

Lower Paxton Township Police Department Police Applicant Qualifications for Hiring

All applicants must have reached their twenty-first (21st) birthday prior to or on the date of the deadline for submitting the completed application.

All applicants for any position in the police department shall possess a diploma from an accredited high school or a graduate equivalency diploma (GED) and have successfully completed Act 120 Training and be eligible for MPOETC certification prior to the date of hire.

All applicants must be a United States Citizen.

All applicants must possess a valid motor vehicle operator's license issued by the Commonwealth of Pennsylvania.

Applicants must possess hearing able to distinguish a whispered voice with each ear at a distance of ten (10') feet without the use of a mechanical device.

Applicants must have normal depth perception and normal color perception and have vision of 20/70 or better in the dominate eye without correction, 20/20 or better in the dominate eye with correction, 20/200 or better in the weak eye without correction, and 20/40 or better in the weak eye with correction.

Applicants must be free of tattoos and decorative markings on the face, ears, and neck, or any objectionable tattoos or decorative markings that would be visible when wearing the police uniform.

Applicants must be able to successfully pass a background investigation, consisting of research into general background, educational background, military background if applicable, employment record, personal references, credit check, criminal history check, and other miscellaneous information. All information obtained will be treated as confidential in nature.

Be physically and mentally fit and able to perform the essential duties of a police officer, as described within the application packet, with or without reasonable accommodations.

AUTOMATIC DISQUALIFIERS FOR POLICE APPLICANTS

1. Criminal conviction of Misdemeanor-2 or higher.
2. Criminal behavior, regardless if arrested or detected, for admissions by the applicant that would be graded as a Felony.
3. Criminal behavior, regardless if arrested or detected, for admissions by the applicant that would be graded as a Misdemeanor-1 within the past 10 years from date of application.
4. Any section listed in the Uniform Firearms Act, Brady Law and any other federal law and amendments prohibiting possession of a firearm.
5. Manufacturing of controlled substances.
6. Sale or delivery of controlled substances for any type of gain or profit.
7. Drug Admissions (Usage prior to the age of 18 does not automatically disqualify a candidate.):
 - a. Usage of marijuana: No usage within the three years prior to filing an application. No more than 25 times between the ages of 18 and 25. Zero tolerance for usage after the age of 25.
 - b. Usage of Schedule I, II, III drugs, excluding marijuana, non-prescribed Schedule II drugs and steroids as listed in the Controlled Substances, Drug, Device and Cosmetic Act (Act 64): No usage within the ten years prior to filing an application. Zero tolerance for usage after the age of 25.
 - c. Usage of heroin, methamphetamine, LSD within five years of application.
 - d. Abuse of medicinal prescription for the sole purpose of recreational use within five years of application.
 - e. Injected drug use of any type: Zero tolerance.
 - f. Usage of steroids within the five years of filing an application.
8. Driving Under the Influence charge (DUI) one year prior to filing an application; two DUI charges within 10 years prior to filing an application; or any DUI charge after filing an application.
9. Dishonorable discharge from the Military.
10. Law Enforcement: Criminal activity, regardless of grading, while in a law enforcement position.
11. Intentional falsification or omission of information on the Formal Application for Employment and/or the Polygraph Screening Booklet.

NOTE: The requirements listed above are subject to change at any time.

Lower Paxton Township Police Department Hiring Process

Dear Applicant,

We are providing this form for you to use as a checklist for complying with the requirements for the Lower Paxton Township Police Department hiring process.

- Carefully read and review the attached forms.
- Return the completed Application for Employment and \$35.00 fee no later than 4:00 P.M. on **Friday, January 2, 2015**.
- The Essential Duties of a Police Officer form must be signed and submitted with the application.
- The physical fitness test will be held on **Saturday, January 17, 2015** at Central Dauphin School District's Landis Field on South Houcks Road. Applicants will be notified in writing on the exact time to report for fitness testing.
- A physician signed "Physical Statement Form" and an applicant signed "Informed Consent Form" will be required to be *submitted during registration at the time of your scheduled physical fitness testing*.
- All applicants successfully passing the physical fitness tests will be advised immediately and will be eligible to report **Wednesday, January 21, 2015** at 6:00 P.M. for the written exam. Registration for the written exam will begin at 5:00 P.M. No applicant will be admitted after the written exam has commenced at 6:00 P.M.
- You will be required to **PRESENT PHOTO IDENTIFICATION** at the time of registration for both the physical fitness test and the written exam.

