

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 **Wednesday, July 28, 2010, at 4:30 p.m.** in order to be included in this test administration.

DEPARTMENT	SALARY RANGE	SPECIAL REQUIREMENTS
<input type="radio"/> Cheshire	\$48,204-63,400	*Must be non-smoker
<input type="radio"/> Wallingford	\$54,891-65,561	*Must live within 20 mile radius within 2 years of hire
<input type="radio"/> West Haven	\$48,533-60,896 (2007-08)	*Must live within 20 miles of West Haven after probation period *Must be non-user of tobacco products *Must attain at least an Associate Degree by completion of 5 <sup>th</sup> year of service
<input type="radio"/> Woodbridge	\$46,898-56,820	

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**

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

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

- **NEWSPAPER ADVERTISEMENT (NAME)** \_\_\_\_\_
- **JOB ANNOUNCEMENT AT COLLEGE**
- **OTHER PERSON**
- **YAHOO! HOTJOBS**
- **SCCJA OR POLICE WEBSITE**

This office is conducting a survey of applicants to learn more about the reasons that people wish to become police officers. While this is NOT part of the application, your honest response would be appreciated. Please circle the appropriate number for each item.

*To what extent did the following factors influence your decision to apply to become a police officer?*

	No Influence		Moderate Influence	Great Influence	
	1	2	3	4	5
1) Other police officers are in my family	1	2	3	4	5
2) An opportunity to serve the community	1	2	3	4	5
3) I want a job with adventure	1	2	3	4	5
4) Other persons I know are applying	1	2	3	4	5
5) The salary for the position	1	2	3	4	5
6) What I have learned about the police from the news	1	2	3	4	5
7) The medical benefits for the position	1	2	3	4	5
8) Advancement to investigative and/or management positions	1	2	3	4	5
9) The retirement plan for the position	1	2	3	4	5
10) An opportunity to develop my problem solving skills	1	2	3	4	5
11) An opportunity to work with various ethnic groups	1	2	3	4	5
12) An opportunity to enforce the law	1	2	3	4	5
13) An opportunity to be involved in team work	1	2	3	4	5
14) An opportunity to use computer technology in innovative ways	1	2	3	4	5
15) An opportunity to work with youths	1	2	3	4	5
16) A variety of work assignments	1	2	3	4	5
17) The length of the hiring process	1	2	3	4	5
18) What I have learned about the police from television shows	1	2	3	4	5
19) An opportunity to work overtime	1	2	3	4	5
20) The position can be attained without post high school education	1	2	3	4	5

**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. Please read the instructions and each page in this application package carefully. 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.
4. All applications must be returned to:

**South Central Criminal Justice Administration  
675 State Street  
New Haven, CT 06511  
203-946-6072  
e-mail: [charles.sherwood@newhavenct.net](mailto:charles.sherwood@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.

**THE OFFICE WILL BE CLOSED FOR VACATION FROM JUNE 30 TO JULY 6. IT WILL REOPEN JULY 7.**

5. All applications **must** be received (not merely postmarked) by **Wednesday, July 28, 2010, 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.
7. 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. Applicants need only complete the certification and agreement forms for the departments to which they are applying.

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 one (1) week 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. In addition to the above requirements, candidates may be subject to other screening phases, including a comprehensive medical examination. These additional phases will be done in accordance with applicable law.
  13. Attached are informational materials on the physical performance, written and oral tests. These forms are provided to assist each candidate in preparing for these examinations. Further information on the date, time and location of these tests will be forwarded in the near future. All candidates are reminded that they should keep these materials and **not** return them with the application.
  14. Attached for your review is a copy of the core job description for entry level police officer as established by the State of Connecticut Police Officer Standards and Training Council.
  15. Please be advised that the testing process will run during August and September, 2010. All candidates should take the necessary steps to attempt to keep their schedules clear during this time period. While SCCJA will make every effort to accommodate individual schedules, the large number of applicants will not allow the office to ensure that each request for rescheduling can be satisfied.
  16. All candidates who submit applications by the deadline are eligible for the first test phase which will be the physical performance examination.
  17. 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 – 2010**

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.

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**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

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**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.

# 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

FROM	TO	STREET	CITY	STATE	ZIP



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:

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**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?

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

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, GIVE LOCATION AND DATE:

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

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20. DO YOU READ OR SPEAK ANY FOREIGN LANGUAGES?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, GIVE DETAILS:

LANGUAGE \_\_\_\_\_ PROFICIENCY (LIMITED, FLUENT, ETC.) \_\_\_\_\_

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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:

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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:

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**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**

**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 **Thursday, July 29, 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 5:00 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 12, and if needed, Friday, August 13, 2010, 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 12, 2010. 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 12, you **MUST** submit a copy of your CHIP card with your application. If you obtain a CHIP card during July 28-August 12, you must bring a copy of your CHIP card to SCCJA prior to the agility session.

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)

Summer10

**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.

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

***WRITTEN TEST INFORMATION***

The written examination for candidates for the regional police officer examination will be held on Monday, August 16, 2010. 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](http://www.tbnonlinetests.com). Candidates should mention code SCCJAF2010 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 photograph 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.

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

***ORAL BOARD INFORMATION***

The oral board examination for candidates for the regional police officer examination will be held the beginning of 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 photograph 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.**