

NEW LONDON POLICE DEPARTMENT
APPLICANT PACKET

New London Police Department
Training Office
5 Gov. Winthrop Blvd.
New London, CT 06320
860-447-5285



APPLICANT INSTRUCTIONS AND IMPORTANT
DATES

All applicants must carefully review and comply with the following instructions. Failure to submit required documentation or meet deadlines may result in disqualification from the process.

The testing dates for this process have not yet been finalized. You will be contacted within the next several weeks in regards to exact dates for the testing. Contact Sgt. Lewis at mlewis@newlondonct.gov with any questions.

Completed Packets Due: TBD

Written Examination: TBD

Physical Agility Test: TBD

Interviews: TBD

Completed packets must be returned to:

Sgt. Lewis
Training Office
5 Gov. Winthrop Blvd.
New London, CT 06320

REQUIRED DOCUMENTS

The following items must be submitted with your completed application packet:

1. Signed Medical Approval Form (attached)
2. Copy of a Valid Driver's License
3. Signed and Notarized Release from Liability Waiver
4. Physical Agility Informed Consent Form
5. State of CT Polygraph Release Form

DRIVER'S LICENSE REQUIREMENT

A VALID DRIVER'S LICENSE IS MANDATORY.

Applicants will not be admitted to any portion of the testing process without presenting a valid driver's license. Applicants are expected to arrive on time and prepared for each scheduled phase of the process.

MEDICAL APPROVAL FORM

**PHYSICIAN'S CERTIFICATION OF ABILITY
TO PERFORM PHYSICAL AGILITY TEST**

This is to certify that I have reviewed the attached four elements of the Connecticut Police Officer Physical Agility Test and the descriptions attached.

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

Candidate's Name: _____

CAN SAFELY PERFORM THE PHYSICAL AGILITY TEST AND PARTICIPATE IN THIS PROGRAM.

Physician's signature

Date

Physician's Name (Imprinted with Office Stamp)

Note to Physician: Do not write notations of any type on Medical Approval Form # 9 or State Medical Approval Form # 9A. Doing so will disqualify candidate. If notations need to be made, please attach a separate piece of paper.

“Physician's Signature” must be that of a *physician*, signatures of nurses or other members of the physician's staff will *not* be accepted. Failure to have a physician's signature will disqualify candidate.

PHYSICAL AGILITY TEST DESCRIPTION

I. SPECIFICATIONS AND STANDARDS FOR FITNESS TESTING

The POSTC Fitness Test is a scientifically valid test, consisting of four separate test components, conducted during a one to two hour window of time.

Test 1. The One-Minute Sit-Up Test. This is a measure of the muscular endurance of the abdominal muscles and core area. Sit ups are done with bent legs and hands alongside the ears. The score is the number of correctly performed sit-ups in one minute.

Test 2. The 300-Meter Run. This is a measure of the anaerobic power and sprinting ability. The test is conducted on a suitable running surface/track. The score is measured in the number of seconds necessary to complete the 300-meter distance.

Test 3. The One-Minute Push-up Test. This is a measure of absolute strength of the muscles of the upper body. Pushups start in the up position (flat back and arms fully extended). The candidate lowers their body to approximately four inches from the ground without touching/bending their knees.

Without touching knees, the candidate then fully extends arms into the up position. The score is the number of correctly performed pushups in one minute.

Test 4. The 1.5-Mile Run. This is a measure of the cardiovascular capability of the runner. The test is conducted on a suitable oval running track. The score is the minutes and seconds necessary to complete the 1.5-mile distance.

Minimum Scores for Employment as a Police Officer using the 40th percentile of the Fitness Standards.

	ONE MINUTE	SECONDS	ONE MINUTE	
MALE	SIT-UPS	300-MTR SPRINT	PUSH-UPS	RUN
20-29	38	59	29	12:38
30-39	35	59	24	13:04
40-49	29	72	18	13:49
50-59	24	83	13	15:03
60-69	19	N/A	10	16:46
FEMALE				
20-29	32	71	15	14:50
30-39	25	79	11	15:38
40-49	20	94	9	16:21
50-59	14	N/A	7	18:07
60-69	6	N/A	N/A	20:06

PHYSICAL AGILITY TESTING INFORMED CONSENT FORM

The undersigned hereby gives informed consent to engage in a series of procedures relative to completing a written medical/health history and taking a variety of physical exercise tests. The purpose of the testing is to determine physical fitness, cardiovascular function and health status. All exercise testing will be supervised and monitored by trained personnel.

I further realize that there exists the possibility that certain detrimental physiological changes may occur during this exercise testing. These changes could include heat-related illness, abnormal heartbeats, abnormal blood pressure and in rare instances, heart attack. If abnormal changes were to occur, the staff has been trained to recognize symptoms and take appropriate action.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize it is my responsibility to provide accurate and complete health/medical history information. Furthermore, I understand it is my responsibility to monitor my individual physical performance during any activity.

In the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility.

Candidate's signature



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE
POLYGRAPH UNIT



Medical Release by Physician

Date: _____

Dear Dr. _____

Mr./Ms _____ is scheduled to undergo a polygraph examination administered by the Connecticut State Police. It is our understanding that he/she has been or is a patient of yours and has been or is currently being treated for:

_____.

Due to the inherent stress associated with the examination, we require that you sign below, indicating that it is your professional opinion that the above-named person may participate in a polygraph examination and that it will not impair their health or medical treatment.

Individuals without this authorization will not be tested. If you have any questions regarding the examination or the authorization, please contact the Connecticut State Police Polygraph Unit at the number listed below.

Respectfully,

Polygraph Unit Supervisor

I hereby authorize _____ to participate in the polygraph examination to be administered by the Connecticut State Police.

Signed: _____ Date: _____

Witness: _____ Date: _____