All applicants will be notified in writing of their testing status and eligibility. All applicants not passing any phase of the testing elements may reapply for consideration for future testing.

Any and all inquiries concerning this testing process shall be made to Lt. Mark Zerbe, Administrative Division Commander, Lower Paxton Township Police Department, 717-657-5656.

EQUAL OPPORTUNITY EMPLOYER

WOMEN AND MINORITY APPLICANTS ENCOURAGED TO APPLY



LOWER PAXTON TOWNSHIP

APPLICATION FOR EMPLOYMENT

425 Prince Street
Harrisburg, PA 17109
(717) 657-5600

Application Information						
Last Name	First	M.I.	Date			
Street Address			Apartment/Unit#			
City	State		Zip			
Home Phone	E-mail Address			Cell Number		
Type of Employment Desired	Full Time	Part Time		Temporary		
Position Desired:	Salary Desired:		Date Available:			
<i>If PART-TIME, HOURS AVAILABLE: (place hours available or an x next to the date if any time is okay)</i>						
Sun -	Mon -	Tues -	Wed -	Thur -	Fri -	Sat
How did you learn of this position?						

You must give complete, honest answers to all questions. You must be aware of the fact that if you are not forthcoming in your answers, which includes providing inaccurate information, and also failing to provide information clearly relevant to your application, that such deception will be viewed as an appropriate basis for dismissal, even if it is discovered long after you have been hired. Do you understand? Yes or No _____.

Attached additional sheets of paper, clearly labeled, to provide complete answers where insufficient space is provided on this form.

I certify that my answers are true and complete to the best of my knowledge and belief and is made in good faith. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature of Applicant:

BACKGROUND INFORMATION	
On what date would you be available for work?	
Have you ever worked for this Township (Yes/No)	If so when
Are you a U.S. Citizen (Yes/No)?	If no are you authorized to work in the U.S.?
If you are under 18 years of age, can you provide proof of your eligibility to work (Yes or No or N/A)?	
Are you prevented from lawfully, becoming employed in this country because of Visa or Immigration status (Yes/No)? <i>(Proof of citizenship or immigration status shall be required upon employment)</i>	
Are you a legal resident of Pennsylvania (Yes/No)?	

If No, please explain:		
Driver's License Number:	State:	Expires:
Operator Class:	Endorsement:	Drive for _____ years.

BACKGROUND INFORMATION

Employees may be required to work more than forty hours per week as assigned. The Township provides overtime payment in compliance with the Federal Fair Labor Standards Act for non-exempt employees. Are you willing to work in excess of forty hours per week (Yes/No)?

If required, can you travel (Yes/No)?	If required, can you work shifts (Yes/No)?
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It is the policy of the Township not to hire in any full-time capacity within the same department the spouse, child, parent, sibling, aunt, uncle, niece, or nephew of any existing full-time employee. Do you have any such relatives currently working for the Township (Yes/ No)? _____ If "Yes" state name(s) and relationship(s).

Do you smoke (Yes/No) _____? All things being equal, lower Paxton Township would prefer to hire someone who does not smoke rather than someone who does.

The Township adheres to the tenets of the Drug Free Workplace Act and has zero tolerance for the use of unlawful drugs in the workplace. Do you understand what this means? (Yes/No)?

It is the Township's policy that full-time Township employment shall be the main job of all full-time employees. If hired in a full-time capacity, will the Township job be your main job (Yes/No)?

The Township does not attempt to prohibit employees from engaging in secondary employment. However, it is the position of the Township that secondary employment cannot interfere with the effective performance of municipal duties, and that secondary employment cannot be of a type that would reflect adversely upon the Township's public image. Do you have secondary employment (Yes/No)? _____ If yes, please state employer and position.

Do you understand that it is against Lower Paxton Township's policy to employ persons who are actively seeking elected office within the municipality (Yes/No)?

Certain municipal employees may be covered by the Federal Hatch Act. If you become such an employee, and subsequently run for the public office, or now hold public office, you will be terminated. Do you understand what this means (Yes/No)?

