



PASSAIC COUNTY POLICE ACADEMY

Candidate Physical Fitness Preparation Program Application

Last name			First			Middle			Social Security Number		
Address (Number, Street, City, Zip)									County		
Distinguishing Characteristics/ Scars/ Marks/ Tattoos									Home Phone		
									Cell Phone		
Nickname		d.o.b.	Age	Gender	Race	Height	Weight	Hair	Eyes		
Body Build: Small <input type="checkbox"/> Med <input type="checkbox"/> Large <input type="checkbox"/> Muscular <input type="checkbox"/> Obese <input type="checkbox"/>					Glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contacts						
Marital Status	Are you in hiring process with police agency		Did potential hiring agency refer you		Name of Law Enforcement Agency						
	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>								
Employer				Employer Phone #		Address (Number, Street, City, State, Zip)					
Prior Military Experience & Branch of Service (if applicable)									U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		
Emergency Contact			Relationship		Address (Number, Street, City, State, Zip)				Home Phone Number		

Signature of Applicant

Date

MEDICAL CERTIFICATION FORM

Candidate's Name: _____

Candidate's Address: _____

Candidate's Date of Birth: _____

Candidate's Social Security Number: _____

The above named candidate will participate in a physical agility test as outlined below. Kindly examine the candidate to determine his/her fitness for participation in this physical agility test.

1. VERTICAL JUMP (Cut-off Score 15 inches)
2. SIT-UPS (Cut-off Score 28 in 60 seconds)
3. 300 METER RUN (Cut-off Score 70.1 seconds)
4. PUSH-UPS (Cut-off Score 24 in 60 seconds)
5. 1.5 MILE RUN (Cut-off Score 15:55 minutes)

The candidate is required to perform their maximum amount of exercises in the given time permitted.

Based upon the medical examination, the above named candidate is determined to be:

(Check one)

_____ Medically fit to participate in the physical agility test.

_____ Not medically fit to participate in the physical agility test.

Physician's Name: _____

Physician's Address: _____

Physician's Signature and License Number

Date

HOLD HARMLESS AGREEMENT

The physical testing you are about to undergo will involve five major segments of physical fitness and exercise.

<u>PHYSICAL ABILITY TEST</u>	<u>CUT-OFF SCORE</u>
1. Vertical Jump	15 inches
2. Sit-up	28 in 60 seconds
3. 300 meter run	70.1 seconds
4. Push-up	24 in 60 seconds
5. 1.5 mile run	15:55 minutes

All five events are job related, non-discriminatory, and designed to show how a candidate would perform in situations related to law enforcement training. A candidate who fails to successfully pass the testing would not be effective in a situation which requires agility skills, strength, coordination, and good physical condition.

There have been few, if any, complications for those participating in the voluntary testing program. If a candidate is not tolerating the stress, the activity will be stopped. Risk of injury is possible in all physical activity, but minimal and rare. Any injuries which do occur MUST be reported to the instructor immediately.

I (Print Name) _____, in signing this form, state that I understand the description of the program and its possible implications, including potential risks. Further, I agree for myself, my heirs, dependents or personal representatives not to assert any claim or suit for money damages against the State of New Jersey, the Division of Criminal Justice, the Police Training Commission, its officers, agents and employees, for pain or suffering, medical expenses, loss of wages, injuries, permanent disabilities or pecuniary losses by reason of any injuries or losses I or my heirs or dependents may sustain during or as a result of my participation in activities conducted by the _____ Training Academy. Furthermore, by signing this hold harmless agreement, I bind all my dependents, heirs, spouse, and personal representatives to this agreement and waive any derivative rights they may otherwise have based upon any injury or loss I may incur as a result of my participation in the described activities.

Candidate's Signature

Date