



# **CITY OF ST. MARYS**

## **POLICE**

## **DEPARTMENT**

# **2024 POLICE OFFICER APPLICATION PACKET**

**DUE MARCH 14, 2024 BEFORE 4:00 P.M. OR  
POSTMARKED ON / BEFORE MARCH 14, 2024**





# City of Saint Marys Police Department

**Thomas J. Nicklas**  
Chief of Police

**319 Erie Avenue**  
**Saint Marys, PA 15857**  
**Phone (814) 781-1315**  
**Fax (814) 834-2517**

Dear Police Applicant,

Congratulations on taking the first step toward joining the City of St. Marys Police Department! A career in law enforcement can be exciting, challenging and rewarding. Our Police Officers and staff support a culture of professionalism and camaraderie that makes SMPD one of the most respected municipal police departments in our region.

The City of St. Marys Police Department is built upon our Values of Integrity, Courtesy, Duty, Teamwork, Service, Community and Officer Development. Officers are provided in-house and external training opportunities to provide more efficient and effective police services to our community. They are a motivated team in reducing drug related crime both during regular duty and as part of the Pennsylvania Attorney General's Office's North Central Drug Task Force.

New Officers are supported by veteran Field Training Officers during an extensive and thorough field training program. SMPD strives to provide the most up to date equipment and technologies to our Officers. A well equipment fitness room is located within the Emergency Services Building with locker and shower facilities allowing for convenient access to aid our personnel's well-being.

Work / life balance is a priority through SMPD's 12-hour work schedule. Offices are scheduled seven work days each two-week pay period, with every other week being a three-day weekend off. Regular shifts are on a six-week rotation. Generous leave allowance is granted as much as possible at times requested by the Officers.

Within this application packet you will find:

- Police Civil Service testing and police department hiring process.
- Pay and benefits summary.
- Minimum police officer qualifications.
- Application packet including;
  - Checklist of required documents and tasks.
  - Police Officer application.
  - Informed consent and release forms for the physical fitness test.
  - Physical performance test standards and event descriptions.

Finally, new for this application period SMPD is accepting applications from anyone interested in a law enforcement career, not only those who are Act 120 certified. The City of St. Marys will provide pay, benefits and police academy expenses to the right candidate while they attend basic police training. The City of St. Marys Police Department looks forward to evaluating the newest group of Police Officer candidates! Best of luck!

Thomas J. Nicklas  
Chief of Police



## City of St. Marys Police Department

### Police Civil Service Testing and Police Department Hiring Process

The following is a summary of the process required to become a City of St. Marys Police Department Patrolman. This multi-step process assures the equitable evaluation of all applicants with the goal of providing our citizens with a professional and community focused police department.

#### Step 1. Written Application Period

- Return applications and required documents before the set application deadline.

#### Step 2. Physical Fitness Test

- The Physical Performance Test Battery and Single Standards are:
  1. Vertical Jump 15.5 Inches
  2. Sit-ups 30 Repetitions (No Time Limit)
  3. 300 Meter Run 66 Seconds
  4. Push-ups 25 Repetitions (No Time Limit)
  5. 1.5 Mile Run 15 Minutes 54 Seconds
- Additional details related to the physical fitness test are included within the application packet.

#### Step 3. Written Test

- Those who pass the physical fitness test will take a written examination on the same date.
- The examination is a standardized police focused general knowledge test.
- Applicants will receive a written test preparation packet before the test date.

**The physical fitness and written tests are tentatively scheduled for June 29, 2024 to allow for the applicants' preparation time.**

#### Step 4. Oral Board Interview

- Those who pass the physical fitness and written test will be scheduled for an oral interview.
- The oral interview involves evaluation by neutral consultants with extensive police experience on police specific topics.

#### Step 5. Civil Service Eligibility List Certified

- The base Civil Service Eligibility Score is an average of written test and oral interview scores.
- Veterans' preference points are added after establishing the base scores. Honorably discharged United States Armed Forces veterans receive 10 additional points added to their base score.
- Applicants with the top three scores are considered for each available job opening.
- The Civil Service Eligibility List is valid for two years after certification.