Are you an active member of any civic or charitable organization (Yes/No)? _____
If yes, please state particulars.

CREDIT HISTORY

Are you timely and current in the payment of you real estate and income taxes; utility bills, including municipal water and sewage bills; and other debts (Yes/No)? _____ Has full, complete, and timely payments of taxes and bills been consistent in the past (Yes/No)? _____ If No, please state particulars.

Do you own any property, or have an interest in a partnership, corporation, or other entity that owns property presently subjected to a tax lien (Yes/No)? _____ If Yes, indicated said property.

Have you ever declared bankruptcy (Yes/No) _____ If Yes, indicate date of filing and any final disposition _____

CRIMINAL HISTORY

You may omit juvenile convictions for which disclosure is not permitted and any conviction which have been expunged by court of law

Have you been convicted of a felony or misdemeanor (Yes/No)? _____ If Yes, provide complete details of each case, including disposition (A conviction does not necessarily cause disqualification from employment.) _____

Have you been arrested or issued a summons or citation for any traffic or non-traffic violation (Yes/No)? _____ If Yes, provide complete details of each, including disposition: _____

Have you ever been subject to a finding of child or spousal abuse (Yes/No)?

Are you now or have you ever been subject to a protection from abuse order (Yes/No)?

Have you ever been subjected to a finding of sexual harassment (Yes/No)?

Are you presently a user of illegal drugs (Yes/No)?

Have you ever used illegal drugs (Yes/No)? _____ If yes, when is the last time you used illegal drugs? _____ If Yes, please state particulars _____

PLACES OF RESIDENCE

List all places you have resided in the last five years.

Address:	Number of years:

EDUCATION			
HIGH SCHOOL	ADDRESS	COURSE OF STUDY	DIPLOMA (Y/N)
COLLEGE	ADDRESS	COURSE OF STUDY	DEGREE
CREDITS EARNED	GPA	HONORS/AWARDS	
GRADUATE COLLEGE	ADDRESS	COURSE OF STUDY	DEGREE
CREDITS EARNED	GPA	HONORS/AWARDS	
OTHER	ADDRESS	COURSE OF STUDY	Degree
CREDITS EARNED	GPA	HONORS? AWARDS	

MILITARY SERVICE	
Branch:	Serial Number:
From: ___/___/___ to ___/___/___	Commanding Officer:
Address of Unit:	Telephone Number:

EMPLOYMENT EXPERIENCE			
Current Employer	Address	Telephone Number	Date Hired
Job Title	Starting Pay	Final Pay	Supervisor
Work Performed:			
Reason for Leaving:		May we contact your current employer (Yes/No)?	
Are you currently on "Lay-off" status and subject to recall(Yes/No)?			

EMPLOYMENT EXPERIENCE

Most Recent Past Employer	Address	Telephone Number	Date Hired
Job Title	Starting Pay	Final Pay	Supervisor
Work Performed:			
Reason for Leaving:		May we contact your current employer (Yes/No)?	
Are you currently on "Lay-off" status and subject to recall (Yes/No)?			

2nd Past Employer	Address	Telephone Number	Date Hired
Job Title	Starting Pay	Final Pay	Supervisor
Work Performed:			
Reason for Leaving:		May we contact your current employer (Yes/No)?	
Are you currently on "Lay-off" status and subject to recall (Yes/No)?			

3rd Past Employer	Address	Telephone Number	Date Hired
Job Title	Starting Pay	Final Pay	Supervisor
Work Performed:			
Reason for Leaving:		May we contact your current employer (Yes/No)?	
Are you currently on "Lay-off" status and subject to recall (Yes/No)?			

4th Past Employer	Address	Telephone Number	Date Hired
Job Title	Starting Pay	Final Pay	Supervisor
Work Performed:			
Reason for Leaving:		May we contact your current employer (Yes/No)?	
Are you currently on "Lay-off" status and subject to recall (Yes/No)?			

ADDITIONAL INFORMATION

Have you ever been fired from any job (Yes/No)?

If Yes, Please state employer and reason.

Have you ever quit a job after being notified that you would be fired (Yes/No)? _____ If Yes, please list the employer and reason.

Describe any specialized work-related Training, or apprenticeships.

