

PLEASE RETURN THIS FORM WITH THE APPLICATION

TOWN OF CHESHIRE

POLICE OFFICER APPLICATION

Candidates are reminded that applications **must** be returned (not merely postmarked) to the **Cheshire Police Department (CPD), 500 Highland Ave, Cheshire, CT 06410** by **Wednesday, February 29, 2012, at 4:30 p.m.** in order to be included in this test administration.

THE TOWN OF CHESHIRE IS AN
EQUAL OPPORTUNITY EMPLOYERS.

TOWN OF CHESHIRE

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

You are requested to complete this form so the Town of Cheshire may maintain applicant statistics for Equal Employment Opportunity (EEO) Reports. This form will not be filed with your application, and will not be considered in the employment process. You are not required to complete this form for your application to be considered. This form is used to meet the Town's EEO reporting requirements.

1. Your name

(optional): _____

Date: _____

2. Job applied for:

3. Sex: *Male* _____ *Female* _____

4. Are you disabled? *Yes* _____ *No* _____

5. D.O.B. (*for identification purposes only—optional*) _____

6. Describe yourself in terms of the following groups:

White _____ *Black* _____ *Hispanic* _____ *Asian/Pacific Islander* _____ *American Indian/Alaskan*
Native _____

7. How did you hear about this job? *Cheshire Herald* _____ *Meriden Record* _____

Waterbury Republican _____ *New Haven Register* _____

Other (please specify): _____

**PLEASE REVIEW
INSTRUCTIONS CAREFULLY**

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

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.**

All applications must be returned to: **Cheshire Police Department, 500 Highland Ave, Cheshire, CT 06410**

All applications **must** be received (not merely postmarked) by **Wednesday, February 29, 2012, at 4:30 p.m.**

All applications must be returned in person or received by CPD 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 or email. Persons desiring copies of their application materials must arrange for the copies to be made **before** submitting the completed application to CPD.

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.

Individuals with disabilities who will need reasonable accommodation in order to complete a test phase must inform CPD 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.

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.

Candidates who submit applications by the deadline are eligible for the first test phase which will be the physical performance examination. It will be administered by the South Central Criminal Justice Administration (SCCJA).

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.

**CHESHIRE 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**

EDUCATION

8. NAME OF COLLEGE	# OF CREDITS	MAJOR	DEGREE EARNED (NONE, AS,BS,ETC)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 _____

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:

1. NAME _____ TELEPHONE _____

ADDRESS _____

STREET CITY STATE ZIP

OCCUPATION _____ YEARS KNOWN _____

BUSINESS ADDRESS _____ TELEPHONE _____

2. NAME _____ TELEPHONE _____

ADDRESS _____

STREET CITY STATE ZIP

OCCUPATION _____ YEARS KNOWN _____

BUSINESS ADDRESS _____ TELEPHONE _____

3. NAME _____ TELEPHONE _____

ADDRESS _____
STREET CITY STATE ZIP

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), HEARING(S), LOCATION, 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 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 AND DRUG TYPES?

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
CHESHIRE 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?

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 C.H.I.P. card dated 09/15/11 or later 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 CPD**

WRITTEN TEST PREVIEW INFORMATION

In order to assist candidates in preparing for the written examination, a written test preview will be held on **Thursday, March 1, Baldwin Middle School in Guilford**. 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 to begin at 5:00 p.m. Please be advised that attendance at this preview session is voluntary.

DIRECTIONS TO BALDWIN MIDDLE SCHOOL, 68 BULLARD DR, GUILFORD

I-95 NORTHBOUND

Take Exit 57. At end of exit take a right. At light take a left onto Long Hill Road. Proceed for approximately 3 ½ miles to blinking light. Turn right on Bullard Drive and into school.

I-95 SOUTHBOUND

Take Exit 57. At end of exit take a left. Follow directions above.

**THIS PAGE TO BE KEPT BY THE CANDIDATE AND
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PHYSICAL PERFORMANCE INFORMATION

The physical performance examination, administered by SCCJA, for candidates for police officer will be held on **Thursday, March 15, and if needed, Friday, March 16, 2012, 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 CPD to obtain a replacement.

Please be advised that CPD **WILL** accept CHIP cards for candidates who obtained their card on or after September 15, 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 CPD on March 15, you **MUST** submit a copy of your CHIP card with your application. **CHIP cards will NOT be accepted after the close-out date of February 29.**

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 CPD 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 CPD.

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: Cheshire Police Department

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)

Spring12

PLEASE BRING THIS FORM TO PHYSICAL PERFORMANCE TEST

**THIS PAGE TO BE KEPT BY THE CANDIDATE AND
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ENTRY LEVEL PHYSICAL FITNESS STANDARDS

PRE-EMPLOYMENT PHYSICAL FITNESS TEST BATTERY

Minimum Scores for Employment as Police Officer
(Scores Indicate 40th Percentile of Fitness)

SIT-UP MUSCULAR ENDURANCE - The score is the number of bent-leg sit-ups performed in one minute.

FLEX FLEXIBILITY - The "sit-and-reach" test measures the flexibility of the lower back and hamstrings and the candidate's range of motion. The test involves stretching out to touch the toes and beyond with extended arms from the sitting position. The score is in inches reached on a yardstick with the 15" mark being at the toes and the 36" mark being at the far end away from the toes.

BENCH ABSOLUTE STRENGTH - One (1) repetition maximum bench press using Dynamic Variable Resistance (DVR) protocol. The score is a ratio of weight pressed divided by body weight.

1.5 MILE RUN CARDIOVASCULAR CAPACITY - 1.5 mile run. The score is in minutes: seconds.

GENDER/AGE TEST

MALE	SIT-UP	FLEX	BENCH	1.5 MILE RUN
20-29	38	16.5	.99	12:38
30-39	35	15.5	.88	12:58
40-49	29	14.25	.80	13:50
50-59	24	13.25	.71	15:06
FEMALE				
20-29	32	19.25	.59	14:50
30-39	25	18.25	.53	15:43
40-49	20	17.25	.50	16:31
50-59	14	16.75	.44	18:18

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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 police officer examination will be held on Monday, March 19, 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.

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 or CPD.

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ORAL BOARD INFORMATION

Candidates who pass the written examination with a score of 70 or above will be placed on an eligibility list for the oral board phase of the hiring process.

An oral board examination of the top candidates is scheduled to be held in late March and early April. You will be notified of the exact date, time and location in a follow-up notice. Please notify CPD immediately of any change in your mailing address. 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 judgment 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.

Candidates should bring their driver's license or other photo identification to the oral board. Candidates will also be fingerprinted and photographed in this phase of the process. **However, candidates should not bring any other materials with them, including resumes, letters of reference or other similar materials.**