Note: The time required from the application period to Civil Service Eligibility List certification is usually 8 to 12 months.

#### Step 6. Background Investigation

- A background investigation involving the thorough review of the applicant's character will be conducted, including but not limited to:
  - Verification of qualifying credentials.
  - A review of any criminal or non-criminal record.
  - Certified credit history.
  - Verification of at least three personal references.
  - Employment history.
  - Military record, if any.
  - Education records.

#### Step 7. Job Offer Contingent on Pre-Employment Testing

- The applicant who receives a job offer must satisfactorily complete the following pre-employment testing before beginning employment:
  - Medical Physical Examination
  - Drug Screen
  - Vision Screening
  - Psychological Testing

#### Step 8. Employment Tracks for Full-Time Patrolman Positions

- The successful applicant will begin a full-time Patrolman career with the City of St. Marys Police Department when positions become available by one of the two following tracks:
  - An Act 120 certified applicant will begin a one-year probationary period and field training.
  - A non-Act 120 certified applicant will attend a full-time Municipal Police Training Academy.
    - Continued employment will be contingent upon entering into an employment agreement with the City of St. Marys related to attendance at the academy, and;
    - Successful application to the academy, and;
    - Successful completion of 919 hours of academy instruction, and;
    - Passing the Act 120 certification examination.
    - The Academy Cadet will then transition to one-year probationary period and field training.
    - More information regarding basic police officer training academy can be found at <https://mpoetc.psp.pa.gov/training/Pages/Basic-Police-Officer-Training.aspx> .
- Note: Part-time patrolman positions are also available from time to time. The hiring process is the same as full-time. Additional information will be made available to eligible candidates when openings are available.



## City of St. Marys Police Department

### Current Pay and Benefits

The following is a general summary of pay and benefits for a full-time City of St. Marys Police Department Patrolman based upon the current collective bargaining agreement:

#### Pay

- 2024 Academy Cadet - \$18 / hour during academy training.
- 2024 Year 1 Probationary Officer – 85% of base wage - \$64,588
- 2024 Full-Time Officer – Year 2 - 90% of base wage - \$68,387  
Year 3 - 95% of base wage - \$72,186  
Year 4 - 100% of base wage - \$75,986

After the probationary year, graduated salary steps may be accelerated based on prior years of full-time or equivalent law enforcement experience.

- Longevity Pay – Annual payment starting after 3<sup>rd</sup> year of service at 1% of base wage, then increasing 0.25% per year of service to a maximum of 6.50% of base wage after year 25.

#### Benefits

- Academy Cadet
  - Medical Insurance – Individual or family coverage with shared premium costs and shared deductible responsibility. Plan specifics to be determined.
  - Dental Insurance
  - Vision Insurance
- Probationary and Full-Time Officers
  - Medical Insurance – Highmark PPO Blue or UPMC HDHP
    - 11% insurance premium share by officers
    - \$1,750 individual deductible of which \$350 officer is responsible, or;
    - \$3,500 other than single deductible of which \$700 officer is responsible.
    - The City contributes the difference between the deductible and officer responsibility to a Health Savings Account.
    - Prescription drug coverage.
  - Dental Insurance
  - Vision Insurance
- Holiday Pay
  - 14 paid holidays with 2 ½ times pay for eight hours worked on a holiday or the option to exchange pay for additional vacation time.



- Then increasing 8 hours every other year to a maximum of 224 hours at 25 years of service.  
80 hours per calendar year may be carried over to the following year.

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## **City of St. Marys Police Officer Minimum Qualifications and Disqualification Standards**

All individuals interested in becoming a City of St. Marys Police Officer must meet specific minimum eligibility requirements.

Applications received from individuals who do not meet the eligibility requirements will not be given further consideration.