SPECIALIZED SKILLS

I have skills in and am familiar with the following areas and or machinery:

Typewriter WPM_	Short Hand	Dictating Equipment
Duplicating Machine	Reading of Blue Prints	Drafting
Computer Programming	Data Bases	Word Processing
Spread Sheets	Power Point	Truck Driving
Heavy Equipment	Electrical Work	Carpentry
Plumbing	Mechanic	Mowing Equipment
Accounting/Bookkeeping	Other:	

List experiences on other job related equipment and machines, any additional skills you have and/or any processes with which you are familiar with that are not listed above.

REFERENCES (not family members)

Name:	Telephone Number:
Address:	
Name:	Telephone Number:
Address:	
Name:	Telephone Number:
Address:	

FAMILY MEMBERS

List living relatives, including, spouse, children, father, mother, siblings, mother-in-law, and father-in-law. All relatives living at the same address may be listed on the same line.

Name:	Telephone Number
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Address:

Name:	Telephone Number
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Address:

Name:	Telephone Number
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Address:

Name:	Telephone Number
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Address:

Name:	Telephone Number
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Address:

Name:	Telephone Number
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Address:

NEED FOR REASONABLE ACCOMMODATION

Note to Applicant: Do not answer this question unless you have received and read the job description for the position for which you have applied.

Do you have the ability to perform the Essential Functions of the position for which you have applied, with or without reasonable accommodations (Yes/No)?

If reasonable accommodations are necessary, please provide particulars.

Lower Paxton Township Police Department

Physician Statement Form

I, _____, as a physician for
_____, a police
applicant wishing to participate in the LPPD Police Officer's Physical Fitness
Assessment Test, do hereby state that the aforementioned individual can safely
perform the exercises as described in the attached document, which I have
reviewed.

Print/Type Name of Physician

Date

Signature

PHYSICAL FITNESS TEST

Applicants for the position of "Police Officer" must demonstrate a fitness level which would allow them to perform the essential job functions of a police officer. Applicants must perform each of the following exercises in accordance with the indicated standards. Each exercise will be scored as PASS/FAIL. **If an applicant fails one event, they fail the entire test and will not advance to the written test.** The exercises must be performed in the following order:

1. **Vertical Jump**-Applicant will be provided three attempts to jump as high as possible from a standing position. The standard is **15"**.
 - *2 minute rest*
2. **1 Minute Sit-Ups**-Applicants will have 1 minute to complete **28 sit-ups**. This exercise shall consist of the applicant lying on the floor with the knees bent 90' and feet held in position. The applicant will interlock their fingers behind their head and touch their elbows to their knees without pulling on their neck or raising their hips off of the floor.
 - *5 minute rest*
3. **300 Meter Run**-Applicant will run 300 meters on a level surface within **70.1 seconds**.
 - *5-10 minute rest*
4. **Push-ups**-Applicant will place their hands on the ground, approx. shoulder width apart. Applicant's feet may be up to 12" apart. The body must be in a straight line from shoulders to ankles. **24 correct push-ups** must be preformed to pass this test.
 - *5 minute rest*
5. **1.5 Mile Run**-The applicant will run a level 1.5 mile course within **15 minutes and 55 seconds**.

INFORMED CONSENT FORM

The undersigned hereby gives informed consent to engage in a series of procedures relative to taking a battery of exercise tests, and participating in a variety of physical activities. The purpose of the testing is to determine physical fitness, cardiovascular function, and health status. All exercise testing and physical activity sessions will be monitored. These activities include walking, running, and calisthenic exercises performed in either field or gymnasium settings.

There exists the possibility that certain detrimental physiological changes may occur during exercise and exercise testing. These changes could include heat related illness, abnormal heartbeats, abnormal blood pressure, and in rare instances, a heart attack. If abnormal changes were to occur, the staff has been trained to recognize symptoms and take appropriate action, including administering CPR and first aid.

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, it is my responsibility to monitor my individual physical performance during any activity.

I give informed consent for testing data to be obtained to determine my state of physical readiness as it applies to the essential job functions of a Police Officer for the Lower Paxton Township Police Department.

