFORMATION

In order to assist candidates in preparing for the written examination, a written test preview will be held on **Wednesday, August 3, at Lyman Hall High School in Wallingford.** At this time, the types of questions that are likely to be on the written test will be explained and other materials will be distributed. The session has been scheduled for to begin at 4:30 p.m. Please be advised that attendance at this preview session is voluntary.

DIRECTIONS TO LYMAN HALL HIGH SCHOOL, 70 POND HILL ROAD, WALLINGFORD

FROM I-91 NORTHBOUND & SOUTHBOUND

Take Exit 13. At end of exit take a right onto Route 5. At light (South Elm Street) take a right.

Follow to stop sign and take a right (Pond Hill Road). Lyman Hall High School will be on the left.

**THIS PAGE TO BE KEPT BY THE CANDIDATE AND
NOT RETURNED TO SCCJA**

PHYSICAL PERFORMANCE INFORMATION

The physical performance examination for candidates for the regional police officer examination will be held on **Thursday, August 25, and if needed, Friday, August 26, 2011, at the Branford High School at 4:00 p.m.** Further information will be provided in a follow-up notice. Please be advised that there will be **no** make-ups for this examination.

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 Doctor's Certification Form** before they will be allowed to compete in the physical performance test. The 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 SCCJA to obtain a replacement.

Please be advised that SCCJA **WILL** accept CHIP cards for candidates who obtained their card on or after February 26, 2011. CHIP cards obtained earlier than this date will not be accepted. If you have a CHIP card that meets the date requirement as stated and you would like to waive physical agility testing with SCCJA on August 25, you **MUST** submit a copy of your CHIP card with your application. **CHIP cards will NOT be accepted after the close-out date of August 2.**

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. 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 SCCJA 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 SCCJA.

MEDICAL APPROVAL FORM

**PHYSICIAN'S CERTIFICATION OF ABILITY TO PERFORM PHYSICAL FITNESS TESTING
AND PARTICIPATE IN A PHYSICAL WELLNESS PROGRAM**

This is to certify that I have reviewed the attached four elements of the Connecticut Police Officer Standards and Training Council's Physical Fitness Test and the "Description of the P.O.S.T.C.'s Physical Wellness Program."

After reviewing said documents, it is my professional opinion that the candidate named below:

Candidate's Name: _____

Agency To Which
Application is Made:
(List Departments) _____

Date of Physician's Exam: _____

**CAN SAFELY PERFORM THE PHYSICAL FITNESS TEST AND PARTICIPATE IN
A PHYSICAL WELLNESS PROGRAM.**

Physician's Signature: _____

Date: _____

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

Summer11

PLEASE BRING THIS FORM TO PHYSICAL PERFORMANCE TEST

**THIS PAGE TO BE KEPT BY THE CANDIDATE AND
NOT RETURNED TO SCCJA**

ENTRY LEVEL PHYSICAL FITNESS STANDARDS

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 to be given are described as follows:

1. 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 1 minute.

2. Sit and Reach Test

This is a measure of the flexibility of the lower back and upper leg area. It is an important area for performing police tasks involving range of motion. The test involves stretching out to touch the toes or beyond with extended arms from the sitting position. The score is in the inches reached on a yardstick with 15 inches being at the toes and the 36" mark being at the far end away from the toes.

3. 1 Repetition Maximum Bench Press

This is a maximum weight pushed from the bench press position and measures the amount of force the upper body can generate. It is an important area for performing police tasks requiring upper body strength. The score is a ratio of weight pushed divided by body weight.
This test must be done on Universal DVR.

4. 1.5 Mile Run

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

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WRITTEN TEST INFORMATION

The written examination for candidates for the regional police officer examination will be held on Monday, August 29, 2011. Registration for the test will begin at 5:00 p.m. You will be notified of the location in a follow-up notice.

All candidates are reminded that they must pass the physical performance examination in order to continue on to the written examination. Candidates will be notified at the physical performance examination if they have qualified for the written test. Please be advised that there will be **no** make-ups for this examination.

The written examination will be developed by Resource Management Associates. It will be administered by the South Central Criminal Justice Administration (SCCJA). The examinations will be received and controlled by the SCCJA prior to the test date. Candidates interested in preparing for the written examination can take online practice tests at: www.tbnonlinetests.com. Candidates should mention code SCCJAS2011 when making their purchase.

To ensure test security, each candidate will be assigned an identification number to be utilized for the written examination. **You must bring a photo identification, preferably your driver's license, when you come to take the examination.**

Further instruction regarding the written test will be given prior to the start of the examination. **Please be prompt** so that you will not miss any of the pre-test instructions and the test can be administered within the allotted schedule. **Admittance will not be allowed once the test begins.**

In accordance with office policy, you must go to the test session to which you have been assigned unless you have specifically been re-scheduled by SCCJA.

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ORAL BOARD INFORMATION

The oral board examination for candidates for the regional police officer examination will be held mid-September. You will be notified of the exact date, time and location in a follow-up notice. Please be advised that there will be **no** make-ups for this examination beyond the scheduled oral board interview period.

A panel consisting of sworn police personnel will be conducting the examination. Generally, the oral board examination lasts approximately 20-30 minutes and will consist of questions that are more practical in nature and that focus on judgement and oral communication skills.

Candidates should report at least ten minutes earlier than scheduled. Candidates who fail to appear at the scheduled interview time may be subject to disqualification. As with the previous test components, each candidate must bring a photo identification to the oral board examination. Only those candidates who pass the written examination are eligible for the oral board examination.

Candidates should bring their driver's license or other photo identification to the oral board. **However, candidates should not bring any other materials with them, including resumes, letters of reference or other similar materials.**