### **Minimum Hiring Eligibility Requirements**

- Must be a United States citizen.
- Must be at least 21 years old.
- Must have a high school diploma or furnish evidence of successful completion of an examination indicating an equivalent achievement (e.g. a General Education Development (GED) test).
- Must possess a valid Pennsylvania driver's license prior to beginning employment.
- Police officers must reside within a 15-mile radius of the City of St. Marys Police Station, 319 Erie Ave., St. Marys, PA, if hired. This residency requirement must occur prior to the end of a one-year probationary period.
- Must complete a pass/fail physical fitness test. Testing criteria is included in the application document.
- Must pass a written examination. A study guide will be provided to applicants after the application deadline.
- Must pass an oral board interview.
- An in-depth background investigation must meet expected standards for a law enforcement officer held in the public trust.
- Must submit to a drug screen resulting in negative findings of illicit controlled substance use.
- Must complete physical, vision and psychological examinations from a licensed practitioners after a conditional offer of employment.

### **Past Criminal Activity**

- Must not have been convicted of crimes referenced within the Criminal Disqualification Standards as follow.
- Right to legally own or use a firearm must not be revoked or curtailed under federal, state or local law, including but not limited to provisions of the Gun Control Act of 1968.
- Must not be currently charged with or under indictment for any criminal activity other than minor traffic violations.
- Must not be currently on criminal probation.
- All applicants will be subject to a thorough and comprehensive background investigation. This investigation will include a detail exploration of the applicant's personal history, education, employment experience, military service, legal history, vehicular/traffic/driving history, personal finances and residential history.

### **Disqualification Standards**

The statutory standard for criminal disqualification is as follows:

Any applicant who has been convicted of any state or federal offense that could be punishable by more than one year imprisonment will be denied employment, even if an actual sentencing order was less than one year imprisonment. In Pennsylvania, this includes all misdemeanors of the second and first degree, and all felonies.

Conviction of a crime enumerated in the Pennsylvania Uniform Firearms Act of 1995, or 18 Pa.C.S., Chapter 61 will result in denial of employment. Specific prohibitions under this act can be found under section Title 18, the Pennsylvania Crimes Code, sections 6501(a) and 6501(b).

An Accelerated Rehabilitative Disposition is not considered a conviction and does not bar an applicant from employment; however, it must be reported on the application.

Adjudication as an incompetent or having been involuntarily committed to a mental institution for inpatient care and treatment under Section 302, 303 or 304 of the Pennsylvania Mental Health Procedures Act (The Act of July 9, 1976, P.L. 817, NO. 143) may result in disqualification.

Discharge other than an Honorable Discharge from the United States Armed Forces may result in disqualification.





# CITY OF ST. MARYS POLICE DEPARTMENT



## 2024 POLICE OFFICER APPLICANT CHECKLIST

Before submitting your application, assure all of the below information is included or will be available as applicable. Documents are due at the time of application unless otherwise noted. All required information must be submitted. Failure to provide all required information and documentation may cause for dismissal of the application.

- ☐ Age 21 at the time of a conditional offer of employment. This date may be up to 24 months after the Civil Service eligibility list is established.
- ☐ Completed police officer application (10 pages).
- ☐ Copy of high school diploma or GED and copy of any post-secondary certificate.
- ☐ Copy of high school transcript and copy of any post-secondary transcript.
- ☐ Copy of DD124 discharge papers if applicable.
- ☐ Copy of Act 120 academy certificate if applicable. (Current police academy cadets may submit at the time of a conditional offer of employment.)
- ☐ Copy of Act 120 transcript if applicable.
- ☐ Completed Grogan & Associates Fitness Test Informed Consent and Medical Clearance. **Must be presented on the day of the physical fitness test (2 pages).**



**City Hall:**  
11 Lafayette St.  
St. Marys, PA 15857  
814-781-1718

DATE \_\_\_\_\_

The City of St. Marys does not discriminate in hiring or employing on the basis of race, color, religious creed, national origin, sex ancestry or on the basis of age or physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration however; its receipt does not imply that the application will be employed.

## GENERAL INSTRUCTIONS

This application consists of several sections: a Questionnaire; a Notification Procedure Release; a Description of Essential Job Functions; and a Verification. Every one of these sections must be completed in order for the City of St. Marys to accept the application as complete. Please print clearly and answer to every question. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use additional pages and proceed with the number of the referenced block; attach the attritional pages to this application. Do not misstate or omit material fact as the statements made herein are subject to verification to determine your qualifications for employment.