APPLICANT SIGNATURE

DATE

APPLICANT PRINT NAME

The standards used in the physical fitness test were derived from law enforcement physical fitness norms that are based on a representative sample of approximately 4000 officers that were stratified (by age and gender) and randomly selected from 40 municipal, state and federal agencies.

The Lower Paxton Police Department has selected the 30th percentile as the standard for passing the test. This means that 70% of the officers who took this test, scored above the standard which we require.

The physical fitness test measures those job-related physical fitness areas that have been shown to be underlying and predictive factors for officer physical abilities to perform the essential physical tasks and functions of the job.

Fitness area measured	Fitness test
Aerobic power	1.5 mile run
Anaerobic power	300 meter run
Upper body muscular endurance	Maximum push ups
Abdominal muscular endurance	1 minute sit ups
Leg power	Vertical jump

Source: Physical Fitness Assessments and Norms for Adults and Law Enforcement, The Cooper Institute, pg 44 and 45.

Lower Paxton Police Department Applicant Fitness Test (This is a Pass/Fail Test)

1. **Vertical Jump: (15 inches)** This measures leg power, and consists of measuring how high a person jumps.
2. **One Minute Sit Ups: (28)** This measures abdominal, or trunk, muscular endurance. While lying on his/her back, the participant will be given one (1) minute to do as many bent leg sit ups as possible.
3. **300 Meter Run: (70.1 seconds or less)** This measures anaerobic power, or the ability to make an intense burst of effort for a short time period or distance. This component consists of sprinting 300 meters as fast as possible.
4. **Maximum Push Ups: (24)** This measures the muscular endurance of the upper body. This component consists of doing as many push ups as possible until muscular failure.
5. **1.5 Mile Run: (15:55 minutes or less)** This measures aerobic power or cardiovascular endurance (stamina over time). For this component you must complete, as fast as possible, a distance of 1.5 miles.

Protocol for Vertical Jump

Purpose

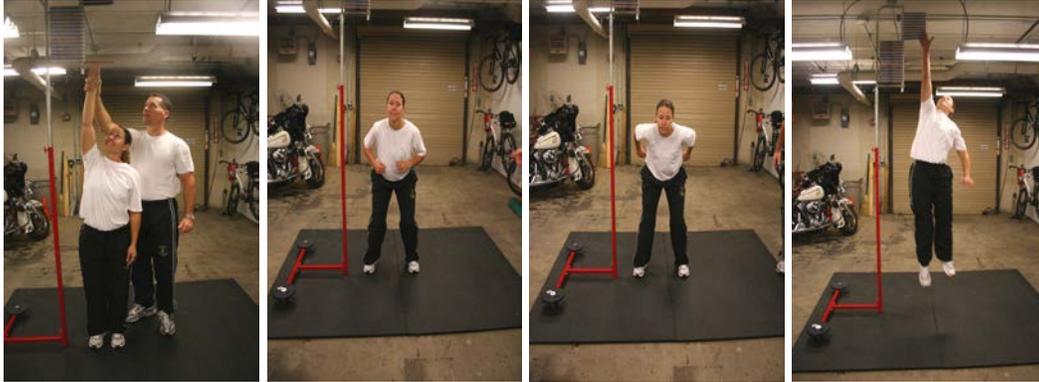
This is a measure of jumping or explosive power.

Equipment

Vertec* Vertical Measuring device, or vertical measuring apparatus.

Procedure

1. Participant stands with one side toward the Vertex, feet together, and reaches up as high as possible to mark his/her standard reach.
2. Participant jumps as high as possible and marks the highest point of the jump. Participant must jump from both feet in a stationary stance. Arms may be pumped and thrust upward.
3. Score is the total inches, to the nearest 1/2 inch, above the standard reach mark.
4. The best of three trials is the recorded score.



How To Prepare For Vertical Jump

You Must Train To Meet The Standards

Training must be specific to the target activity, and therefore each component has a different training routine.

Vertical Jump:

A good way to prepare for this component is to do plyometric training. The basic plyometric exercise routine consists of three exercises: double leg vertical jump, single leg vertical jump and the double leg hop. Perform each exercise with 1 set of 10 repetitions, 3 days a week. Do the repetitions ballistically without stopping. Rest 3 minutes between each set of each exercise.

Double Leg Vertical Jump:

Intensity Level: High

Starting Position: Stand with the feet shoulder-width apart.