# QUESTIONNAIRE

**NAME** \_\_\_\_\_

LAST FIRST MIDDLE

**DATE OF BIRTH:** \_\_\_\_\_ **ALIAS(ES)** \_\_\_\_\_  
INCLUDING NICKNAME(S), MAIDEN NAMES, OTHER CHANGES IN NAME

**PRESENT ADDRESS** \_\_\_\_\_  
STREET

CITY/ STATE / ZIP

PHONE NUMBER(S) \_\_\_\_\_ EMAIL \_\_\_\_\_

U.S. CITIZEN	NATIVE (YES/NO)	NATURALIZATION NO.	PLACE	COURT
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**RESIDENCES:** List all for the past ten (10) years beginning with current

ADDRESS	WITH WHOM DID YOU LIVE?

**CHARACTER REFERENCES**

List only character references who have definite knowledge of your qualifications for the position of application. List five (5) character references. (Do not list relatives, former employers, or persons living outside of the United States.)

NAME	ADDRESS	PHONE	YEARS KNOWN

**FAMILY**

List in order given showing relationship, parents, guardians, stepparents, foster parents, parents-in-law, brothers, sisters, step-brothers and step-sisters. Include any others with whom you have resided or with whom a close relationship existed or exists.

RELATIONSHIP	NAME	ADDRESS
FATHER		
MOTHER		

**VEHICLE OPERATOR'S LICENSE**

Give the following information concerning any vehicle operator's license you have held or now hold.

TYPE OF LICENSE	NUMBER	ISSUING AUTHORITY	EXPIRATION

Have you ever had a license suspended or revoked? \_\_\_\_\_

**CONVICTION OF CRIME**

Have you ever been convicted of a misdemeanor, felony, or greater criminal violation? YES ☐ NO ☐  
If yes, state violation, court of jurisdiction, and date of conviction.

DATE OF CONVICTION	VIOLATION	COURT OF JURISDICTION

<b>PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS</b>
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NAME	ADDRESS	CITY, STATE, ZIP	TYPE (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)	OFFICE HELD

<b>SUBVERSIVE ORGANIZATIONS</b>
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(YES / NO)

\_\_\_\_\_ Are you now or have you ever been a member of the Communist Party U.S.A or any Communist Party U.S.A or any Communist organization anywhere?

\_\_\_\_\_ Are you now or have you ever been a member of a fascist organization?

\_\_\_\_\_ Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by any unconstitutional means?

\_\_\_\_\_ Are you or have you ever been affiliated or associated with any organization of the type described above, as an agent, official, or employee?

\_\_\_\_\_ Are you now associating with, or have you associated with, any individuals, including relatives, who you know or have reason to believe are or have been members of any of the organizations identified above?

\_\_\_\_\_ Have you ever been engaged in any of the following activities of any organization of the type described above: contribution(s), attendance at or participating in any organizational, social, or other activities of said organizations or of any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published, by them or any of their agents or instrumentalities?

If yes to any of the answers above, described circumstances. Attach additional sheets for a fully detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held, also include dates, places, and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organization with which they were or are affiliated.

<b>EDUCATION</b>
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List all **ELEMENTARY**, **JUNIOR HIGH** and **SENIOR HIGH SCHOOLS** attended. **Attach: Copy of transcript from last high school attended and copy of high school diploma or GED equivalent.**

NAME	ADDRESS, CITY, ZIP	YEARS COMPLETED	GRADUATED (YES/NO)

HIGHER EDUCATION. List all **COLLEGES**, **UNIVERSITIES** or **POST-SECONDARY SCHOOLS** attended. **Attach copies of all certificates and diplomas, and transcripts from all institutions attended. Submit Act 120 document at the time of application if completed.**

NAME	ADDRESS, CITY, ZIP	CREDIT HOURS SEMESTER/QUARTER	DEGREE RECEIVED

MAJOR AND MINOR COURSES:

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Other schools or training (trade, vocational, military). Give for each: name and location of school, dates attended, subjects studied, certificate earned, and any other pertinent data. Include complete mailing address.

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## SPECIAL QUALIFICATIONS AND SKILLS

**A.** Indicate type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires.

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**B.** Special skills you possess and machines and equipment you can use. (For example: computer programmer, polygraph operator, vehicle inspection mechanic, scientific or professional devices.)

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**C.** Special qualifications not covered in application: (For example: your most important publications, patents, inventions, public speaking, membership in professional or scientific societies, honors and fellowships received, etc.)

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## FOREIGN LANGUAGE

Enter language and indicate fluency.

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING

## HOBBIES AND SPORTS

NAME	LENGTH OF PARTICIPATION	LEVEL OF PROFICIENCY



**EMPLOYMENT**

Begin with your most recent job and list your work history for the past ten years, including part-time, temporary or seasonal employment, and all periods of unemployment.

<b>FROM DATE</b>	<b>NAME &amp; ADDRESS OF EMPLOYER</b>	<b>JOB TITLE</b>	<b>WHY DID YOU LEAVE</b>
<b>TO DATE</b>		<b>DESCRIPTION OF DUTIES</b>	
<b>SALARY</b>		<b>NAME OF SUPERVISOR</b>	<b>NAME OF CO-WORKER</b>

<b>FROM DATE</b>	<b>NAME &amp; ADDRESS OF EMPLOYER</b>	<b>JOB TITLE</b>	<b>WHY DID YOU LEAVE</b>
<b>TO DATE</b>		<b>DESCRIPTION OF DUTIES</b>	
<b>SALARY</b>		<b>NAME OF SUPERVISOR</b>	<b>NAME OF CO-WORKER</b>

<b>FROM DATE</b>	<b>NAME &amp; ADDRESS OF EMPLOYER</b>	<b>JOB TITLE</b>	<b>WHY DID YOU LEAVE</b>
<b>TO DATE</b>		<b>DESCRIPTION OF DUTIES</b>	
<b>SALARY</b>		<b>NAME OF SUPERVISOR</b>	<b>NAME OF CO-WORKER</b>

If additional employer blocks are needed, please attach requested information on separate sheet.

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subject to disciplinary action while in any position (except military)? If yes, state reason:

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Have you ever resigned after being informed your employer intended to discharge you for any reason? If yes, explain, giving name and address of employer, approximate date, and reasons in each case.

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**MILITARY STATUS**

Have you served in the U.S. Armed Forces?

☐ Yes☐ No

Do you claim veteran's preference?

☐ Yes☐ No

While in the military service were you ever convicted of any crime graded as a misdemeanor, felony or greater offense?

☐ Yes☐ No

If yes, give date, place, law enforcing authority or type of court or court martial, charge and action taken for each incident, suing separate sheet to record this information.

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Are you presently a member of a U.S. Reserve or State Guard organization? Yes ☐No ☐

If yes, complete the following:

Grade and Service No.: 

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Service and Component: 

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Organization and Station or Unit and address: 

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Status: 

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Indicate reserve obligation, if any: 

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**If applicable, attach copy of discharge or separation papers****(DD214) and honorable discharge certificate.**

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation? If yes, give details.

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Have you ever applied for a position with any other governmental agencies? If yes, give details.

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Remarks:

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I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

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SIGNATURE OF APPLICANT

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DATE

**ESSENTIAL DUTIES OF A POLICE OFFICER**

1. Running for several hundred yards;
2. Climbing over obstacles;
3. Crawling;
4. Pushing motor vehicles;
5. Pulling or carrying accident, fire or crime victims;
6. Using physical force to apprehend and subdue arrestees;
7. Withstanding prolonged exposure to extreme weather conditions;
8. Withstanding prolonged periods of standing and sitting;
9. Withstanding frequent exposure to stress-producing situations such as encountering persons injured or killed by accidents, crimes or suicide;
10. Dealing with domestic disputes;
11. Dealing with verbal and physical abuse of the officer, including taunts, insults, and threats to the officer, family members, or fellow police officers.
12. Communicating effectively with individuals suffering from trauma;
13. Operating a motor vehicle for long periods of time;
14. Using a firearm effectively; and
15. Filling out written reports in a clear and concise manner.

I have reviewed the above list of essential job functions for police officer and believe that:

☐ I can fully perform all duties without reasonable accommodations.