Direction of Jump: Vertical

Arm Action: Double arm action

Starting Action: Perform a rapid counter movement and jump as high as possible

Ascent: Thrust arms upward vigorously and reach as high as possible

Descent: When the feet hit the ground, jump again immediately without a stutter step.

Double Leg Hop:

Intensity Level: Medium

Starting Position: Stand with the feet shoulder-width apart.

Direction of Jump: Horizontal, with a vertical component as well

Arm Action: Double arm action

Starting Action: Jump off of both legs and strive for maximum distance

Ascent: Think about “hanging” in the air

Descent: Land in the starting position and immediately repeat the movement

Single Leg Vertical Jump:

Intensity Level: High

Starting Position: Stand with one foot on the ground

Direction of Jump: Vertical

Arm Action: Double arm action

Starting Action: Perform a rapid counter movement and jump as high as possible

Ascent: The arms should be thrust upward vigorously and reach as high as possible

Descent: When the foot hits the ground, immediately jump without a stutter step

(Emphasis should be placed on maximum height and quick, explosive takeoffs. Repeat this exercise with the opposite leg after a brief rest of 15-30 seconds)

Protocol for One Minute Sit-ups

Purpose

This measures abdominal muscular endurance.

Procedure

1. The participant starts by lying on his/her back, knees bent, heels flat on the floor, with the fingers laced and held behind the head. Avoid pulling on the head with the hands. The buttocks must remain on the floor with no thrusting of the hips.
2. A partner holds the feet down firmly.
3. The participant then performs as many correct sit ups as possible in 1 minute.
4. In the up position, the subject should touch elbows to knees and then return until the shoulder blades touch the floor.
5. Score is total number of correct sit ups. Any resting must be done in the up position.
6. Breathing should be as normal as possible, making sure the participant does not hold his/her breath as in the Valsalva maneuver.



How To Prepare For Sit-ups

1. Determine the number of correct sit ups you can do in one minute.
2. Multiply that number by .75 (75%). Round off the result to the lowest number. This will be the number of repetitions (sit ups) you will do per set.
3. Warm up with some light activity of your choice, such as a stationary bike, walking or jogging on the treadmill, light calisthenics, etc.
4. Perform the number of sit ups (correct form) determined in the calculation done in #2 above.
5. Rest no longer than 60 seconds, and do another set of repetitions.
6. Repeat #4 and #5 until you have done 3 to 5 sets of repetitions. Even though the last sets may be difficult, maintain proper form. If you have to hesitate longer on the floor on the last sets to get in the full number, then do so but rest no longer than necessary. It is important that you get in all the repetitions.
7. Do this routine every other day. Increase the number of reps per set by 1 or 2 each week.

NOTE: If you are unable to do at least 5 reps per set, you will need to modify your routines in order to get in sufficient repetitions to address muscular endurance. You should follow a crunch or curl routine for your abdominals, and also get assistance in designing leg exercises (multi-hip machine or leg lifts) to address the hip flexors. Also, you could use an abdominal machine in a fitness facility using a light enough resistance to get in 15 reps per set for 3 set.

Protocol for 300 Meter Run

Purpose

This is a measure of anaerobic power.

Equipment

400 meter running track, or any measured 300 meter flat surface with sufficient distance to slow to a stop.

Procedure

1. Warm up and stretching should precede testing.
2. Participant runs 300 meters at maximal level of effort. Time used to complete distance is recorded.
3. Participant should walk for 3 - 5 minutes immediately following test to cool down. This is an important safety practice.

How To Prepare For 300 Meter Run

To prepare for this component, it is a good idea to do interval training. The first step is to time yourself for an all-out effort at 110 yards. This is called your initial time, or IT. The second step is to divide your IT by .80 to get your training time. Then follow the schedule below.

Weeks	Distance	Reps	Training Time	Rest Time	Frequency
1 & 2	110 yards	10	$IT \div .80$	2 min.	1/week
3 & 4	110 yards	10	$IT \div .80$ minus 2-3 seconds	2 min.	1/week
5 & 6	110 yards	10	$IT \div .80$ minus 5-6 seconds	2 min.	1/week
7 & 8	220 yards	8	$IT \div .80 \times 2$	2 min.	1/week
9 & 10	220 yards	8	$IT \div .80 \times 2$ minus 4 seconds	2 min.	2/week

Protocol for Maximum Push-ups

Purpose

This measures muscular endurance of the upper body (anterior deltoid, pectorals major, triceps).