☐ I can fully perform all duties but only with the following reasonable accommodations:

\_\_\_\_\_  
\_\_\_\_\_

☐ I cannot fully perform all duties even with reasonable accommodations.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTIFICATION PROCEDURE RELEASE**

In the processing procedure required for applicants it may become necessary to contact the applicant in the event they are being given further consideration for the position of police officer

If conventional methods fail in attempting to contact the applicant, a certified-registered letter will be sent to the applicant's address listed on the application. Should the registered letter be returned indicating that it was unclaimed or undeliverable the applicant will be eliminated from further processing and consideration.

It is the applicant's responsibility to notify the police, in writing, of the address change. By affixing your signature to this form the applicant acknowledges that they have read and understood the contents of this procedure.

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Date

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Signature**VERIFICATION**

I understand that this application has been completed subject to the penalties of 18 PA.C.S. §4904 relating to unsworn falsification to authorities.

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Date

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Signature



CITY OF ST. MARYS POLICE DEPARTMENT  
319 ERIE AVE. \* ST. MARYS, PA 15857  
814-781-1315

**THIS FORM IS REQUIRED TO BE COMPLETED PRIOR TO ARRIVING FOR TESTING AND NEEDS TO BE BROUGHT WITH THE CANDIDATE TO THE TESTING SITE**

### Informed Consent Form

The undersigned hereby gives informed consent to engage in an exercise test battery in order to determine their physical fitness including muscular strength, muscular endurance, and cardiovascular function. All aspects of the testing process will be supervised and monitored by trained personnel. The testing process includes jumping, running, and other calisthenic exercises performed at an outdoor or indoor facility.

I am aware of the possibility certain physiological changes may occur during this process. These changes could be detrimental including heart-related illness, breathing-related illness, and / or blood pressure abnormalities. These detrimental changes may also include more serious events like a heart attack, stroke, or asthma attack. In these events, the staff has been trained to recognize symptoms and take appropriate action, which includes administering First Aid and CPR.

I have read this form and understand that there are inherent risks associated with any physical activity. Furthermore, it is my responsibility to monitor my individual performance and alert the staff to any pain, discomfort, illness, or other adverse effects. I hereby waive and release the PCPA, all of its employees, independent contractors, consultants, proctors, trainers, helpers, other test participants, and all other parties from any and all liability for any and all injury, damage, or other loss resulting from the testing process. This also includes the owner and operator of the test facility. I expressly assume the risk of such damage, injury, or loss while engaged in the testing process. I give informed consent for testing data to be recorded to determine my physical readiness as it applies to the essential job functions of a Police Officer.

During the testing process, the undersigned is responsible for providing and having on their person at all times any and all PRN or As Needed over-the-counter and / or legally prescribed medications including but not limited to asthma inhalers, EpiPen auto-injectors, Insulin injectors, or sublingual Nitroglycerin tablets.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact's Telephone #: \_\_\_\_\_ Date: \_\_\_\_\_





CITY OF ST. MARYS POLICE DEPARTMENT  
319 ERIE AVE. \* ST. MARYS, PA 15857  
814-781-1315

**THIS FORM IS REQUIRED TO BE COMPLETED PRIOR TO ARRIVING FOR TESTING AND  
NEEDS TO BE BROUGHT WITH THE CANDIDATE TO THE TESTING SITE**

## Medical Release Form

Dear Provider:

In order for \_\_\_\_\_ (print applicant's name), to participate in a physical fitness test for the position of police officer, it is necessary for them to obtain a clearance from a physician, physician's assistant, nurse practitioner, licensed chiropractor or other certified health care provider. All testing is monitored by certified physical fitness coordinators. A test event is ended when the applicant meets the requirement. If the standard is 25 push-ups, the test ends when the applicant performs 25 correct repetitions. All events in the test battery are Pass / Fail. Please review the test guidelines attached to this form and check the appropriate box below.