Procedure

1. The hands are placed shoulder width apart, with fingers pointing forward. Some part of the hands must lie within a vertical line drawn from the outside edge of the shoulders to the floor. The administrator places one fist on the floor below the participant's chest (sternum).
2. Starting from the up position (arms fully extended with elbows locked, both hands and both feet only touching the floor), the participant must keep the back straight at all times and lower the body to the floor until the chest (sternum) touches the administrator's fist. The participant then returns to the up position with the elbows fully locked. This is one repetition.
3. Resting is permitted only in the up position. The back must remain straight during resting.
4. When the participant elects to stop or cannot continue, the total number of correct pushups is recorded as the score. No time limit.



How To Prepare For Push-ups

1. Determine the maximum number of correct push ups you can do in one minute.
2. Multiply that number by .75 (75%). Round off the result to the lowest number. This will be the number of repetitions (push ups) you will do per set.
3. Warm up with some light activity of your choice, such as a stationary bike, walking or jogging on the treadmill, light calisthenics, etc.
4. Perform the number of push ups (correct form) determined in the calculation done in #2 above.
5. Rest no longer than 60 seconds, and do another set of repetitions.
6. Repeat #4 and #5 until you have done 3 to 5 sets of repetitions. Even though the last sets may be difficult, maintain proper form. If you have to hesitate longer on the floor on the last sets to get in the full number, then do so but rest no longer than necessary. It is important that you get in all the repetitions.
8. Do this routine every other day. Increase the number of reps per set by 1 or 2 each week.

NOTE: If you are unable to do at least 5 reps per set, then you will have to adjust the above calculations on modified push ups (from the knees) in order to keep the number of reps high enough to address muscular endurance. You should also get assistance in designing a strength routine using selectorized machines including chest, arms and trunk exercises.

Protocol for 1.5 Mile Run

Purpose

The 1.5 mile run is a measure of aerobic power (cardiovascular endurance). The objective in the 1.5 mile run is to cover the distance as fast as possible.

Equipment

1. Stopwatch
2. Indoor or outdoor track or another suitable flat running area measured to 1.5 miles
3. Testing forms to record data

Procedure

1. Participants should not eat a heavy meal or smoke for at least 2 - 3 hours prior to the test. Participants should warm up and stretch thoroughly prior to running.
2. The participant runs 1.5 miles as fast as possible.
3. Participants should not physically touch one another during the run, unless it is to render first aid.
4. Finish times should be called out and recorded.
5. Upon completion of the run, participants should cool down by walking for about 5 minutes to prevent venous pooling (i.e., pooling of the blood in the lower extremities which reduces the return of blood to the heart and may cause cardiac arrhythmia).

How To Prepare For 1.5 Mile Run

To prepare for this test, you need to gradually increase your running endurance. The schedule below is a proven progressive routine. Begin at the level you can accommodate, and if you can advance the schedule on a weekly basis, then proceed to the next level. If you can do the distance in less time, then do so.

Week	Activity	Distance in Miles	Duration in Minutes	Times per Week
1	Walk	1	17 - 20	5
2	Walk	1.5	25 - 29	5
3	Walk	2	32 - 35	5
4	Walk/Jog	2	28 - 30	5
5	Walk/Jog	2	27	5
6	Walk/Jog	2	26	5
7	Walk/Jog	2	25	5
8	Walk/Jog	2	24	5
9	Jog	2	23	4
10	Jog	2	22	4
11	Jog	2	21	4
12	Jog	2	20	4

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, as long as twelve (12) hours, 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. Communicate effectively with individuals suffering from trauma;
13. Operate a motor vehicle for long periods of time;
14. Use a firearm effectively; and
15. Fill out written reports in a clear and concise manner.

I have reviewed the above list of essential job functions for the Lower Paxton Township Police Department and believe that (check one):

I can fully perform all duties without reasonable accommodations

I can fully perform all duties with reasonable accommodations

I cannot fully perform all duties even with accommodations

Signature

Printed Name

Date