**I have examined the applicant, whose name is listed above.**

☐

**MAY** participate in the Physical Fitness Test.

**OR**

☐

**MAY NOT** participate in the Physical Fitness Test.

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Business Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any questions regarding this form or the Physical Fitness Test shall be directed to:  
Michael P. Grogan, Fitness Consultant, Pennsylvania Chiefs' of Police Association,  
3905 North Front Street, Harrisburg, Pennsylvania 17110 [pafitcop@yahoo.com](mailto:pafitcop@yahoo.com)



CITY OF ST. MARYS POLICE DEPARTMENT  
319 ERIE AVE. \* ST. MARYS, PA 15857  
814-781-1315

## Physical Performance Test Battery

- The Physical Performance Test Battery consists of five exercise events, immediately preceded by a warm-up session with intermittent rest periods to ensure the safety of the applicants.
- The Physical Performance Test Battery is designed to measure the cumulative effect on each applicant. All events are Pass / Fail. Therefore, a failure on any one event constitutes a failure of the entire Test Battery and will exclude the applicant from further processing.
- The Physical Performance Test Battery and Single Standards are detailed below along with a general explanation of each test event's protocols:

Vertical Jump	15.5 Inches
Sit-ups	30 Repetitions (No Time Limit)
300 Meter Run	66 Seconds
Push-ups	25 Repetitions (No Time Limit)
1.5 Mile Run	15 Minutes 54 Seconds

1. **Vertical Jump:** This is a measure of lower body explosive strength. This is an important part of any physical exertion scenario. Example: Vaulting or jumping during a pursuit.

The applicant stands directly under the horizontally aligned blades of the Vertec Vertical Jump Test Machine, which are set at half inch increments. With their feet together, they begin by reaching up with one hand as high as possible keeping their heels flat on the ground. This establishes the applicant's base line overhead reach height mark. From this base line mark, a measurement is made to fix the height of the standard mark. The vertical jump may be performed in one of two ways. The applicant may take a position with both feet squarely beneath them, bending down, and jumping straight up. The other method allows the applicant to keep one foot stationary, with the opposite foot stepping back or to the side, then stepping back to a square position, and jumping straight up. With either method, the applicant must reach up with one hand and touch the machine's graduated blade set to the standard mark. The applicant has three valid attempts to reach the standard mark.

CITY OF ST. MARYS POLICE DEPARTMENT

**Physical Performance Test Battery** (continued)

2. **Sit-ups:** This is a test of the muscular endurance of the trunk including the abdominal muscles and hip flexors. This is an important factor in a use of force scenario and minimizing lower back problems. Example: Gaining control of a suspect.

The applicant starts by lying on their back, knees bent at approximately 90°, feet flat on the ground, and their hands behind the head with their fingers interlaced. Their feet will be firmly held in place. For a repetition to be counted, the applicant must flex touching their knees with their elbows and then return to the lying position so that the shoulder blades touch the ground. During the exercise, the applicant may not raise their hips or “kip”. They may only rest in the unsupported “up” position. The required number of repetitions must be completed. There is no time limit.

3. **300 Meter Run:** This is a measure of anaerobic power. This is an important factor in exerting short bursts of energy. Example: A foot pursuit.

The applicant must complete a 300-meter sprint in the required time. On a standard 440-yard track, this is approximately  $\frac{3}{4}$  of one lap the around the track.

4. **Push-ups:** This is a measure of dynamic upper body strength. This is an important part of any dynamic physical exertion scenario. Example: Gaining physical control of a suspect or clearing an object from a roadway.

The applicant starts in a kneeling position in order to set their hands, palms down on the ground, approximately shoulder width apart. The legs are then extended straight back with the feet together or up to twelve inches apart. The applicant flexes their arms at the elbow until the upper part of the arm (Humerus) becomes parallel to the ground. This is approximately three inches off the ground. The applicant then returns to the “up” position with a straight or “soft lock” of the elbows. The applicant must remain in the straight plank position from their head to their heels moving their body as a single unit. The applicant may only rest in the “up” position only. No other part of the applicant’s body may touch the ground during the test event, or they fail. There is no time limit.

5. **1.5 Mile Run:** This is a measure of aerobic capacity or VO2 max. This is the foundation for almost all physical tasks. Example: Use of force incident or administering one person CPR.

The applicant must complete the 1.5-mile course in or under the required time. On a standard 440-yard track, six laps must be completed. The applicant may not leave the running surface prior to successfully completing the course.